

TYPE IN PERMANENT DARK INK. DO NOT USE GREEN, RED, OR PURPLE INK.

ALABAMA

CERTIFICATE OF DIVORCE

State File Number **101**

1. _____

ALL ITEMS MUST BE COMPLETE AND ACCURATE

HUSBAND

3. _____

4. _____

5. _____

7. _____

12. _____

13. _____

16. _____

WIFE

17. _____

18. _____

20. _____

25. _____

26. _____

27. _____

MARRIAGE

28. _____

29. _____

30. _____

31. _____

32. _____

35. _____

36. _____

37. _____

DECREE

39. _____

OFFICIAL

41. _____

Petitioner's Representative must file this form with the Circuit Court at the time the petition is filed.						1. COUNTY OF DECREE	
2. HUSBAND'S NAME First Middle Last (Print last name all capitals)					3. DATE OF BIRTH (Month, Day, Year)		
4. RACE—(Specify American Indian, Black, White, Etc.)			5. EDUCATION—(Specify ONLY highest grade completed) Elementary or High School (0-12) College (1-4 or 5+)		6. SOCIAL SECURITY NUMBER		
7. USUAL RESIDENCE—STATE			8. COUNTY		9. CITY—TOWN OR LOCATION		
10. INSIDE CITY LIMITS (Specify Yes or No)		11. ADDRESS—Street and Number or RFD Number				Zip Code	
12. NUMBER OF THIS MARRIAGE (First, Second, Etc.)			13. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED BY—(Specify Death, Divorce, Dissolution, Annulment)				
14. WIFE'S NAME First Middle Last (Print last name all capitals)					15. WIFE'S MAIDEN LAST NAME		
16. DATE OF BIRTH (Month, Day, Year)		17. RACE—(Specify American Indian, Black, White, Etc.)	18. EDUCATION—(Specify ONLY highest grade completed) Elementary or High School (0-12) College (1-4 or 5+)		19. SOCIAL SECURITY NUMBER		
20. USUAL RESIDENCE—STATE			21. COUNTY		22. CITY—TOWN OR LOCATION		
23. INSIDE CITY LIMITS (Specify Yes or No)		24. ADDRESS—Street and Number or RFD Number				Zip Code	
25. NUMBER OF THIS MARRIAGE (First, Second, Etc.)			26. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED—(Specify Death, Divorce, Dissolution, Annulment)				
27. Give the total number of children for whom custody was determined and indicate the number awarded to each party. Enter a "0" for the total if the custody of no children under 18 was subject to this action. _____ Husband _____ Joint-Husband/Wife _____ Wife _____ Other _____ Total Children/Custody was Determined					28. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 29 (Enter "0" if no children)		
					29. DATE COUPLE SEPARATED (Month, Day, Year)		
30. PLACE OF THIS MARRIAGE—(City, County, State)			31. DATE OF THIS MARRIAGE (Month, Day, Year)		32. PETITIONER— <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other, Specify		
33. PETITIONER'S ATTORNEY OR REPRESENTATIVE—(Type)			34. ADDRESS—Street and Number or RFD Number—City—State—Zip				
35. TYPE OF DECREE—(Specify Divorce, Annulment, etc.)		36. DATE OF FINAL DECREE (Month, Day, Year)	37. DECREE AWARDED TO <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both		38. TITLE OF COURT CIRCUIT		39. LEGAL GROUNDS FOR DECREE
40. SIGNATURE OF OFFICIAL			41. TITLE OF OFFICIAL			42. TRIAL DOCKET NUMBER	

CIRCUIT CLERK MUST MAIL THIS REPORT BY THE FIFTH (5TH) OF EACH MONTH TO: CENTER FOR HEALTH STATISTICS, P.O. BOX 5618, MONTGOMERY, AL 36103-5618
ADPH-HS-16/Rev. 6-98-rm