DEPARTMENT OF HEALTH VERMONT RECORD OF DIVORCE OR ANNULMENT

Docket #					ept. of Health Use ON ate File #	LY
APPLICANT A	JSBAND	U WIFE	SPOU	JSE	(Check one)	
1a. Name (First, Middle, Last)			11	o. Last Name	at Birth	1c. Sex
						🗖 Female 🗖 Male
2a. State of Residence	2b. Cit	2b. City or Town of Residence			3. Date of Birth (month, day, year)	
					/ /	

APPLICANT B	HUSBAI	ND 🗖 WII	FE 🗖 SPOUS	SE (Check o	ne)
4a. Name (First, Mi	ddle, Last)		4b	. Last Name at Birth	4c. Sex
					🗖 Female 🗖 Male
5a. State of Residence	·	5b. City or Town of	of Residence	6. Date of E	Birth (month, day, year)
				/	/

7b. City or Town of this marriage	7c. Date of this marriage (month, day, year) / /
8b. Number of children under 18 in	this household as of the date in item 8a.
9b. Attorney's Address (street, cit 	ty/town, state, zip)
	8b. Number of children under 18 in

DECREE		
10. I certify that this decree became absolute (final) on (month, day, year)	11. Type of decree (check one)DivorceAnnulment	12. County of decree
13. Legal grounds for decree (specify)	14. Court Manager's Name	15. Date signed (month, day, year)