

CABINET FOR HEALTH AND FAMILY SERVICES
STATE REGISTRAR OF VITAL STATISTICS

CERTIFICATE OF DIVORCE OR ANNULMENT
(MUST BE TYPED)



COUNTY	<input type="checkbox"/> Absolute Divorce <input type="checkbox"/> Limited Divorce <input type="checkbox"/> Annulment		
HUSBAND			
1. NAME (First, Middle and Last)			
2. DATE OF BIRTH (MM/DD/YYYY)	2.a. AGE (Last Birthday)	3. USUAL RESIDENCE (City, County and State)	
4. PLACE OF BIRTH (State or Foreign Country)		5. Number of Times Married	6. RACE
7a. USUAL OCCUPATION			
7b. KIND OF BUSINESS OR INDUSTRY			
WIFE			
8. MAIDEN NAME (First, Middle and Last)			
9. DATE OF BIRTH (MM/DD/YYYY)	9.a. AGE (Last Birthday)	10. USUAL RESIDENCE (City, County and State)	
11. PLACE OF BIRTH (State or Foreign Country)		12. Number of Times Married	13. RACE
14a. USUAL OCCUPATION			
14b. KIND OF BUSINESS OR INDUSTRY			
15. PLACE OF THIS MARRIAGE (County and State; or, Foreign Country)			16. DATE OF MARRIAGE (MM/DD/YYYY)
17. DATE OF DIVORCE OR ANNULMENT	18. NUMBER OF CHILDREN UNDER 18	19. MAIDEN OR PREVIOUS NAME RESTORED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
INFORMATION IN ITEMS 1-16 INCLUSIVE AND ITEM 18 FURNISHED BY PETITIONER'S ATTORNEY UNDER PROVISIONS OF KRS 213.116 (4)			
ATTORNEY FOR PLAINTIFF: _____			
SIGNATURE (Black or Blue Ink)		Typed Attorney Name	
ATTORNEY STREET ADDRESS _____			
CITY		STATE	ZIP CODE
PHONE NUMBER _____			
I, THE UNDERSIGNED CIRCUIT COURT CLERK OF _____ COUNTY, HEREBY CERTIFY THAT THE ABOVE NAMED PERSONS WERE GRANTED <input type="checkbox"/> ABSOLUTE DIVORCE, <input type="checkbox"/> LIMITED DIVORCE, OR <input type="checkbox"/> ANNULMENT BY A JUDGMENT OF THE _____ COUNTY CIRCUIT COURT, ON THE _____ DAY OF _____, 20_____, SAID JUDGMENT BEING RECORDED			
(Circuit Court Case Number)			
SIGNATURE OF CIRCUIT COURT CLERK (Black or Blue Ink)			