

THIS BECOMES A LEGAL
RECORD WHEN PROPERLY
EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT
BLACK INK.



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DIVORCE OR ANNULMENT

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:
☐ No Children Husband ____ Wife ____ Joint (Husband/Wife) ____ Other ____

12. PETITIONER

1 ☐ Husband

2 ☐ Wife

3 ☐ Both

4 ☐ Other (Specify) _____

13a. NAME OF PETITIONER'S ATTORNEY (Type/Print)

13b. ADDRESS (Street or R.F.D. No., City or Town, State, Zip)

14a. I CERTIFY THAT THE MARRIAGE OF THE ABOVE NAMED
PERSONS WAS DISSOLVED ON: (Month, Day, Year)

14b. TYPE OF DECREE

1 ☐ Absolute 2 ☐ Limited

3 ☐ Annulment

14c. WAS MAIDEN NAME OR PREVIOUS
LEGAL SURNAME RESTORED? (Specify Name)

14d. COUNTY OF DECREE

14e. TITLE OF COURT

1 ☐ Circuit

2 ☐ Chancery

3 ☐ General Sessions

4 ☐ Probate

5 ☐ Other (Specify) _____

14f. DATE OF RECORDING DECREE (Month, Day, Year)

DO NOT USE A SEAL ON THIS
CERTIFICATE.

DECREE

14g. SIGNATURE OF CERTIFYING COURT OFFICIAL

14h. TITLE OF CERTIFYING COURT OFFICIAL

14i. DATE SIGNED BY CERTIFYING COURT
OFFICIAL (Month, Day, Year)

SIGNATURE MUST BE IN PER-
MANENT BLACK INK.

CONFIDENTIAL INFORMATION

ALL ITEMS 1-18 MUST BE COM-
PLETED.

HUSBAND

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. 1 ☐ Not previously married 2 ☐ By death
3 ☐ By Divorce or Annulment

18a.

15b.

16b.

17b. 1 ☐ Not previously married 2 ☐ By death
3 ☐ Divorce or Annulment

18b.

WIFE