

# STATE OF UTAH - DEPARTMENT OF HEALTH

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

<b>HUSBAND</b>	1. HUSBAND'S NAME <i>(First, Middle, Last)</i>											
	2a. RESIDENCE - CITY, TOWN OR LOCATION								2b. COUNTY			
	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+)		
<b>WIFE</b>	9a. WIFE'S NAME <i>(First, Middle, Last)</i>								9b. MAIDEN LAST NAME			
	10a. RESIDENCE - CITY, TOWN OR LOCATION								10b. COUNTY			
	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+)		
<b>MARRIAGE</b>	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>		
	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>					
<b>DECREE</b>	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>			
	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>		