

**CERTIFICATE OF DIVORCE,
DISSOLUTION OF MARRIAGE, OR ANNULMENT**

STATE FILE NO. 150-
DATE FILED:

TYPE OR PRINT IN PERMANENT INK

COURT FILE NO.

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
BUREAU OF VITAL STATISTICS—JUNEAU, ALASKA 99811-0675

HUSBAND				WIFE											
1. NAME: FIRST		MIDDLE		LAST		7. NAME: FIRST		MIDDLE		LAST		8. MAIDEN NAME			
2.*SOCIAL SECURITY #						9.*SOCIAL SECURITY #									
3. DATE OF BIRTH (Month, Day, Year)			4. PLACE OF BIRTH			10. DATE OF BIRTH (Month, Day, Year)			11. PLACE OF BIRTH						
5. RESIDENCE (State/Country)				5a. RESIDENCE (City/Town)				12. RESIDENCE (State/Country)				12a. RESIDENCE (City/Town)			
6. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						13. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
14. PLACE OF THIS MARRIAGE (City, Town or Location)				14a. STATE OR COUNTRY				15. DATE OF MARRIAGE (Month, Day, Year)				16. DATE COUPLE LAST LIVED TOGETHER (Month, Day, Year)			
17. PETITIONER <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER (Specify)						18. DATE DECREE GRANTED (Month, Day, Year)				19. TYPE OF DECREE <input type="checkbox"/> DIVORCE <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT					
20. NAME OF PETITIONER'S ATTORNEY:						20a. ATTORNEY'S MAILING ADDRESS: (Street & Number, P.O. Box, City, State, Zip Code)									
21. TOTAL NUMBER OF CHILDREN UNDER AGE OF 18 YEARS IN HOUSEHOLD AS OF DATE COUPLE LAST LIVED TOGETHER: (Enter the total number of children under age of 18 years in the family at the time the marriage ended, regardless of whether they were born to the divorcing couple, are children of previous marriages of either partner, or were adopted.)															
22. NUMBER OF CHILDREN UNDER AGE OF 18 YEARS WHOSE PHYSICAL CUSTODY WAS AWARDED BY THIS COURT TO: _____ HUSBAND _____ WIFE _____ JOINT (Husband and Wife) _____ OTHER _____ NO CHILDREN AWARDED															
23. JUDICIAL DISTRICT OF DECREE: _____ FIRST _____ SECOND _____ THIRD _____ FOURTH						24. LOCATION OF COURT: (City/Town)									
25. IS THE MARRIED NAME OF WIFE TO BE RETAINED BY THIS DECREE? _____ YES _____ NO IF NOT, STATE NAME TO BE USED:															
26. SIGNATURE OF CERTIFYING OFFICIAL						27. TITLE OF OFFICIAL:				28. DATE SIGNED: (Mo/Day/Yr)					

CONFIDENTIAL INFORMATION: THE CONFIDENTIAL INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.

HUSBAND			
29. NUMBER OF THIS MARRIAGE (Specify First, Second, etc.)		30. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED	
		by: <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DISSOLUTION on: (Month, Day, Year)	
		<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE	

WIFE			
31. NUMBER OF THIS MARRIAGE (Specify First, Second, etc.)		32. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED	
		by: <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DISSOLUTION on: (Month, Day, Year)	
		<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE	

Disclosure of your social security number is mandatory under 42 U.S.C. §666 (a)(13) and may be used for child support purposes.