

# ALABAMA

## CERTIFICATE OF DIVORCE

State File Number **101**

TYPE IN PERMANENT DARK INK. DO NOT USE GREEN, RED, OR PURPLE INK.

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<b>Petitioner's Representative must file this form with the Circuit Court at the time the petition is filed.</b>						1. COUNTY OF DECREE	
2. HUSBAND'S NAME First Middle Last (Print last name all capitals)					3. DATE OF BIRTH (Month, Day, Year)		
4. RACE—(Specify American Indian, Black, White, Etc.)				5. EDUCATION—(Specify ONLY highest grade completed)		6. SOCIAL SECURITY NUMBER	
				Elementary or High School (0-12)		College (1-4 or 5+)	
7. USUAL RESIDENCE—STATE			8. COUNTY		9. CITY—TOWN OR LOCATION		
10. INSIDE CITY LIMITS (Specify Yes or No)		11. ADDRESS—Street and Number or RFD Number					Zip Code
12. NUMBER OF THIS MARRIAGE (First, Second, Etc.)			13. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED BY—(Specify Death, Divorce, Dissolution, Annulment)				
14. WIFE'S NAME First Middle Last (Print last name all capitals)					15. WIFE'S MAIDEN LAST NAME		
16. DATE OF BIRTH (Month, Day, Year)		17. RACE—(Specify American Indian, Black, White, Etc.)		18. EDUCATION—(Specify ONLY highest grade completed)		19. SOCIAL SECURITY NUMBER	
				Elementary or High School (0-12)		College (1-4 or 5+)	
20. USUAL RESIDENCE—STATE			21. COUNTY		22. CITY—TOWN OR LOCATION		
23. INSIDE CITY LIMITS (Specify Yes or No)		24. ADDRESS—Street and Number or RFD Number					Zip Code
25. NUMBER OF THIS MARRIAGE (First, Second, Etc.)			26. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED—(Specify Death, Divorce, Dissolution, Annulment)				
27. Give the total number of children for whom custody was determined and indicate the number awarded to each party. Enter a "0" for the total if the custody of <u>no children under 18</u> was subject to this action.						28. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 29 (Enter "0" if no children)	
_____ Husband    _____ Joint-Husband/Wife    _____ Wife    _____ Other    _____ Total Children/Custody was Determined						29. DATE COUPLE SEPARATED (Month, Day, Year)	
30. PLACE OF THIS MARRIAGE—(City, County, State)				31. DATE OF THIS MARRIAGE (Month, Day, Year)		32. PETITIONER—	
						<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other, Specify	
33. PETITIONER'S ATTORNEY OR REPRESENTATIVE—(Type)				34. ADDRESS—Street and Number or RFD Number—City—State—Zip			
35. TYPE OF DECREE—(Specify Divorce, Annulment, etc.)		36. DATE OF FINAL DECREE (Month, Day, Year)		37. DECREE AWARDED TO		38. TITLE OF COURT	39. LEGAL GROUNDS FOR DECREE
				<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both		<b>CIRCUIT</b>	
40. SIGNATURE OF OFFICIAL				41. TITLE OF OFFICIAL		42. TRIAL DOCKET NUMBER	

CIRCUIT CLERK MUST MAIL THIS REPORT BY THE FIFTH (5TH) OF EACH MONTH TO: CENTER FOR HEALTH STATISTICS, P.O. BOX 5618, MONTGOMERY, AL 36103-5618  
ADPH-HS-16/Rev. 6-98—rm