

**CITY OF KEY WEST
TERMINATION OF
DOMESTIC PARTNERSHIP FORM**

1. We hereby notify the City Clerk of the City of Key West, Florida pursuant to Chapter 38 of the Municipal Code that:

We wish to voluntarily terminate our Domestic Partnership.

Signature: _____

Date: _____

Print Name: _____

Signature: _____

Date: _____

Print Name: _____

WHEN FILING INDIVIDUALLY

1. I hereby notify the City Clerk of the City of Key West, Florida pursuant to Chapter 38 of the Municipal Code that:

My name is: _____ and I request to terminate my Domestic Partnership with _____

2. I have sent a copy of this notice by Certified Mail # _____

or by Registered Mail # _____ to my former Domestic Partner on

Date: _____ to the following address: _____

The Domestic Partnership termination shall become effective upon receipt by the City Clerk of Key West.

3. I swear or affirm that the information provided is true and correct.

Signature: _____

Date: _____

Print Name: _____

For Office Use Only

Certificate No:

Fee Paid:

Date Received: