

ALABAMA

CERTIFICATE OF DIVORCE

State File Number **101**

TYPE IN PERMANENT DARK INK. DO NOT USE GREEN, RED, OR PURPLE INK.

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Petitioner's Representative must file this form with the Circuit Court at the time the petition is filed.		1. COUNTY OF DECREE	
2. HUSBAND'S NAME First Middle Last (Print last name all capitals)		3. DATE OF BIRTH (Month, Day, Year)	
HUSBAND			
4. RACE—(Specify American Indian, Black, White, Etc.)	5. EDUCATION—(Specify ONLY highest grade completed) Elementary or High School (0-12) College (1-4 or 5+)		6. SOCIAL SECURITY NUMBER
7. USUAL RESIDENCE—STATE	8. COUNTY	9. CITY—TOWN OR LOCATION	
10. INSIDE CITY LIMITS (Specify Yes or No)	11. ADDRESS—Street and Number or RFD Number		Zip Code
12. NUMBER OF THIS MARRIAGE (First, Second, Etc.)	13. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED BY—(Specify Death, Divorce, Dissolution, Annulment)		
14. WIFE'S NAME First Middle Last (Print last name all capitals)		15. WIFE'S MAIDEN LAST NAME	
WIFE			
16. DATE OF BIRTH (Month, Day, Year)	17. RACE—(Specify American Indian, Black, White, Etc.)	18. EDUCATION—(Specify ONLY highest grade completed) Elementary or High School (0-12) College (1-4 or 5+)	19. SOCIAL SECURITY NUMBER
20. USUAL RESIDENCE—STATE	21. COUNTY	22. CITY—TOWN OR LOCATION	
23. INSIDE CITY LIMITS (Specify Yes or No)	24. ADDRESS—Street and Number or RFD Number		Zip Code
25. NUMBER OF THIS MARRIAGE (First, Second, Etc.)	26. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED—(Specify Death, Divorce, Dissolution, Annulment)		
27. Give the total number of children for whom custody was determined and indicate the number awarded to each party. Enter a "0" for the total if the custody of <u>no children under 18</u> was subject to this action.		28. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 29 (Enter "0" if no children)	
_____ Husband _____ Joint-Husband/Wife _____ Wife _____ Other _____ Total Children/Custody was Determined		29. DATE COUPLE SEPARATED (Month, Day, Year)	
30. PLACE OF THIS MARRIAGE—(City, County, State)		31. DATE OF THIS MARRIAGE (Month, Day, Year)	32. PETITIONER— <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other, Specify
33. PETITIONER'S ATTORNEY OR REPRESENTATIVE—(Type)		34. ADDRESS—Street and Number or RFD Number—City—State—Zip	
DECREE			
35. TYPE OF DECREE—(Specify Divorce, Annulment, etc.)	36. DATE OF FINAL DECREE (Month, Day, Year)	37. DECREE AWARDED TO <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	38. TITLE OF COURT CIRCUIT
39. LEGAL GROUNDS FOR DECREE			
OFFICIAL			
40. SIGNATURE OF OFFICIAL		41. TITLE OF OFFICIAL CLERK OF CIRCUIT COURT	42. TRIAL DOCKET NUMBER DR _____ - _____

CIRCUIT CLERK MUST MAIL THIS REPORT BY THE FIFTH (5TH) OF EACH MONTH TO: CENTER FOR HEALTH STATISTICS, P.O. BOX 5618, MONTGOMERY, AL 36103-5618
ADOBE AROBAT/ ADPH-HS-16/Rev. 6-98—rm