

DEPARTMENT OF HEALTH
VERMONT RECORD OF DIVORCE OR ANNULMENT

Docket # _____

Dept. of Health Use ONLY
State File # _____

APPLICANT A <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) ____ / ____ / ____

APPLICANT 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) ____ / ____ / ____

MARRIAGE		
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		

DECREE		
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) ____ / ____ / ____