

**CITY OF MIAMI BEACH EMPLOYEE  
TERMINATION OF DOMESTIC PARTNERSHIP STATEMENT**

Per the Domestic Partnership Ordinance, No. 98-3127, and as specified in the Declaration of Domestic Partnership, **within 30 days** of termination of Domestic Partnership, the Domestic Partner(s) **MUST** file this document with the Human Resources Department (located on the 3rd floor of City Hall, 1700 Convention Center Drive). The fee for registering or terminating the Domestic Partnership is twenty-five dollars (\$25).

I, \_\_\_\_\_, previously the Domestic Partner of \_\_\_\_\_, swear and affirm under penalty of perjury that:

- a. the Domestic Partnership is terminated; and
- b. if the Termination Statement is not signed by both Partners, a copy of the Termination Statement shall be served, by the Partner filing the Termination Statement, by certified or registered mail, on the other Domestic Partner, and proof of service shall be filed with the Human Resources Department.

This Termination shall become effective sixty (60) days from the date of filing of the Termination Statement signed by both Domestic Partners or if the Termination Statement is not signed by both parties, sixty (60) days from the date proof of service is filed with the Human Resources Department pursuant to Section 2(a)(2) of the Domestic Partnership Ordinance. A Domestic Partnership shall automatically terminate in the event that one of the Domestic Partners enters into a Domestic Partnership with another individual, marries, remarries, or dies.

I acknowledge that I have read, understood, and agree to comply with the terms of this document.

\_\_\_\_\_ and \_\_\_\_\_  
(Signature of **CITY EMPLOYEE**) (Signature of **EMPLOYEE'S DOMESTIC PARTNER**)

\_\_\_\_\_ (Address) \_\_\_\_\_ (Address)

\_\_\_\_\_ (Date of Birth) \_\_\_\_\_ (City Employee ID #) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_ (ID #, if City Employee)

----- **DO NOT WRITE BELOW THIS LINE -- FOR HUMAN RESOURCES DEPARTMENT USE ONLY** -----

The above Termination of Domestic Partnership Statement was approved by the Human Resources Department. Per Ordinance No. 98-3127, the termination shall become effective on the date entered below and benefits shall cease.

\_\_\_\_\_ (Date Proof of Service Received) \_\_\_\_\_ (Signature of Person Who Received Proof)

\_\_\_\_\_ (Approving Authority Signature) \_\_\_\_\_ (Approving Authority Name) \_\_\_\_\_ (Title) \_\_\_\_\_ (Effective Date)