

Before using the Vital Statistics Form (Certificate of Divorce) the Department of Health **requires** that you complete a form with fictitious information and print it on your computer printer. Apparently, they have to make sure that when printed on your computer printer, the correct font is used. You are to mail this "sample" form with a cover letter indicating all attorneys in your firm who will be using this format when filing divorces.

Mail this to:

Geraldine Daniels
Department of Public Health
P. O. Box 5618
Montgomery, AL 36103

You will be notified if you are approved to use this fillable computer generated form.

Before filing the form, they will need to be cut to size.
(8 1/2 x 7 1/2)

Please do not fold the Certificates of Divorce as the fold will produce extraneous marks on the forms when they are scanned into the imaging system for the Center for Health Statistics.

ALABAMA

CERTIFICATE OF DIVORCE

State File Number **101**

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

1. _____
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41. _____

Petitioner's Representative must file this form with the Circuit Court at the time the petition is filed.						1. COUNTY OF DECREE			
HUSBAND						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) Elementary or High School (0-12) College (1-4 or 5+)		6. SOCIAL SECURITY NUMBER			
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)					
WIFE						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) Elementary or High School (0-12) College (1-4 or 5+)		19. SOCIAL SECURITY NUMBER		
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 <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both		38. TITLE OF COURT CIRCUIT		39. LEGAL GROUNDS FOR DECREE
OFFICIAL					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