

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL RECORDS

COUNTY	RECORD OF DIVORCE OR ANNULMENT <input type="checkbox"/> (Check One) <input type="checkbox"/>	STATE FILE NUMBER <hr/> STATE FILE DATE
--------	---	--

HUSBAND			
1. Name (First) (Middle) (Last)	2. Date of Birth (Month) (Day) (Year)		
2. Residence Street or RD City, Boro, or Twp. County State	4. Place of Birth (State or Foreign Country))		
5. NUMBER OF THIS MARRIAGE	6. RACE WHITE BLACK OTHER (Specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. USUAL OCCUPATION	

WIFE			
8. Name (First) (Middle) (Last)	9. Date of Birth (Month) (Day) (Year)		
10. Residence Street or RD City, Boro, or Twp. County State	11. Place of Birth (State or Foreign Country))		
12. NUMBER OF THIS MARRIAGE	13. RACE WHITE BLACK OTHER (Specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14. USUAL OCCUPATION	

15. PLACE OF THIS MARRIAGE (County) (State or Foreign Country)	16. DATE OF THIS MARRIAGE (Month) (Day) (Year)		
17A. NUMBER OF CHILDREN THIS MARRIAGE	17B. NUMBER OF DEPENDENT CHILDREN UNDER 18.	18. PLAINTIFF HUSBAND WIFE OTHER (Specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	19. DECREE GRANTED TO HUSBAND WIFE OTHER (Specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
20. NUMBER OF CHILDREN TO CUSTODY OF HUSBAND WIFE SPLIT CUSTODY OTHER (Specify)	21. LEGAL GROUNDS FOR DIVORCE OR ANNULMENT		
22. DATE OF DECREE (Month) (Day) (Year)	23. DATE REPORT SENT TO VITAL RECORDS (Month) (Day) (Year)		
24. SIGNATURE OF TRANSCRIBING CLERK			