



# 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@CoMo.gov

<http://www.CoMo.gov/health/vital-records/domestic-partnership-registry/>

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