

State of New Hampshire

CERTIFICATE OF DIVORCE LEGAL SEPARATION OR ANNULMENT

CASE NUMBER _____

STATE FILE NUMBER _____

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

PETITIONER	1a. Person A's Name – First Middle Last			1.b Gen. Id.	1c. Last Name & Gen. Id. Prior to 1 st Marriage/Civil Union (if applicable)	
	2. Person A's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		3a. Residence – City, Town or Location (at time of filing)		3b. County	3c. State
	4. Birthplace (State or Foreign Country)		5. Date of Birth (MM/DD/YYYY)	6. Number of This Union or Marriage (Specify first, second, etc.)		7. Social Security Number
	8. If previously joined in marriage/civil union, how many ended by: (do not include current marriage/civil union) <input type="checkbox"/> Death Number _____ <input type="checkbox"/> Divorce/Annulment Number _____ <input type="checkbox"/> Civil Union Dissolution Number _____				9. Education: (specify highest grade completed) ----- Elementary or secondary (0-12) College (1-4 or 5+)	

RESPONDENT	10a. Person B's Name – First Middle Last			10.b Gen. Id.	10c. Last Name & Gen. Id. Prior to 1 st Marriage/Civil Union (if applicable)	
	11. Person B's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		12a. Residence – City, Town or Location (at time of filing)		12b. County	12c. State
	13. Birthplace (State or Foreign Country)		14. Date of Birth (MM/DD/YYYY)	15. Number of This Union or Marriage (Specify first, second, etc.)		16. Social Security Number
	17. If previously joined in marriage/civil union, how many ended by: (do not include current marriage/civil union) <input type="checkbox"/> Death Number _____ <input type="checkbox"/> Divorce/Annulment Number _____ <input type="checkbox"/> Civil Union Dissolution Number _____				18. Education: (specify highest grade completed) ----- Elementary or secondary (0-12) College (1-4 or 5+)	

MARRIAGE	19. Place of this Marriage (City/Town)		19b. County	19c. State (or foreign country)	20. Date of this Marriage (MM/DD/YYYY)
	21. Date couple last resided in same Household (MM/DD/YYYY)		22a. Number of Children Born Alive or Adopted During This Marriage	22b. Number of Children Under Age 18 in this Household as of Date in Item 21	
ATTORNEY	23a. Name of Petitioner's Attorney or Pro-Se		23b. Address (Street and Number, City/Town, State, Zip Code)		23c. Date (this form completed by attorney or Pro-Se) (MM/DD/YYYY)

BELOW THIS LINE TO BE COMPLETED BY THE COURT

DECREE	24a. Date petition filed with court (MM/DD/YYYY)	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	
	25b. Date Decree Becomes Final: (MM/DD/YYYY)		26a. Name of Hearing Official: (first and last name)		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/Civil Union (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
	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/Civil Union (10c) <input type="checkbox"/> Other (specify) _____		30. Residential Responsibility was: <input type="checkbox"/> Uncontested <input type="checkbox"/> Contested <input type="checkbox"/> Defaulted <input type="checkbox"/> Not Applicable		
31. Signature of Court Official: I certify that the above is correct to the best of my knowledge.				31b. Court Name:	31c. Date Signed: (MM/DD/YYYY)