

CERTIFICATE OF DIVORCE OR ANNULMENT OF SAME SEX MARRIAGE

State of Delaware

DIVISION OF PUBLIC HEALTH

OFFICE OF VITAL STATISTICS

STATE FILE COPY HEALTH STATISTICS COPY FAMILY COURT COPY

State File No.

A T T Y	Petitioner (check one) <input type="checkbox"/> Spouse A <input type="checkbox"/> Spouse B <input type="checkbox"/> Both <input type="checkbox"/> Other (<i>specify</i>) _____		Name of Petitioner's Attorney _____		Attorneys Address (number, street, town, State & Zip) _____		
	1a. Name of Spouse A (First – Middle – Last) _____		1b. Last Name of Spouse A Prior to First Marriage _____		2. SSN _____		
	3a. Residence (Number and Street) _____			3b. City _____		3c. County _____	
S P O U S E A	3d. State _____	3e. Zip Code _____	4. Birthplace (State or Foreign Country) _____			5. Date of Birth (mm/dd/yyyy) _____	
	6. Race (Check which race you consider yourself to be.) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (<i>specify</i>) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (<i>specify</i>) _____ <input type="checkbox"/> Other (<i>specify</i>) _____		6b. Hispanic Origin (Check box with Selection) <input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latina (<i>specify</i>) _____		8. Number of this marriage 1st, 2nd, etc. (specify below) _____		
			7. Education (check one) <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th -12 th grade, but no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or professional degree		9. If previously married: Date of your last previous marriage (Month, Day, Year) _____		
					9b. Preceding marriage ended by (check one) <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment		
					9c. Date preceding marriage ended (Month, Day, Year) _____		
S P O U S E B	10. Name of Spouse B (First – Middle – Last) _____		11. Last Name of Spouse B Prior to First Marriage _____		12. SSN _____		
	13a. Residence (Number and Street) _____			13b. City _____		13c. County _____	
	13d. State _____	13e. Zip Code _____	14. Birthplace (State or Foreign Country) _____			15. Date of Birth (mm/dd/yyyy) _____	
	16. Race (Check which race you consider yourself to be.) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (<i>specify</i>) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (<i>specify</i>) _____ <input type="checkbox"/> Other (<i>specify</i>) _____		16b. Hispanic Origin (Check box with Selection) <input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latina (<i>specify</i>) _____		18. Number of this marriage 1st, 2nd, etc. (specify below) _____		
			17. Education (check one) <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th -12 th grade, but no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or professional degree		19. If previously married: Date of your last previous marriage (Month, Day, Year) _____		
					19b. Preceding marriage ended by (check one) <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment		
				19c. Date preceding marriage ended (Month, Day, Year) _____			
M A R R I A G E	20. Date of this marriage (Month, Day, Year) _____		21a. Place where this marriage took place (city, Town or Location) _____		21b. County _____	21c. State or Foreign Country _____	
	22. Date couple last resided in same household _____		23. Number of children under 18 in this household as of date in item 22 _____		23b. Number of children whose physical custody was awarded to: Spouse A ___ Spouse B ___ Joint (Spouse A & B) Other _____ <input type="checkbox"/> No Children CONTESTED? <input type="checkbox"/> No <input type="checkbox"/> Yes		
***** FOR OFFICIAL USE ONLY *****							
D E C R E E	24. I certify that the marriage of the named persons was dissolved on (MM/DD/YYYY) _____		25. Type of Decree (check one) <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment		26. County of Decree (check one) <input type="checkbox"/> New Castle <input type="checkbox"/> Kent <input type="checkbox"/> Sussex		27. Date Recorded (MM/DD/YYYY) _____
	28. Title of Court _____		29. Signature of Certifying Official _____		30. Title of Certifying Official CLERK OF COURT		31. Date Signed (MM/DD/YYYY) _____

ATTORNEY – Complete items 1-23b when filing petition and leave with Clerk of the Court
CLERK OF COURT – After final decree, complete items 24-31 and forward to: Office of Vital Statistics, 417 Federal Street, Dover, DE 19901