

DEPARTMENT OF HEALTH  
VERMONT RECORD OF DIVORCE OR ANNULMENT

Docket # \_\_\_\_\_

Dept. of Health Use ONLY
State File # _____

**HUSBAND**

1. Husband's Name (First, Middle, Last)		
2a. State of Residence	2b. City or Town	3. Date of Birth (month, day, year) ____ / ____ / _____

**WIFE**

4a. Wife's Name (First, Middle, Last)	4b. Maiden Surname	
5a. State of Residence	5b. City or Town	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	15. Date signed (month, day, year) ____ / ____ / _____