

# STATE OF UTAH - DEPARTMENT OF HEALTH

## CERTIFICATE OF DIVORCE, DISSOLUTION OF MARRIAGE, OR ANNULMENT

1. HUSBAND'S NAME <i>(First, Middle, Last)</i>			
2a. RESIDENCE - CITY, TOWN OR LOCATION		2b. COUNTY	
HUSBAND	2c. STATE	3. BIRTHPLACE <i>(State or Foreign Country)</i>	4. DATE OF BIRTH <i>(Month, Day, Year)</i>
	5. NUMBER OF THIS MARRIAGE - First, Second, etc. <i>(Specify below)</i>	6. IF NOT FIRST MARRIAGE, LAST MARRIAGE ENDED: By Death, Divorce, Dissolution, or Annulment <i>(Specify Below)</i> Date (Mo., Day, Yr.)	7. RACE: White, Black, Amer. Indian, etc. <i>(Specify below)</i>
		8. EDUCATION: <i>(Specify only highest grade completed)</i> Elementary/Secondary (0 - 12)      College (13-16 or 17+)	
9a. WIFE'S NAME <i>(First, Middle, Last)</i>		9b. MAIDEN LAST NAME	
10a. RESIDENCE - CITY, TOWN OR LOCATION		10b. COUNTY	
WIFE	10c. STATE	11. BIRTHPLACE <i>(State or Foreign Country)</i>	12. DATE OF BIRTH <i>(Month, Day, Year)</i>
	13. NUMBER OF THIS MARRIAGE - First, Second, etc. <i>(Specify below)</i>	14. IF NOT FIRST MARRIAGE, LAST MARRIAGE ENDED: By Death, Divorce, Dissolution, or Annulment <i>(Specify Below)</i> Date (Mo., Day, Yr.)	15. RACE: White, Black, Amer. Indian, etc. <i>(Specify below)</i>
		16. EDUCATION: <i>(Specify only highest grade completed)</i> Elementary/Secondary (0 - 12)      College (13-16 or 17+)	
17a. PLACE OF THIS MARRIAGE - CITY, TOWN, OR LOCATION		17b. COUNTY	17c. STATE OR FOREIGN COUNTRY
18. DATE OF THIS MARRIAGE <i>(Month, Day, Year)</i>			
MARRIAGE	19. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD <i>(Month, Day, Year)</i>	20. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 19. Number _____ <input type="checkbox"/> None	21. PETITIONER <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other, Specify _____
	22a. NAME OF PETITIONER'S ATTORNEY <i>(Type/Print)</i>		22b. ADDRESS <i>(Street and Number or Rural Route Number, City or Town, State Zip Code)</i>
ATTORNEY	23. I CERTIFY THAT THE MARRIAGE OF THE ABOVE NAMED PERSONS WAS DISSOLVED ON <i>(Month, Day, Year)</i>		24. TYPE OF DECREE, Divorce, Dissolution, or Annulment <i>(Specify)</i>
			25. DATE RECORDED <i>(Month, Day, Year)</i>
DECREE	26. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO: Husband _____ Wife _____ Joint _____ Other _____ <input type="checkbox"/> No Children <input type="checkbox"/> Not Determined Yet		27. COUNTY OF DECREE
			28. TITLE OF COURT
29. SIGNATURE OF CERTIFYING OFFICIAL		30. TITLE OF CERTIFYING OFFICIAL	31. DATE SIGNED <i>(Month, Day, Year)</i>