

CITY OF OAKLAND



CITY HALL

ONE FRANK H. OGAWA PLAZA

OAKLAND, CALIFORNIA 94612

Office of the City Clerk  
City Clerk and Clerk of the Council

(510) 238-3226  
FAX (510) 238-6868

Certificate  
Number:

[Empty box for Certificate Number]

**NOTICE OF ENDING A DOMESTIC PARTNERSHIP**

(SELECT ONE OF THE OPTIONS BELOW)

**By Both Parties**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Our Domestic Partnership has ended.

We declare under penalty of perjury under the laws of the State of California that the statements above are true and correct. We understand that the fee for this service is **\$10.00**.

Signed on \_\_\_\_\_, in \_\_\_\_\_  
(Date) (City & State)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**By One Party**

Name: \_\_\_\_\_

My Domestic Partnership with: \_\_\_\_\_ has ended.

I do not wish to contact my former partner directly; rather, I ask the Office of the City Clerk to notify my former partner by certified mail of this action. I understand that the fee for this service is **\$15.00**.

Former partner's most current mailing address is (if known):

\_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the statements above are true and correct.

Signed on \_\_\_\_\_, in \_\_\_\_\_  
Date (City & State)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number

**Office Use Only:**

Received by: \_\_\_\_\_, Office of the City Clerk