ALABAMA
CERTIFICATE OF DIVORCE

TYPE IN PERMANENT DARK INK

State File Number **101**

Petitioner's Representative must file this form with the Circuit Court at the time the petition is filed.

1. COUNTY OF DECREE

SPOUSE 1

2. SPOUSE 1 NAME First Middle Last (Print last name all capitals) Suffix (Sr, Jr, etc.)

3. LAST NAME PRIOR TO FIRST MARRIAGE

4. DATE OF BIRTH (Month, Day, Year)

5. SEX (Male or Female)

6. RACE (Specify American Indian, Black, White, etc.)

7. USUAL RESIDENCE - STATE

8. COUNTY

9. CITY - TOWN OR LOCATION

10. ADDRESS - Street and Number or RFD Number Zip Code

11. NUMBER OF THIS MARRIAGE (First, Second, etc.)

SPOUSE 2

12. SPOUSE 2 NAME First Middle Last (Print last name all capitals) Suffix (Sr, Jr, etc.)

13. LAST NAME PRIOR TO FIRST MARRIAGE

14. DATE OF BIRTH (Month, Day, Year)

15. SEX (Male or Female)

16. RACE (Specify American Indian, Black, White, etc.)

17. USUAL RESIDENCE - STATE

18. COUNTY

19. CITY - TOWN OR LOCATION

20. ADDRESS – Street and Number or RFD Number Zip Code

21. NUMBER OF THIS MARRIAGE (First, Second, etc.)

MARRIAGE

22. 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.

____ Spouse 1 _____Joint _____ Spouse 2 _____Other _____Total Children/Custody was Determined

23. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 24 (Enter "0" if no children)

24. DATE COUPLE SEPARATED (Month, Day, Year)

25. PLACE OF THIS MARRIAGE (City, County, State)

26. DATE OF THIS MARRIAGE (Month, Day, Year)

27. PETITIONER ☐ Spouse 1 ☐ Spouse 2 ☐ Both ☐ Other, Specify_____

28. PETITIONER'S ATTORNEY OR REPRESENTATIVE (Type)

29. ADDRESS (Street and Number or RFD Number, City, State, Zip Code)

DECREE

30. TYPE OF DECREE (Specify Divorce, Annulment, etc.)

31. DATE OF FINAL DECREE (Month, Day, Year)

32. DECREE AWARDED TO ☐ Spouse 1 ☐ Spouse 2 ☐ Both

33. TITLE OF COURT **CIRCUIT**

34. LEGAL GROUNDS FOR DECREE

OFFICIAL

35. SIGNATURE OF OFFICIAL

36. TITLE OF OFFICIAL

37. TRIAL DOCKET NUMBER

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. 04-06-20

INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES

38. SPOUSE 1 SOCIAL SECURITY NUMBER

__ __ __ - __ __ - __ __ __ __

39. EDUCATION (Specify ONLY highest grade completed)

Elementary or High School (0 - 12) | College (1 - 4 or 5+)

40. SPOUSE 2 SOCIAL SECURITY NUMBER

__ __ __ - __ __ - __ __ __ __

41. EDUCATION (Specify ONLY highest grade completed)

Elementary or High School (0 - 12) | College (1 - 4 or 5+)