

**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		23. LEGAL GROUNDS OR CAUSE OF DIVORCE (if annulment - so state) _____		
22. DIVORCE GRANTED TO <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> BOTH		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 \_\_\_\_\_ SIGNATURE OF CLERK OF COURT OR DEPUTY  
 (court file number)

(SEAL)

NAME OF  
 CLERK OR DEPUTY  
 (Type or Print) \_\_\_\_\_