



**Affidavit of Termination
of Domestic Partnership**

I swear or affirm under penalty of perjury that the Domestic Partnership between _____ and _____ is terminated effective _____, 200__.

I have notified my domestic partner of the termination of this Domestic Partnership as indicated by either:

_____ My partner has joined in this Affidavit of Termination by signing below in the presence of a notary; or

_____ Notice was delivered to my former partner by registered mail, return receipt requested at his/her last know address. I have provided the proof of service (return receipt) to the Retirement Department as required.

Name of Retiree _____

Name of Partner _____

Address _____

Address _____

Employee Number _____

Signature _____

Signature _____

State of Florida
County of _____

Sworn to and subscribed before me this _____ day of _____, 20__.

by _____ and _____ who

are personally known _____ or produced Identification _____.

Signature of Notary Public – State of Florida

Print, Type or Stamp Commissioned
Name of Notary Public