

DEPARTMENT OF HEALTH  
VERMONT RECORD OF DIVORCE OR ANNULMENT

Docket # \_\_\_\_\_

Dept. of Health Use ONLY

State File # \_\_\_\_\_

<b>APPLICANT A</b>			<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) ____ / ____ / ____		

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

<b>MARRIAGE</b>			
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 _____ _____		9b. Attorney's Address (street, city/town, state, zip) _____ _____ _____	
<input type="checkbox"/> NO ATTORNEY			

<b>DECREE</b>			
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) ____ / ____ / ____