

COMMONWEALTH OF VIRGINIA – REPORT OF DIVORCE OR ANNULMENT
Department of Health – Division of Vital Records – Richmond

NOTE:
 ITEMS 1-24 ON THIS
 FORM TO BE
 COMPLETED BY
 PETITIONER OR
 ATTORNEY AND FILED
 WITH CLERK OF COURT
 WITH PETITION OR
 DECREE

1. CIRCUIT COURT FOR CITY OR COUNTY OF _____			STATE FILE NUMBER _____	
2. FULL NAME _____			2A. SOCIAL SECURITY # _____	
HUSBAND	3. PLACE OF BIRTH (state or foreign country) _____		4. DATE OF BIRTH _____	
	5. RACE _____	6. NUMBER OF THIS MARRIAGE (first, second, etc.) _____	7. EDUCATION Elementary or Secondary (Specify only highest grade completed) (0-12) _____	College (1-4 or 5+) _____
	8. USUAL RESIDENCE (street no. or rural route no.) _____ (city or town) _____ (county-if not independent city) _____ (state) _____			
9. FULL MAIDEN NAME _____			9A. SOCIAL SECURITY # _____	
WIFE	10. PLACE OF BIRTH (state or foreign country) _____		11. DATE OF BIRTH _____	
	12. RACE _____	13. NUMBER OF THIS MARRIAGE (first, second, etc.) _____	14. EDUCATION Elementary or Secondary (Specify only highest grade completed) (0-12) _____	College (1-4 or 5+) _____
	15. USUAL RESIDENCE (street no. or rural route no.) _____ (city or town) _____ (county-if not independent city) _____ (state) _____			
16. PLACE OF MARRIAGE (city or town) _____ (county) _____ (state or foreign country) _____			17. DATE OF MARRIAGE _____	
18. NUMBER OF CHILDREN UNDER 18 IN THIS FAMILY _____		19. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO: Husband _____ Wife _____ Joint (Husband/Wife) _____ Other _____ <input type="checkbox"/> No children		20. DATE OF SEPARATION _____
21. PLAINTIFF <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> BOTH				
22. DIVORCE GRANTED TO <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> BOTH		23. LEGAL GROUNDS OR CAUSE OF DIVORCE (if annulment - so state) _____		
24. INFORMANT'S SIGNATURE _____			<input type="checkbox"/> PETITIONER <input type="checkbox"/> ATTORNEY FOR PETITIONER	
NAME OF INFORMANT (Type or Print) _____		ADDRESS OF INFORMANT _____		

PLEASE PREPARE BY
 TYPEWRITER OR PRINT
 IN BLACK UNFADING INK.
 THIS IS A PERMANENT
 RECORD.

CLERK OF COURT WILL
 CERTIFY AND FORWARD
 TO STATE REGISTRAR BY
 10TH DAY OF MONTH
 FOLLOWING DATE FINAL
 DECREE IS GRANTED.

I CERTIFY THAT A FINAL DECREE OF _____ WAS ENTERED _____ CONCERNING THE ABOVE
 (divorce or annulment) (date of divorce or annulment)

MARRIAGE AND WAS NUMBERED _____
 (court file number)

SIGNATURE OF CLERK OF COURT OR DEPUTY

(SEAL)

NAME OF
 CLERK OR DEPUTY
 (Type or Print) _____