Form 441
(Rev 04/12)

CERTIFICATE OF DIVORCE OR ANNULMENT
State of Delaware
DIVISION OF PUBLIC HEALTH
OFFICE OF VITAL STATISTICS

☐ **STATE FILE COPY** ☐ **HEALTH STATISTICS COPY** ☐ **FAMILY COURT COPY** **State File No.**

ATTY

Petitioner (check one) ☐ Husband ☐ Wife ☐ Both ☐ Other (*specify)*	**Name of Petitioner's Attorney**	**Attorneys Address** (number, street, town, State & Zip)

HUSBAND

1. **Husband's Name** (First – Middle – Last)			2. **SSN**
3a. **Residence** (Number and Street)		3b. **City**	3c. **County**
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.)
☐ White
☐ Black or African American
☐ American Indian or Alaska Native
(Name of principal tribe) _____
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (specify) _____
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (specify) _____
☐ Other (specify)

6b. **Hispanic Origin** (Check box with Selection)
☐ No, not Spanish/Hispanic/Latina
☐ Yes, Mexican, Mexican American, Chicana
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, Other Spanish/Hispanic/Latina
(specify) _____

7. **Education** (check one)
☐ 8th grade or less
☐ 9th-12th grade, but no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree
☐ Bachelor's degree
☐ Master's degree
☐ Doctorate or professional degree

8. **Number of this marriage** 1st, 2nd, etc. (specify below)

9. **If previously married: Date of your last previous marriage** (Month, Day, Year)

9b. **Preceding marriage ended by** (check one)
☐ Death
☐ Divorce
☐ Annulment

9c. **Date preceding marriage ended** (Month, Day, Year)

WIFE

10. **Wife's Name** (First – Middle – Last)	11. **Wife's Last Name 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.)
☐ White
☐ Black or African American
☐ American Indian or Alaska Native
(Name of principal tribe) _____
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (specify) _____
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (specify) _____
☐ Other (specify)

16b. **Hispanic Origin** (Check box with Selection)
☐ No, not Spanish/Hispanic/Latina
☐ Yes, Mexican, Mexican American, Chicana
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, Other Spanish/Hispanic/Latina
(specify) _____

17. **Education** (check one)
☐ 8th grade or less
☐ 9th-12th grade, but no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree
☐ Bachelor's degree
☐ Master's degree
☐ Doctorate or professional degree

18. **Number of this marriage** 1st, 2nd, etc. (specify below)

19. **If previously married: Date of your last previous marriage** (Month, Day, Year)

19b. **Preceding marriage ended by** (check one)
☐ Death
☐ Divorce
☐ Annulment

19c. **Date preceding marriage ended** (Month, Day, Year)

MARRIAGE

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:** Husband __ Wife __ Joint (Husband/Wife) __ Other _____ ☐ No Children **CONTESTED?** ☐ No ☐ Yes	

********** **FOR OFFICIAL USE ONLY** **********

DECREE

24. **I certify that the marriage of the named persons was dissolved on** (MM/DD/YYYY)	25. **Type of Decree** (check one) ☐ Divorce ☐ Annulment	26. **County of Decree** (check one) ☐ New Castle ☐ Kent ☐ 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