

HILLSBOROUGH COUNTY AND CITY OF TAMPA TERMINATION OF DOMESTIC PARTNERSHIP REGISTRATION

Per Hillsborough County Code of Ordinances No. 14-32

The Hillsborough County Official Records Department does not and will not provide legal advice. If you have any questions about this form, you should consult with an attorney.

Instructions:

1. Print and fill out this form.
2. (Your previously recorded DPR Affidavit is viewable and printable from the [Official Records Search page](#). After selecting the "I Agree" button at the bottom of the page, enter your name in the "name" box (last name followed by first name with no punctuation between the two); enter your date of birth (mm/dd/yyyy); Select the word "Search." From this search, you can obtain both the document number and the recording date of your previously recorded DPR.)
3. There is a requirement for two witness signatures. Witnesses cannot be a spouse or blood relatives of the person signing the termination affidavit.
4. The document must be properly notarized.
5. You may either mail the completed affidavit to Hillsborough County, Attn: Official Records, P O Box 3249, Tampa FL 33601, or bring the completed affidavit to any Hillsborough County Official Records Department location.
(Go to the [Official Records Department Contacts page](#) for a list of all locations.)
6. There is no filing fee for the Affidavit of Termination.

Once recorded, the original of the form will be mailed to the address shown at the top bottom of the form. (The mailing address does not have to be a home address.)

**HILLSBOROUGH COUNTY AND CITY OF TAMPA TERMINATION OF
DOMESTIC PARTNERSHIP REGISTRATION**

Per Hillsborough County Ordinance Code No. 14-32

I, _____, swear or affirm under penalty of perjury that the Registered Domestic Partnership between me and _____, whose date of birth is _____, recorded on _____ as Registration Number _____, is terminated.

I have notified my Registered Domestic Partner of the termination of this Domestic Partnership Registration.

Signed on _____

(Witnesses cannot be a spouse or blood relatives of applicants)

Signature of Designating Person/Affiant

Signature of Witness 1

Printed Name Designating Person/Affiant

Printed Name of Witness 1

Date of Birth of Designating Person/Affiant

Signature of Witness 2

Printed Name of Witness 2

State of _____

County of _____

Sworn to and subscribed before me this _____ day of _____ 20____ by

_____ who is ___ personally known to me or has ___ produced identification _____.

Signature of Notary

If Filing by mail, applicant must provide return address

Name: _____

Address: _____

City, State, Zip _____