

LOCAL FILE NO. _____

STATE FILE NUMBER _____

**RECORD OF
DISSOLUTION OF MARRIAGE, OR ANNULMENT**

	1. HUSBAND'S NAME (First, Middle, Last)			
HUSBAND	2. RESIDENCE OR LEGAL ADDRESS		STREET AND NUMBER	
			CITY OR TOWN	
	3. DATE OF BIRTH (Month, Day, Year)		4. BIRTHPLACE (State or Foreign Country)	
	5a. WIFE'S NAME (First, Middle, Last)			5b. MAIDEN SURNAME
WIFE	6. FORMER LEGAL NAMES (IF ANY)			
	7. RESIDENCE OR LEGAL ADDRESS		STREET AND NUMBER	
			CITY OR TOWN	
	8. DATE OF BIRTH (Month, Day, Year)		9. BIRTHPLACE (State or Foreign Country)	
MARRIAGE	10a. PLACE OF THIS MARRIAGE - CITY, TOWN OR LOCATION		10b. COUNTY	10c. STATE OR FOREIGN COUNTRY
			11. DATE OF THIS MARRIAGE (Month, Day, Year)	
	12. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (Month, Day, Year)		13. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 12	
			Number _____ <input type="checkbox"/> None	
	14. PETITIONER <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both			

THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.

26. HUSBAND'S SOCIAL SECURITY NUMBER (Specify #, None, Unknown)		27. WIFE'S SOCIAL SECURITY NUMBER (Specify #, None, Unknown)		
HUSBAND	28. NUMBER OF THIS MARRIAGE- First, Second, etc. (Specify below)	29. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED:		30. RACE-American Indian, Black, White, etc. (Specify below) List All That Apply.
		By Death, Divorce, Dissolution, or Annulment (Specify below)	Date (Month, Day, Year)	
				Elementary/Secondary (0-12) College (1-4 or 5 +)
WIFE	28b.	29c.	29d.	30b.
				31b.

THE PETITIONER OR LEGAL REPRESENTATIVE OF THE PETITIONER IS RESPONSIBLE FOR COMPLETING THE PERSONAL INFORMATION ON THIS FORM AND SHALL PRESENT THIS FORM TO THE CLERK OF THE COURT WITH THE PETITION.
IN ALL CASES THE COMPLETED RECORD SHALL BE A PREREQUISITE TO THE GRANTING OF THE FINAL DECREE.

ORIGINAL - VITAL RECORDS COPY