CITY OF SANTA BARBARA
STATEMENT OF TERMINATION OF DOMESTIC PARTNERSHIP

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE STATEMENTS BELOW ARE TRUE AND CORRECT.

That the partnership between:

___________________________________     and       ______________________________________

(Print Name)  (Print Name)

was terminated on:_____________________________

(month, day, year)

1) Signed on  ______________________  in Santa Barbara, CA

(month, day, year)

Signature  ________________  Print Name ________________________

2) Signed on  ______________________  in Santa Barbara, CA

(month, day, year)

Signature  ________________  Print Name ________________________

*As per Resolution No. 97-055, a member of a domestic partnership may end said relationship by filing a Statement of Termination of Domestic Partnership with the City Clerk.

Fee: $10.00 for filing a Statement of Termination of a Domestic Partnership

FOR STAFF USE ONLY

Termination for Certificate # ______

Date Information entered into database ________

Staff _____
INSTRUCTIONS TO THE APPLICANT: Take this form, with your payment, to the City of Santa Barbara Finance Department Cashier. After payment, bring the bottom half to the City Clerk’s Office with your completed Affidavit.

DOMESTIC PARTNERSHIP FEE SCHEDULE

_____ $35 Domestic Partnership Registration
_____ $10 Statement of Termination
_____ $25 Confirmation Certificate of Domestic Partnership in another community

Finance Department Account 001.1521.46892
Transaction Code 8851

RECEIPT

DOMESTIC PARTNERSHIP FEE SCHEDULE

_____ $35 Domestic Partnership Registration
_____ $10 Statement of Termination
_____ $25 Confirmation Certificate of Domestic Partnership in another community

RECEIPT TO BE TAKEN TO CITY CLERK WHEN FEE IS PAID

(Finance Department Cashier to validate this half of form and return it to the applicant for filing with the City Clerk)