



Termination of Domestic Partnership

I request termination of my domestic partnership.

Termination Requested By

Name:

Address:

City: State: Zip Code:

Signature: _____ Date: _____

Domestic Partner:

Current Address:

City: State: Zip Code:

Information collected on this document is public and will be available to all requestors per Minnesota Data Privacy Statute.

Send completed application to:

City Clerk's Office
350 S. 5th Street, Room 304
Minneapolis, MN 55415

For more information call the City Clerk's Office at 612-673-2216.