

State of New Hampshire

CASE NUMBER _____

Certificate Of Divorce, Civil Union (CU) Dissolution Legal Separation Or Annulment

STATE FILE NUMBER _____

This form must be word processed or typewritten. The following information will be completed by the petitioner as indicated or by one of the joint petitioners and filed with the court prior to the hearing on the merits in accordance with court rules.

PERSON A	1a. Person A's name – First Middle Last (<i>Current</i>)		1.b. Suffix	1c. Last name & suffix before 1 st marriage or CU (<i>if applicable</i>)		
	2. Person A's gender <input type="checkbox"/> Male <input type="checkbox"/> Female		3a. Residence – City, town or location (<i>at time of filing</i>)		3b. County	
	4. Birthplace (<i>State or Foreign Country</i>)		5. Date of birth (<i>MM/DD/YYYY</i>)	6. Number of this marriage or CU (<i>Specify first, second, etc.</i>)		7. Social security number
	8. If previously joined in marriage or civil union, how many ended by: (<i>do not include current marriage or civil union</i>) <input type="checkbox"/> Death Number _____ <input type="checkbox"/> Divorce/Annulment Number _____ <input type="checkbox"/> Civil Union Dissolution Number _____			9. Education: (<i>specify highest grade completed</i>) ----- Elementary or secondary (0-12) College (1-4 or 5+)		

PERSON B	10a. Person B's name – First Middle Last (<i>Current</i>)		10.b. Suffix	10c. Last name & suffix before 1 st marriage or CU (<i>if applicable</i>)		
	11. Person B's gender <input type="checkbox"/> Male <input type="checkbox"/> Female		12a. Residence – City, town or location (<i>at time of filing</i>)		12b. County	
	13. Birthplace (<i>State or Foreign Country</i>)		14. Date of birth (<i>MM/DD/YYYY</i>)	15. Number of this marriage or CU (<i>Specify first, second, etc.</i>)		16. Social security number
	17. If previously joined in marriage or civil union, how many ended by: (<i>do not include current marriage or civil union</i>) <input type="checkbox"/> Death Number _____ <input type="checkbox"/> Divorce/Annulment Number _____ <input type="checkbox"/> Civil Union Dissolution Number _____			18. Education: (<i>specify highest grade completed</i>) ----- Elementary or secondary (0-12) College (1-4 or 5+)		

MARRIAGE / CIVIL UNION	19. Place of this marriage or civil union (<i>City/Town</i>)		19b. County	19c. State (<i>or foreign country</i>)	20. Date of this marriage or CU (<i>MM/DD/YYYY</i>)
	21. Date couple last resided in same household (<i>MM/DD/YYYY</i>)		22a. Number of children born alive or adopted during this marriage/civil union		22b. Number of children under age 18 in this household as of date in Item 21
ATTORNEY	23a. Name of person completing form: <input type="checkbox"/> attorney <input type="checkbox"/> self represented		23b. Address <input type="checkbox"/> attorney <input type="checkbox"/> self represented (<i>Street and Number, City/Town, State, Zip Code</i>)		23c. Date (<i>this form was completed</i>) (<i>MM/DD/YYYY</i>)

BELOW THIS LINE TO BE COMPLETED BY THE COURT

DECREE	24a. Date petition filed with court (<i>MM/DD/YYYY</i>)		24b. Cause for filing <input type="checkbox"/> Irreconcilable differences <input type="checkbox"/> Other (specify) _____		24c. A decree was entered: There was an: <input type="checkbox"/> Uncontested hearing <input type="checkbox"/> Contested hearing <input type="checkbox"/> Defaulted hearing		25a. Type of decree <input type="checkbox"/> Divorce <input type="checkbox"/> Legal separation <input type="checkbox"/> Annulment <input type="checkbox"/> CU Dissolution			
	25b. Date decree becomes final: (<i>MM/DD/YYYY</i>)		26a. Name of hearing official: (<i>first and last name</i>)			26b. Official capacity: <input type="checkbox"/> Judge <input type="checkbox"/> Marital Master				
	27a. Name to be used by Person A after divorce: <input type="checkbox"/> Same as present (1a & b) <input type="checkbox"/> Name prior to 1 st marriage or CU (1c) <input type="checkbox"/> Other (specify) _____		28. Decision making responsibility for child/children shall be with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Person A <input type="checkbox"/> Person B <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Not applicable			29a. Number of children under age 18 for whom residential responsibility is with: Both Parents # _____ Person A # _____ Person B # _____ Other (specify) # _____ <input type="checkbox"/> Not applicable		30. Residential responsibility was: <input type="checkbox"/> Uncontested <input type="checkbox"/> Contested <input type="checkbox"/> Defaulted <input type="checkbox"/> Not applicable		
	27b. Name to be used by Person B after divorce: <input type="checkbox"/> Same as present (10a & b) <input type="checkbox"/> Name prior to 1 st marriage or CU (10c) <input type="checkbox"/> Other (specify) _____		31. Petitioner: <input type="checkbox"/> Person A <input type="checkbox"/> Person B <input type="checkbox"/> Joint <input type="checkbox"/> Other (specify) _____							
32a. Signature of court official: I certify that the above is correct to the best of my knowledge.					32b. Court name:		32c. Date signed: (<i>MM/DD/YYYY</i>)			