DRAFT
LEON COUNTY BOARD OF COUNTY COMMISSIONERS

AFFIDAVIT OF TERMINATION OF DOMESTIC PARTNERSHIP

I, _____, submit this Affidavit of Termination of
(Name of Employee)
Domestic Partnership in order to cancel the Affidavit of Domestic Partnership Previously filed.
I declare and acknowledge that I wish to cancel the Affidavit of Domestic Partnership for the following reason:

☐ The relationship between _____ and me ended on _____.
(Name of Domestic Partner) (Date)

☐ My Domestic Partner _____ died on _____.
(Name of Domestic Partner) (Date)

I understand that the effect of filing this Affidavit of Termination of Domestic Partnership is that my Domestic Partner will no longer be covered under Leon County's Benefit Programs.
I understand that another Affidavit of Domestic Partnership cannot be filed again until 12 months from the date the Affidavit of Termination of Domestic Partnership was filed.
In the event that termination of this relationship is not due to the death of my Domestic Partner, I have notified my domestic partner of the termination by one of the following:

_____ I have mailed my former Domestic Partner a copy of this notice at his/her last address. I have attached proof (return receipt) of the mailing.
_____ My domestic partner has joined me in signing this Affidavit of Termination by signing below in the presence of a notary.

I affirm that the assertions in this affidavit are true to the best of my knowledge.

_____ _____
(Employee's Signature) (Domestic Partner's Signature)

_____ _____
(Date) (Date)

State of Florida
County of _____

Sworn to and subscribed before me this _____ day of _____, 20____,
By _____ and _____ who
_____ are personally known
_____ produced identification: _____.

_____
Signature of Notary Public-State of Florida

_____
Print, Type or Stamp Commissioned
Name of Notary Public