

CERTIFICATE OF DIVORCE OR ANNULMENT

State of Delaware

DIVISION OF PUBLIC HEALTH

OFFICE OF VITAL STATISTICS

STATE FILE COPY HEALTH STATISTICS COPY FAMILY COURT COPY

State File No.

A T T Y	Petitioner (check one) <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other (<i>specify</i>) _____		Name of Petitioner's Attorney		Attorneys Address (number, street, town, State & Zip)	
	1. Husband's Name (First – Middle – Last)				2. SSN	
	3a. Residence (Number and Street)		3b. City		3c. County	
H U S B A N D	3d. State	3e. Zip Code	4. Birthplace (State or Foreign Country)		5. Date of Birth (mm/dd/yyyy)	
	6. Race (Check which race you consider yourself to be.) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (<i>specify</i>) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (<i>specify</i>) _____ <input type="checkbox"/> Other (<i>specify</i>) _____		6b. Hispanic Origin (Check box with Selection) <input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latina (<i>specify</i>) _____		8. Number of this marriage 1 st , 2 nd , etc. (specify below)	
			7. Education (check one) <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th -12 th grade, but no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or professional degree		9. If previously married: Date of your last previous marriage (Month, Day, Year)	
					9b. Preceding marriage ended by (check one) <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	
					9c. Date preceding marriage ended (Month, Day, Year)	
W I F E	10. Wife's Name (First – Middle – Last)		11. Wife's Last Name Prior to First Marriage		12. SSN	
	13a. Residence (Number and Street)		13b. City		13c. County	
	13d. State	13e. Zip Code	14. Birthplace (State or Foreign Country)		15. Date of Birth (mm/dd/yyyy)	
	16. Race (Check which race you consider yourself to be.) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (<i>specify</i>) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (<i>specify</i>) _____ <input type="checkbox"/> Other (<i>specify</i>) _____		16b. Hispanic Origin (Check box with Selection) <input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latina (<i>specify</i>) _____		18. Number of this marriage 1 st , 2 nd , etc. (specify below)	
			17. Education (check one) <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th -12 th grade, but no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or professional degree		19. If previously married: Date of your last previous marriage (Month, Day, Year)	
					19b. Preceding marriage ended by (check one) <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	
				19c. Date preceding marriage ended (Month, Day, Year)		
M A R R I A G E	20. Date of this marriage (Month, Day, Year)		21a. Place where this marriage took place (city, Town or Location)		21b. County	21c. State or Foreign Country
	22. Date couple last resided in same household		23. Number of children under 18 in this household as of date in item 22		23b. Number of children whose physical custody was awarded to: Husband ___ Wife ___ Joint (Husband/Wife) ___ Other _____ <input type="checkbox"/> No Children CONTESTED? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	***** FOR OFFICIAL USE ONLY *****					
D E C R E E	24. I certify that the marriage of the named persons was dissolved on (MM/DD/YYYY)		25. Type of Decree (check one) <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment		26. County of Decree (check one) <input type="checkbox"/> New Castle <input type="checkbox"/> Kent <input type="checkbox"/> Sussex	
	27. Date Recorded (MM/DD/YYYY)		28. Title of Court		29. Signature of Certifying Official	
				30. Title of Certifying Official CLERK OF COURT		31. Date Signed (MM/DD/YYYY)

ATTORNEY – Complete items 1-23b when filing petition and leave with Clerk of the Court

CLERK OF COURT – After final decree, complete items 24-31 and forward to: Office of Vital Statistics, 417 Federal Street, Dover, DE 19901