

Record/Return to:  
City Clerk's Office  
City of Tavares  
201 E. Main Street  
Tavares, FL 32778



**CITY OF TAVARES**  
**201 E. MAIN STREET, TAVARES, FL 32778**

**AFFIDAVIT/CERTIFICATE OF TERMINATION OF DOMESTIC PARTNERSHIP – SINGLE PARTNER**  
**City of Tavares Ordinance 2013-01**

**Instructions:**

Complete and submit this form (**notarization is required**) to the City Clerk's Office. A filing fee of \$20.00 plus recording costs in the amount of \$10.00 is required and must be remitted at the time of application. Make check payable to the City of Tavares. **The termination of Domestic Partnership becomes effective ten (10) days from the date the certificate is recorded.** Please contact the City Clerk's office at (352) 742-6209 with any questions.

**State of Florida**

**County of \_\_\_\_\_**

**I swear or affirm under penalty of perjury that:**

1. The Domestic Partnership, an affidavit of which was recorded at the Lake County Clerk of Courts and is City of Tavares Domestic Partnership Registration Number \_\_\_\_\_ between \_\_\_\_\_ (*Former Domestic Partner*) and the undersigned, is terminated.
2. I have either provided proof to the City Clerk's Office that the other partner was notified of the termination by United States Postal Service certified mail (must provide copy of letter and USPS certified return receipt to the City Clerk's Office) or have made a good effort to contact the partner at the following;  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Type of proof provided: (*to be completed by the City Clerk's Office*) \_\_\_\_\_
3. I understand that this Affidavit/Certificate of Termination of Domestic Partnership – Single Partner will be recorded at the Lake County Clerk of Courts and that the rights that my former Domestic Partner and I received as a result of registering our partnership, including health care surrogacy, are no longer applicable.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
*(Signature of Applicant)*

\_\_\_\_\_  
*(Print Name)*

**State of Florida**

**County of \_\_\_\_\_**

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_ by \_\_\_\_\_ who is personally known \_\_\_\_\_ or produced identification \_\_\_\_\_.

\_\_\_\_\_  
*(Signature of Notary)*