

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 (<i>specify</i>)		14. Court Manager's Name	
		15. Date signed (month, day, year) ____ / ____ / ____	