



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:

Office of City Clerk
350 S. 5th Street, Room 312
Minneapolis, MN 55415

For more information call 612-673-2216.