

**HILLSBOROUGH COUNTY AND CITY OF TAMPA
TERMINATION OF A DESIGNATED SUPPORT PERSON
ON HEALTH, EDUCATION AND LIFE PLANNING (HELP) AFFIDAVIT**
Per Hillsborough County Ordinance 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 HELP 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 get both the document number and the recording date of your previously recorded affidavit.
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, notarized Termination to Hillsborough County Clerk, Attn: Official Records, P.O. Box 3249, Tampa FL 33601, or bring the completed, notarized affidavit to any Hillsborough County Official Records Department location.
6. (Go to the [Official Records Department Contacts page](#) for a list of all locations.)
7. There is no filing fee for the Affidavit of Termination.
8. Once recorded, the original affidavit will be returned to the address specified on the bottom of the form. (The mailing address does not have to be a home address.)

Copies of the recorded affidavit will be viewable and printable from the [Hillsborough County Clerk of Circuit Court's website](#).

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I, _____, whose date of birth is _____, swear or affirm under penalty of perjury that the Designated Support Person HELP Affidavit, between me and _____, whose date of birth is _____ recorded on _____ as registration number _____ is terminated.

I have notified my Designated Support Person of the termination of this HELP Affidavit.

Signed on _____

(Witnesses cannot be blood relatives or spouse 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.

(Seal)

Name	
Mailing Address	
City, State, Zip	