

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL RECORDS

COUNTY

RECORD OF		
DIVORCE	OR	ANNULMENT
<input type="checkbox"/>	(CHECK ONE)	<input type="checkbox"/>

STATE FILE NUMBER
STATE FILE DATE

HUSBAND			
1. Name <i>(First)</i> <i>(Middle)</i> <i>(Last)</i>			2. Date of Birth <i>(Month)</i> <i>(Day)</i> <i>(Year)</i>
3. RESIDENCE <i>Street or R.D.</i> <i>City, Boro. Or Twp.</i> <i>County</i> <i>State</i>			4. PLACE OF BIRTH <i>(State or Foreign Country)</i>
5. NUMBER OF THIS MARRIAGE		6. RACE WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>	7. USUAL OCCUPATION
WIFE			
8. MAIDEN Name <i>(First)</i> <i>(Middle)</i> <i>(Last)</i>			9. Date of Birth <i>(Month)</i> <i>(Day)</i> <i>(Year)</i>
10. RESIDENCE <i>Street or R.D.</i> <i>City, Boro. Or Twp.</i> <i>County</i> <i>State</i>			11. PLACE OF BIRTH <i>(State or Foreign Country)</i>
12. NUMBER OF THIS MARRIAGE		13. RACE WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>	14. USUAL OCCUPATION
15. PLACE OF THIS MARRIAGE <i>(County)</i> <i>(State or Foreign Country)</i>		16. DATE OF THIS MARRIAGE <i>(Month)</i> <i>(Day)</i> <i>(Year)</i>	
17A. NUMBER OF CHILDREN THIS MARRIAGE	17B. NUMBER OF DEPENDENT CHILDREN UNDER 18	18. PLAINTIFF HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>	19. DECREE GRANTED TO HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>
20. NUMBER OF CHILDREN TO CUSTODY OF HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPLIT CUSTODY <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>		21. LEGAL GROUNDS FOR DIVORCE OR ANNULMENT	
22. DATE OF DECREE <i>(Month)</i> <i>(Day)</i> <i>(Year)</i>		23. DATE REPORT SENT TO VITAL RECORDS <i>(Month)</i> <i>(Day)</i> <i>(Year)</i>	
24. SIGNATURE OF TRANSCRIBING CLERK			