

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 (First) (Middle) (Last)			2. Date of Birth (Month) (Day) (Year)
3. RESIDENCE Street or R.D. City, Boro. Or Twp. County State			4. PLACE OF BIRTH (State or Foreign Country)
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 (First) (Middle) (Last)			9. Date of Birth (Month) (Day) (Year)
10. RESIDENCE Street or R.D. City, Boro. Or Twp. County State			11. PLACE OF BIRTH (State or Foreign Country)
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 (County) (State or Foreign Country)		16. DATE OF THIS MARRIAGE (Month) (Day) (Year)	
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 (Month) (Day) (Year)		23. DATE REPORT SENT TO VITAL RECORDS (Month) (Day) (Year)	
24. SIGNATURE OF TRANSCRIBING CLERK			