City of Columbia Domestic Partnership Registry

Termination of Domestic Partnership

Identification of Domestic Partners:
List the names of both parties to the domestic partnership

_____________________________  __________________ ______________
Name (print)      Name (print)

Affirmation of Termination:
I affirm that the Domestic Partnership declared by me on ________________ is terminated on this Date
  ____ day of ________________, 20____.

Signature of at least one domestic partner:

_____________________________  __________________ ______________
Signature   date   Signature   date

_____________________________    __________________ ____________ __________
Street      City    State   Zip

Telephone Number

NOTICE: False statements made on this form are punishable under Section 575.060 RSMo. and Section 16-193 of the Columbia Code of Ordinances.

Please include the $25.00 fee for each termination, payable by cash or check to the City of Columbia.

For office use only

Registry No.                                  Date Received