

VITAL RECORDS

COUNTY _____

RECORD OF
DIVORCE OR ANNULMENT
 (CHECK ONE)

STATE FILE NUMBER _____
 STATE FILE DATE _____

HUSBAND

1. NAME (First) (Middle) (Last)			2. DATE OF BIRTH (Month) (Day) (Year)		
3. RESIDENCE (Street or R.D.) (City, Town, or Twp.) (County) (State)			4. PLACE OF BIRTH (State or Foreign Country)		
5. NUMBER OF THIS MARRIAGE	6. RACE WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>		7. USUAL OCCUPATION		

WIFE

8. MAIDEN NAME (First) (Middle) (Last)			9. DATE OF BIRTH (Month) (Day) (Year)		
10. RESIDENCE (Street or R.D.) (City, Town, or Twp.) (County) (State)			11. PLACE OF BIRTH (State or Foreign Country)		
12. NUMBER OF THIS MARRIAGE	13. RACE WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>		14. USUAL OCCUPATION		
15. PLACE OF THIS MARRIAGE (County) (State or Foreign Country)			16. DATE OF THIS MARRIAGE (Month) (Day) (Year)		
17A. NUMBER OF CHILDREN THIS MARRIAGE	17B. NUMBER OF DEPENDENT CHILDREN UNDER 18	18. PLAINTIFF HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>		19. DECREE GRANTED TO HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>	
20. NUMBER OF CHILDREN TO CUSTODY OF HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/>		SPLIT CUSTODY <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>		21. LEGAL GROUNDS FOR DIVORCE OR ANNULMENT	
22. DATE OF DECREE (Month) (Day) (Year)			23. DATE REPORT SENT TO VITAL RECORDS (Month) (Day) (Year)		

24. SIGNATURE OF TRANSCRIBING CLERK _____