

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, Borough or Township _____ County _____ State _____	4. PLACE OF BIRTH (State or Foreign Country) _____
5. NUMBER OF THIS MARRIAGE _____	6. RACE WHITE <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> OTHER (Specify) _____
7. USUAL OCCUPATION _____	

**WIFE**

8. MARDEN NAME (First) _____ (Middle) _____ (Last) _____	9. DATE OF BIRTH (Month) _____ (Day) _____ (Year) _____
10. RESIDENCE Street or R.D. _____ City, Borough or Township _____ County _____ State _____	11. PLACE OF BIRTH (State or Foreign Country) _____
12. NUMBER OF THIS MARRIAGE _____	13. RACE WHITE <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> OTHER (Specify) _____
14. USUAL OCCUPATION _____	

15. PLACE OF THIS MARRIAGE (County) _____	16. DATE OF THIS MARRIAGE (Month) _____ (Day) _____ (Year) _____	17. NUMBER OF CHILDREN THIS MARRIAGE _____
18. NUMBER OF DEPENDENT CHILDREN UNDER 16 _____	19. DECREE GRANTED TO HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> OTHER (Specify) _____	20. NUMBER OF CHILDREN TO CUSTODY OF HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOJ; CUSTODY <input type="checkbox"/> OTHER (Specify) _____
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 _____
--	---