

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DIVORCE OR ANNULMENT

TYPE OR PRINT IN PERMANENT BLACK INK.

RULE DOCKET NO. _____

STATE FILE NO. _____

HUSBAND

1a. HUSBAND'S NAME (First, Middle, Last)		1b. SOCIAL SECURITY NUMBER	
2a. RESIDENCE—STATE	2b. COUNTY	2c. CITY, TOWN, OR LOCATION	
2d. STREET AND NUMBER		3. BIRTHPLACE (State or Foreign Country)	4. DATE OF BIRTH (Month, Day, Year)

WIFE

5a. WIFE'S NAME (First, Middle, Last)		5b. MAIDEN NAME		5c. SOCIAL SECURITY NUMBER	
6a. RESIDENCE—STATE		6b. COUNTY		6c. CITY, TOWN, OR LOCATION	
6d. STREET AND NUMBER		7. BIRTHPLACE (State or Foreign Country)		8. DATE OF BIRTH (Month, Day, Year)	

MARRIAGE

9a. PLACE OF THIS MARRIAGE—STATE (or Foreign Country)		9b. COUNTY		9c. DATE OF THIS MARRIAGE (Month, Day, Year)		10. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (Month, Day, Year)	
11a. NUMBER OF CHILDREN EVER BORN ALIVE OF THIS MARRIAGE (Specify)		11b. CHILDREN UNDER 18 IN THIS FAMILY (Specify)		11c. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO: <input type="checkbox"/> No Children Husband ____ Wife ____ Joint (Husband/Wife) ____ Other ____			

12. PETITIONER <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other (Specify) _____			13a. NAME OF PETITIONER'S ATTORNEY (Type/Print)		13b. ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
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DO NOT USE A SEAL ON THIS CERTIFICATE.

DECREE

14a. I CERTIFY THAT THE MARRIAGE OF THE ABOVE NAMED PERSONS WAS DISSOLVED ON: (Month, Day, Year)		14b. TYPE OF DECREE <input type="checkbox"/> Absolute <input type="checkbox"/> Limited <input type="checkbox"/> Annulment		14c. WAS MAIDEN NAME OR PREVIOUS LEGAL SURNAME RESTORED? (Specify Name)	
14d. COUNTY OF DECREE		14e. TITLE OF COURT <input type="checkbox"/> Circuit <input type="checkbox"/> Chancery <input type="checkbox"/> General Sessions <input type="checkbox"/> Probate <input type="checkbox"/> Other (Specify) _____		14f. DATE OF RECORDING DECREE (Month, Day, Year)	

SIGNATURE MUST BE IN PERMANENT BLACK INK.

14g. SIGNATURE OF CERTIFYING COURT OFFICIAL		14h. TITLE OF CERTIFYING COURT OFFICIAL		14i. DATE SIGNED BY CERTIFYING COURT OFFICIAL (Month, Day, Year)	
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CONFIDENTIAL INFORMATION

ALL ITEMS 1-18 MUST BE COMPLETED.

HUSBAND

WIFE

15. Race— American Indian, Black, White, etc. (Specify below)	16. Number of This Marriage First, Second, Etc. (Specify)	17. If Previously Married, Last Marriage Ended (Specify below)	18. Education—Specify Highest Grade Completed	
			Elementary or Secondary (0-12)	College (1-4 or 5+)
15a.	16a.	17a. <input type="checkbox"/> Not previously married <input type="checkbox"/> By death <input type="checkbox"/> By Divorce or Annulment	18a.	
15b.	16b.	17b. <input type="checkbox"/> Not previously married <input type="checkbox"/> By death <input type="checkbox"/> Divorce or Annulment	18b.	