

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

ALABAMA

CERTIFICATE OF DIVORCE

State File Number **101**

1. ALL ITEMS MUST BE COMPLETE AND ACCURATE

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)		
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 6+)		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		
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 6+)	
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 BY—(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 no children under 18 was subject to this action. Husband Joint-Husband/Wife Wife Other Total Children/Custody was Determined					28. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 29 (Enter "0" if no children)
					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		
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			
40. SIGNATURE OF OFFICIAL			41. TITLE OF OFFICIAL		42. TRIAL DOCKET NUMBER

HUSBAND

WIFE

MARRIAGE

DECREE

OFFICIAL

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
ADPH-HS-16/Rev. 6-98—rm