

DEPARTMENT OF HEALTH
VERMONT RECORD OF DIVORCE OR ANNULMENT

Docket # _____

Dept. of Health Use ONLY

State File # _____

| APPLICANT A | | | <input type="checkbox"/> HUSBAND | <input type="checkbox"/> WIFE | <input type="checkbox"/> SPOUSE | (Check one) |
|--------------------------------|--|-------------------------------|----------------------------------|---|---------------------------------|--|
| 1a. Name (First, Middle, Last) | | | | 1b. Last Name at Birth | | 1c. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male |
| 2a. State of Residence | | 2b. City or Town of Residence | | 3. Date of Birth (month, day, year) ____ / ____ / ____ | | |

| APPLICANT B | | | HUSBAND | WIFE | SPOUSE | (Check one) |
|--------------------------------|--|-------------------------------|---------|---|--------|------------------------|
| 4a. Name (First, Middle, Last) | | | | 4b. Last Name at Birth | | 4c. Sex Female Male |
| 5a. State of Residence | | 5b. City or Town of Residence | | 6. Date of Birth (month, day, year) ____ / ____ / ____ | | |

| MARRIAGE | | | |
|---|--|--|--|
| 7a. State or foreign country of this marriage | | 7b. City or Town of this marriage | 7c. Date of this marriage (month, day, year) ____ / ____ / ____ |
| 8a. Date couple last resided in same household (month, day, year) ____ / ____ / ____ | | 8b. Number of children under 18 in this household as of the date in item 8a. | |
| 9a. Name of Petitioner's Attorney <input type="checkbox"/> NO ATTORNEY | | 9b. Attorney's Address (street, city/town, state, zip) | |

| DECREE | | | |
|--|--|--|----------------------|
| 10. I certify that this decree became absolute (final) on (month, day, year) ____ / ____ / ____ | | 11. Type of decree (check one) <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment | 12. County of decree |
| 13. Legal grounds for decree (specify) | | 14. Court Manager's Name | |
| | | 15. Date signed (month, day, year) ____ / ____ / ____ | |