



CITY OF COLUMBIA/BOONE COUNTY, MISSOURI

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

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
_____ day of _____, 20_____.
Date

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. This is considered a public record and is subject to disclosure under Missouri's Sunshine Law, Section 610.011 RSMo.

Fee is **\$25.00** per termination.

If mailing, please include check or money order payable to **City of Columbia**.

Mail to: Columbia/Boone County Department of Public Health and Human Services, ATTN: Administration
PO Box 6015, Columbia, MO 65205

For office use only

Registry No.		Date Received	
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1005 W. Worley St. ♦ P.O. Box 6015 ♦ Columbia, Missouri 65205-6015

Phone: (573) 874-7347 ♦ TTY: (573) 874-7356 ♦ Fax: (573) 874-7756

Email: Health@gocolumbiamo.com

<http://www.gocolumbiamo.com/health/vital-records/domestic-partnership-registry/>

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER/SERVICES PROVIDED ON A NONDISCRIMINATORY BASIS