

City of West Palm Beach – City Clerk’s Office  
PO Box 3366, West Palm Beach, FL 33402  
Phone: 561-822-1200 Email: [CityClerk@wpb.org](mailto:CityClerk@wpb.org)  
Office Hours: Monday through Friday from 8:00 a.m. to 5:00 p.m.



**DECLARATION OF TERMINATION OF DOMESTIC PARTNERSHIP**  
**Article III – Chapter 42 of the West Palm Beach City Code**

Registration No. \_\_\_\_\_

**Instructions:**

Complete and submit this form (notarization is required) to the City Clerk’s Office at the address above. A filing fee of \$25.00 is required and must accompany the registration form. Make check payable to the City of West Palm Beach. The termination of Domestic Partnership becomes effective on the date of filing this form. This form is to be used when both partners are signing.

Do you, or your domestic partner, claim any exemption to public record disclosure pursuant to Section 119, Florida Statutes?  Yes  No. *If “yes,” submit on a separate page a detailed explanation of exemption.*

I swear or affirm under penalty of perjury that:

1. The Domestic Partnership between \_\_\_\_\_ and \_\_\_\_\_, Registration Number \_\_\_\_\_, is hereby terminated.

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

Notarization: (Required)

State of \_\_\_\_\_

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

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_, by \_\_\_\_\_ and \_\_\_\_\_ who are personally known \_\_\_\_\_ or produced identification \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

For Clerk’s Use Only: Filing Date _____ MCR# _____ Received by: _____ Registration Number _____
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