

Appendix D: Sample forms

Type or print permanent blac See handbool instructions	k ink			ENT OF HUN HEALTH ST			36- S	AMDI -
	Local File Number 1. CHILD — NAME (First, Middle, La		TIFICA	TE OF LIV		OF BIRTH 3.	State F	ile Number NATE OF BIRTH (Month, y, Year)
CHILD				Tr. orry rouse	00100470407	(24 hr)		5c. COUNTY OF BIRTH
	5a. FACILITY — NAME (If not an insti	itution, give street and no	umber)	56. CITY, TOWN,	OR LOCATION OF E	SIKTH		Sc. COONTY OF BIRTH
	6a. MOTHER'S CURRENT LEGAL NA	AME (First, Middle, La:	st, Suffix)				6b. DATE OF	BIRTH (Month, Day, Year)
MOTUED	6c. MOTHER'S NAME PRIOR TO FIR	ST MARRIAGE (First,	Middle, Last,	Suffix)			6d. BIRTHPLA	CE (State, Territory, or Foreign Country)
MOTHER	6e. RESIDENCE OF MOTHER — STA	ATE 6f. CO	UNTY		6g. CITY, TO	OWN, OR LOCA	TION	
	6h. STREET AND NUMBER					6i, ZIP (CODE	6j. INSIDE CITY LIMITS
FATHER	7a. FATHER'S CURRENT LEGAL NAI	ME (First, Middle, Last,	Suffix)	7b. DA	TE OF BIRTH (Month	, Day, Year)	7c. BIRTHPLAC	CE (State, Territory, or Foreign Country)
	Ba. I certify that this child was born allo stated above.	ve at the place and time .	and on the dat	e 8b. DATE SIGNE	D (Month, Day, Year)	8c. CERTIFIE	R — NAME AND	TITLE (Type or print.)
CERTIFIER	SIGNATURE 8d. NAME AND TITLE OF ATTENDAN	NT AT BIRTH IF OTHER	THAN	8e. CERTIFIER'S	MAILING ADDRESS	3 (3	Street, City or To	wn, State, Zip)
	GERTIFIER (Type or print.) 9a. DATE FILED BY REGISTRAR			9b. REGISTRAR	- SIGNAT RE			
					SA	MDI	_	
INFORMAN	10a. I certify that the personal informal knowledge and belief. (Signature			ct to the best of my	10b. INFORMANT	EMONS!	CHILD	
					\mathcal{I}			
		INFORMATI	ON FOR M	EDICAL AND H	EALTH USE ON	ILY		
ſ	12. MOTHER'S MAILING ADDRESS: Same as residence, OR:	State:		City	Town, or Location:			
-	C The section of the	Session II		City	TOWN, OF LOCASON.			
MOTHER							Zip Code:	
	 MOTHER MARRIED (at birth, conce between, or 300 days prior to the bir 	rth of the child)?		Yes No	14. SOCIAL SEC FOR CHILD	CURITY NUMBE		
		eption, any time rth of the child)? LEDGMENT BEEN SIGN	NED?	Yes No	14. SOCIAL SEC FOR CHILD	? Yes	□No	
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	between, or 300 days prior to the bit in No. HAS PATERINITY ACKNOW. 16. MOTHER'S MEDICAL RECORD NU. 17. MOTHER'S MEDICAL RECORD NU. 18. OF HISPANIC ORIGIN? (Check "Y (if "yes", speedly all that apply: e.g., speedly apply: e.g., spe	popion, any time th of the child? LEDOMENT BEEN SIGN IMBER Fes" or "No" Cuban, Mexican, 24. MOTHERS PRE 28. MOTHERS PRE 28. NUBBRANCY OUT OF ectopic pregnan Number of Other (o None CURRED (Check one.)	17. MOTH 20. R (2) 20a. 20b. 20b. 20b. 22b. L 22b. 22b. 22b. L 22b. 22b. 22b. A 22b. 22b. 22b. A 22b.	GRESS NALGEGUES ACCES OF MILE SET PRES DATE OF LAST PRES PW WEIGHT? 25, AM (pounds) 25, AM (pounds) 25, AM (pounds) 26, AM Three emonths 17, AM Three months 17, AM Three m	FOR CHILD ITY MILMSER For American Indian, Month, Day, Year Month, Day, Year THERS WEIGHT AT MOKING BEFORE A Bording direction of the control of the control MOKING BEFORE A Bording direction of the control MOKING BEFORE A Bording direction of the control Bording direction of the control Frequency of Pregnancy	22c. TO PR DELIVERY? (pounds) ND DURING PR surrever of oparative and of organities organities of organities of organities of organities o	□ No ATHER'S SOCIA 21. 21a 21a 21a 21b 21c 21c 21c 21c 21c 21c 21c	AL SECURITY NUMBER EDUCATION (Highest grade completed) D. IF PRENATAL VISITS FOR THIS (If nane, enter "0".) HER GET WIC FOOD FOR HERSELF? NO 30. PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY Private Insurance Medicaid Self-pay Other (Specify) LI MENSES BEGAN INTERPREDIATION OF DELIVERY? E OF FACILITY FROM WHICH SFERRED: OF DELIVERY Sentation at birth lic In In In and method of delivery (Check one.) all'Sportaneous sulfforceps sulfforc
	between, or 300 days prior to the bit in No. HAS PATERINITY ACKNOW. 16. MOTHER'S MEDICAL RECORD NU. 17. MOTHER'S MEDICAL RECORD NU. 18. OF HISPANIC ORIGIN? (Check "Y (if "yes", speedly all that apply: e.g., speedly apply: e.g., spe	epison, any time th of the child)? LEOOMENT BEEN SIGN IMBER Fes" or "No"] Cuban, Mexican. E VISIT? (Month, Day, 'y No Prenatal C 24. MOTHERS PRE 128. NUMBER OF PRE 128. NUMBER OF Pregnan Number of Other C None CURRED (Check one.) Yes □ No ck all that apply.)	17. MOTH 20. R (2) 20a. 20b. 20b. 22b. L 22b. L 22b. C 22	GRACE CE AND THE PRESENCE OF CONTROL OF CONT	FOR CHILD ITY MUMBER ITY MUMBER	22c. TO PR 2 18. f etc.) 22c. TO PR 2 18. f etc.) DELIVERY? (pounds) ND DUBING PR en number of opin. etc. f etc	□ No ATHER'S SOCIA 21. 21a 21a 21a 21b 21c 21c 21c 21c 21c 21c 21c	IS. FACILITY'S NPI AL SECURITY NUMBER EDUCATION (Highest grade completed) D. F PRENATAL VISITS FOR THIS (If name, enter '0') HER GET WIC FOOD FOR HERSELF? NO 30. PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY Private Insurance Medicaid Self-pay Other (Specify) LI MENSES BEGAN RRED FOR MATERNAL MEDICAL OR FOR DELIVERY? D. OF DELIVERY? D. OF DELIVERY? D. OF DELIVERY sentation at birth site is and method of delivery (Check one.) all Specianeous all Sperianeous

MOTHER	39. RISK FACTORS IN THIS PREGNANCY (Check a Diabetes Pre-Pregnancy (Diagnosis prior to this, Gestational (Diagnosis in this pregr Pre-Pregnancy (Chronic) Pre-Pregnancy (Chronic) Gestational (PH, pre-edampsia) Eclampsia Eclampsia Eclampsia Eclampsia Previous preterm birth Other previous poor pregnancy outcome (includedlith, small-for-gestational agefintratuterine group the previous poor pregnancy caution infertility treatmen all that apply. Fertility-enhancing drugs, artificial insemination. Assisted reproductive technology (e.g., in fulfilization (IVP), gamele intrafallogien to Mother had a previous Cesarean delivery If yes, how many? Alcohol use during pregnancy If yes, average number of drinks per week? None of the above	pregnancy) pregnancy) pregnancy) pregnancy) pregnancy) pregnancy) pregnancy) pregnancy) pregnancy pregnanc	PLE	41. MATERNAL MORBIDITY (Check all that apply.) (Complications associated with labor and delivery) Maternal transfusion Third- or fourth-degree perineal laceration Ruptured uterus Unplanned hysterectomy Admission to intensive care unit Unplanned operating room procedure following delivery None of the above 42. MOTHER TESTED FOR HIV DURING PREGNANCY? Yes No		
NEWBORN	43. NEWBORN'S MEDICAL RECORD NUMBER:	44. BIRTH WEIGHT (grams preferred;	grams	45. OBSTETRIC ESTIMATE OF GESTATION: (completed weeks)		
	46. APGAR SCORE: Score at 5 minutes:	47. PLURALITY - Single, Twins, Triplet	s, etc.	 IF NOT SINGLE BIRTH - Born First, Second, Third, etc. 		
	If 5-minute score is less than 6, Score at 10 minutes:	(Specify)		(Specify)		
	49. IS THE NEWBORN LIVING AT TIME OF REPOR' ☐ Yes ☐ No ☐ Newborn transferred, statu		50. IS THE NEWBORN BEING BREAST-FED AT DISCHARGE? ☐ Yes ☐ No			
	CONGENITAL ANOMALIES OF THE NEWBORN (Check all that apply.) Anencephaly Meningomyelocele/Spina bifide Cyanotic congenital heart disease Congenital disphragmatic hernia Omphalocele Gastroschisis Limb reduction defect (excluding congenital and Cleft Lip with or without Cleft Palate Cleft Palate alone Dom Syndrome Karyotype confirmed Karyotype pending Suspected chromosomal disorder Karyotype pending	mputation and dwarfing syndromes)	S2. ABNORMAL CONDITIONS OF THE NEWBORN (Check all that apply.) Assisted ventilation required immediately following delivery Assisted ventilation required for more than 6 hours Newborn given surfactant-replacement therapy Antibiotics received by the newborn for suspected neonatal sepsis service of the structure of the service of			
	54. WAS NEWBORN TRANSFERRED WITHIN 24 H	OURS OF DELIVERY? Yes No				
l	IF YES, NAME OF FACILITY TO WHICH NEWBORN WAS TRANSFERRED:					
				45-1 (02/08		

OREGON DEPARTMENT Center for He REPORT OF INDUCED TERI	alth Statistics	INCY	136-			
NAME OF FACILITY				ACILITY O		
2. FACILITY ADDRESS				DATE TER PERFORM	MINATION ED:	
(CITY OR TOWN	l) (COU	NTY)			(MONTH)	(DAY) (YEAR)
4. PATIENT'S USUAL						
RESIDENCE(STATE)	(COUNTY)	(CITY OR TO	OWN) (ZIP CODE	(INSIDE CI	TY LIMITS - YES, NO)
5. AGE LAST BIRTHDAY	6. MARITAL STATUS:	1 □ Never M	1arried	3 □ \	Vidowed 5	Separated
		2 🗆 Now Ma	ırried	4 🗆 🛭	Divorced 6	Unknown
7. IS PATIENT OF HISPANIC ORIG	GIN?	8. Race (sele	ect one or m	nore):	1 White	2 🗆 Black
0 ☐ NO ☐ YES, specify Cuba	n, Mexican, Puerto Rican,	3	☐ Americ	an Indian	4 ☐ Chinese	5 ☐ Japanese
etc		6	☐ Hawaii		8 🗆 Filipino	0 Other Asian
9. EDUCATION			None (0)	Elementa	ary/Secondary (1-12	2) College (1-4, 5+)
(Indicate a NUMBER for the HIG	HEST grade COMPLETE	D):				
10. PREVIOUS PREGNANCIES (Complete all four sections;	enter number	or check "N	lone")		
Live Births	•				minations	
		ontaneous Abor Ibirths, and Fet		arriages,	d. Induced Abortio	
Number Nu		ibirths, and Fet mber	ai Deaths		Number	this termination)
None 00 □ No	one 00 □ Noi	ne 00 🗆			None 00 □	
11. DATE LAST NORMAL MENSES BEGAN	Month Day	Year	12. CLINI OF GI	CAL ESTII ESTATION		Completed weeks
13. WAS PREGNANCY THE RES	ULT OF A CONTRACEPT	IVE FAILURE?	1 □ N	0 2	YES; If Yes, spec	ify method below.
1 ☐ Birth Control Pill 2 [□ Foam 3 □ Hormor	ne Implant; e.g.	Norplant	4 17	Diaphram 5	□ IUD
6 ☐ Condoms, Prophylactics 7 ☐			, Norplant		'	ction; e.g., Depo Provera
14. PROCEDURE THAT TERMINA	ATED THIS PREGNANCY	(Check only or	ne)			
1 ☐ Suction Curettage 2 ☐ Med			- 1		3 ☐ Dilation	and Evacuation (D&E)
4 ☐ Intra-Uterine Instillation (Salir				6 🗆	Sharp Curettage	(D & C)
7 ☐ Hysterotomy/Hysterectomy	8 Other (specify)					
15. OTHER PROCEDURES USED	EOR THIS TERMINATION	N (Check all th	nat annly)			
		Medical (nonsur		cify medica	ition(s)	
3 ☐ Dilation and Evacuation (D &	•	ntra-Uterine Ins		•	. ,	Vaginal Prostaglandin
6 ☐ Sharp Curettage (D & C)	,	Other (specify)	,	·	• ,	
16. WAS WRITTEN POST-OPERA					1 □ YES 2 □	1 NO
17. WAS FOLLOW-UP VISIT REC18. COMPLICATIONS AT TIME O		YES 2 □ No I that apply):	0			
0 □ None 1 □ Hemo 5 □ Retained products		n 3□	Uterine p7 □ Other			aceration
19. AT THE TIME OF COMPLETIC	ON OF THIS REPORT FO	RM, HAD A FO	LLOW UP	VISIT OCC	CURRED AT THIS I	ACILITY?
2□ NO		1 ☐ YES; If y	es, specify	complicati	ons (check all that a	apply):
0 □ None 1 □ Hemo	rrhage 2 □ Infectio	n 3 🗆	☐ Uterine p	erforation	4 Cervical	aceration
5 ☐ Retained products	6 ☐ Failure of first me	ethod 7	☐ Other (sp	pecify)		
20. AT THE TIME OF COMPLETIC 2 □ NO	ON OF THIS REPORT FOI		LOW UP V	/ISIT OCC	URRED OUTSIDE	THIS FACILITY?
If yes, specify complications (c					4000	la a cartta a
0 □ None 1 □ Hem	•		erine perfor		4 Cervical	
5 ☐ Retained products 6	☐ Failure of first method	1 / 🗆 00	ner (specify	/)		9 🗆 Unknown
20A. If yes, specify location of						
1 ☐ Physician's Office 2	P. □ Clinic 3 □ Hospi	tal 4 □ Ot	her (specify	/)		
PLEASE COMPLETE THIS FO MUST BE COMPLETED NO LA						
l						
MAIL TO:		enter for Healt			•	
	OREGON DEPA			SERVICE	5	
	D- 41-	P.O. Box 140				
	Portlar	nd, Oregon 97	∠93-0050	1		
	(Continued on	back)			45-113 (01-07)

TYPE/PRINT IN PERMANENT BLACK INK,	Volume 1 • Oregon Vital Statistics Rep OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS 136- Local File Number State File Number						
LOCAL	APPLICATION, LICENSE, AND RECORD OF MARRIAGE LICENSE EFFECTIVE						
OFFICIAL	COUNTY		72.00	ON OR AFTER			
GROOM	L GROOM'S NAME	First	Middle		Last		
	2. BIRTHPLACE (State or	Foreign Country) 3. DA	TE OF BIRTH (Moods, Day, Y	irar)	4. AGE (18	or older, 17 with consent)	
	5. SEX 6. OC	CUPATION		7. PREVIOU	US MARITAL ST	ATUS (Single, Widowed, Divorced)	
00	Sa. FATHER'S NAME (F	inst, Middle, Last)		8b. BIRTHE	LACE (State or Fo	reign Country)	
ROHEN	9a. MOTHER'S NAME (First, Middle, Maiden Surname)		96. BURTHI	LACE Gue or Fo	reign Country)	
CONSENT FORM	10. GROOM'S ADDRES	S Street and Number	City or Town	Cou	sty	State Zip	
88A	11 If affident is required	as proof of age, the name and add	127.5	- 6			
Ļ	Name:	as proof or age, use name and and	Address:	2			
	12a. BRIDE'S NAME	First	Middle	1	Last		
BRIDE	126 MAIDEN SURNAM	E (If Different)	12c. PREVIOUS	NAME OF Differe	00		
	13. BIRTHPLACE (State)	r Furtiga Coultry) 14. D	ATE OF BIRTH (Month, Day,	Year)	15. AGE (1	8 or older, 17 with consent)	
00	16. SEX 17. C	CCUPATION		18. PREVIO	18. PREVIOUS MARITAL STATUS (lingle, Widowed, Divorced		
ORM	19s. FATHER'S NAME (Hardwide, Last)	8	19b. BIRTHPLACE (State or Foreign Country)			
CONSENT FORM WALVER	20a MOTHER'S NAME (Vist, M. 4. Market Transport)			20b. BIRTHPLACE (State or Furnign Country)			
	21. BRIDE'S ADDRESS (Street and Number) City or Tolwa County State Zip						
	22. If affidavit is required as proof of age, the name and address of the affiscut.						
	Name: Address:						
SCHOLINES	WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS COLUECT TO THE BEST UP OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE. 23. GROOM'S LEGAL SIGNATURE 24. BRIDE'S LEGAL SIGNATURE						
	NEITHER YOU NOR YOUR SPOUSE IS THE PROPERTY OF THE OTHER. THE LAWS OF THE STATE OF DREGON AFFROM YOUR RIGHT TO ENTER INT						
>		ND AT THE SAME TIME TO LIVE W izes the Marriage in this St.				XPIRES (Mooth, Day, Year)	
LICENSE TO MARRY	the STATE OF OREO	GON.	riage Ceremony Under the Laws		of		
£	26. DATE LICENSE ISS	UED 27. SIGNATURE OF IS	SUING OFFICIAL		28. TITLE OF E	SSUING OFFICIAL	
	29. I CERTIFY THAT TO	HE ABOVE NAMED PERSONS	30s. WHERE MARRIED		30b. COUNTY		
38 31.	WERE MARRIED ON -	MONTH, DAY, YEAR	CITY, TOWN/LOCATON	3		OREGO	
OFFICIAL		SON PERPORMING CEREMONY	31b. NAME (TypeFrint)			31c-TITLE	
ON O CEREMONY		OF OFFICIANT'S AUTHORIZING	31e. ADDRESS AND PHO	ONE NUMBER O	OF PERSON PER	FORMING CEREMONY	
T-D INES	RELIGIOUS CONGREC	IATION/ORGANIZATION					
THESE LINES - OFFICIAL US							
THE	32. WITNESS NAME		33. WITNESS NAME				
LOCAL		UNTY CLERK OR DIRECTOR	35. DATE FILED BY LOCAL OFFICIAL (Month			CAL OFFICIAL (Month, Day, Year)	
OFFICIAL	•						
						-	
1	36. GROOM'S SOCIAL	SECURITY NUMBER openly #.	tone, unknown) 37. BRID	E'S SOCIAL SE	CURITY NUMB	ER (specify #, none, unknown)	
	ORS.432.010						
	38. NUMBER OF 3	AL INFORMATION: THE INFO OF PREVIOUSLY MARRIED, I		40. RACE - 0	PTIONAL,	41. EDUCATION	
		pecify ticlew) y Death, Diverce, Dissolution or	T	American India etc. (Specify be	n, Black, White, low)	Opecify below highest grade complete Elementary/Secondary College	

THE AUTHORIZED PERSON PERFORMING THIS MARRIAGE IS REQUESTED TO RETURN THE ORIGINAL COPY OF THIS FORM TO THE COUNTY CLERK WITHIN TEN (10) DAYS FOLLOWING THE DATE OF THE MARRIAGE. A PENALTY MAY BE ASSESSED AFTER 35 DAYS. (ORS 106.990)

40b.

ORIGINAL-VITAL RECORDS COPY

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39c.

41b.



136-

State file number:

Record of Dissolution of Marriage or Annulment

Case Hulli	Dei					
Husband	Husband's name: (first	st)	(middle)	(last)	
	2. Residence or legal addr	ess: (street	and number)	(city or town) (d	county) (sta	ite)
	3. Date of birth: (mm/dd/yy	4. Birthpl	ace: (state or foreign co	untry)		
NACC	5a. Wife's name: (first) (middle	e) (last)	5b. Ma	iden surname:	
Wife	6. Former legal names: (if	any)				
	Residence or legal addr	ess: (street	and number)	(city or town)	(county) (sta	ate)
Į	8. Date of birth: (mm/dd/yy	9. Birthpl	ace: (state or foreign co	nuntry)		
Marriage	10a. Place of this marriage (city, town or location,		nty: 10c. \$	State or foreign country:	11. Date of this marr (mm/dd/yy)	iage:
į	 Date couple last reside household: (mm/dd/yy, 			en under 18 in this the date in item 12:	14. Petitioner: □ Husband □ □ Both	Wife
Attorney	15a. Name of petitioner's a	attorney: (print)	15b. Address: (stree state, ZIP code	t and number or rural route i)	number, city or town,	
	16a. Name of respondent's	s attorney: (print)	16b. Address: (stree state, ZIP code	t and number or rural route i	number, city or town,	
Decree	17. Marriage of the above was dissolved on: (mm		18. Type of decree: Dissolution of Annulment	f marriage	19. Date decree become ffective: (mm/dd/	
	20. Number of children und		-			
	Husband:	Wife:	Joint: (husband and wi	fe) Other:	_	n
	21. County of decree:			22. Title of court:		
	23. Signature of court offic	ial:	24. Title of court	official:	25. Date signed: (r	nm/dd/yy)
	The information below w	ill not appear on ce	rtified copies of the	e record.		
	26. Husband's Social S	ecurity number: (spe	cify number, none or	unknown)		
	27. Wife's Social Secur					
	28. Number of this marriage - first, second, etc.: (specify below)	29. If previously marr last marriage end By death, divorce	ded:	30. Race(s): American Indian, Blac White, etc.: (specify below)	31. Education - Spe highest grade of (specify below) Elementary/	
		dissolution or an (specify below)		List all that apply.	Secondary: (0 - 12)	College: 1- 4 or 5+
Husband	28a.	29a.	29b.	30a.	31a.	31b.
Wife	28b.	29c.	29d.	30ь.	31c.	31d.
		1	į.		1	i

The petitioner or legal representative of the petitioner is responsible for completing the personal information on this form and shall present this form to the clerk of the court with the petition.

In all cases the completed record shall be a prerequisite to the granting of the final decree.



Local file number

Declaration of Oregon Registered Domestic Partnership

Γ	This declaration of domestic partnership must be registered with an Oregon county clerk to be valid.								
	1. Partner A – Legal name: First Middle Last								
	2. Surname at birth (if different than current legal name):	3. Other legal surnames used:							
er A	4. Birthplace (state or foreign country): 5. Date of birth (month,	day, year): 6. Age (18 or older):							
Partner A	7. Sex: 8. Current status (never married, widowed, divorced): 9a	. Resident county: 9b. Resident state:							
<u> </u>	9c. Mailing address: Number and street City or town	State Country ZIP code							
	10. Partner A legal name taken after domestic partnership: First	Middle Last							
$\overline{}$	11. Partner B – Legal name: First Middle	Last							
	12. Surname at birth (if different than current legal name):	13. Other legal surnames used:							
r B	14. Birthplace (state or foreign country): 15. Date of birth (month)	16. Age (18 or older):							
Partner B	17. Sex: 18. Current status (never married, widowed, divorced): 19	Da. Resident county: 19b. Resident state:							
۵	19c. Mailing address: Number and street City or town	State Country ZIP code							
	20. Partner B legal name taken after domestic partnership: First	Middle Last							
Signatures/notaries	I acknowledge that: I am entering into a domestic partnership with the party listed above (*Partner* B); I am at least 18 years of age; I and/or my partner reside in Oregon and am otherwise capable to enter into this relationship. I declare the information and representations contained herein are true, correct and contain no material omissions of fact to the best of my knowledge and belief. I consent to the jurisdiction of the circuit courts of Oregon for the purpose of an action to obtain a judgment of dissolution or annulment of the domestic partnership or for legal separation of the partners in the domestic partnership, or for any other proceeding related to the partner striphs and obligations, even if one or both partners sease to reside in or to maintain a domicile in this state. State of								
قَ ق	My commission expires: & County of filing:	Signature of county official at county of filing:							
Local Official	Date registered at county:	Name of issuing official (print):							
_									

	The information below is optional and will not appear on certified copies of the RECORD.									
	20. Number of this partnership (include marriages and domestic partnerships) 1st, 2nd, etc. (specify below):	If previously married or part of a domestic partnership, how did it end? By death, divorce, dissolution or annulment? (specify below)	(if yes, specify):	23. Race(s):	24. Education - highest grade completed (specify below):	25. Occupation:				
	20a.	21a.	22a.	23a.	24a.	25a.				
Partner A										
Partner B	20ь.	21b.	22b.	23b.	24b.	25b.				

45-6 (01/10)



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RECORD OF DISSOLUTION OF DECLARATION OF REGISTERED DOMESTIC PARTNERSHIP

	Local file number		•	State file number			
	Partner A — Legal name: (Fin	rst, middle, last, suffix)			2. Other legal surnames	used:	
PARTNER A							
	3. Date of birth: (Month, day, year,)		4. Birthplace: (State,	, territory or foreign countr	у)	
[-	Residence or legal address:	Street and number		5a. City, town:	5b. County:	5c. State:	
>							
[_							
PARTNER B	 Partner B — Legal name: (Fi 	irst, middle, last, suffix)		1	7. Other legal surnames	used:	
PARTICLES							
	8. Date of birth: (Month, day, year,)		9. Birthplace: (State,	, territory or foreign country	y)	
	10. Residence or legal address:	Street and number		10a. City, town:	10b. Coun	ty: 10c. State:	
DECLARATION	11. Date declaration of domestic p	partnership filed:		11a. County or state	in which filed:	I	
DECLARATION	(Month, day, year)	,					
	12. Date last resided in same hous	sehold: 13. Numbe	r of children under 18 ye	ears of age in this househo	old as 14. Petition	ner:	
	(Month, day, year)	of date	in item 12:		☐ Par		
J			1 15h Addro	· · · · · · · · · · · · · · · · · · ·	/ town state 7/0 ands		
	15a. Name of petitioner's attorney:	;	Top. Addres	SS: (Street and number, ca	y or town, state, ZIP code)		
ATTORNEY							
	16a. Name of respondent's attorne	ey:	16b. Addre	ss: (Street and number, cit	ty or town, state, ZIP code,		
Ĺ				*			
_	Declaration of domestic partne dissolved on:	ership of above named persons was	18. Type of	f decree:		cree becomes effective:	
	(Month, day, year)				(Month)	day, year)	
DECREE	20. Number of children under 18 w	vhose physical custody was	21. County	of decree:		22. Title of court:	
	awarded to: Partner A	Partner B Join	int				
	Other 23. Signature of court official:	No children	24. Title of	court official:		25. Date signed: (Month, day, year)	
	•						
						9.1	
		,					
_	26. Number of this domestic	ormation below will not a 27. If previously married or in a do		ertified copies of the 28. Hispanic origin:		origan Indian I 30 Education:	
ſ	partnership- First, second, etc.:	how did it end? (By death, dive or annulment)	orce, dissolution,	zo. Tiispasiio oligiis.	or African American,	erican Indian 30. Education: Vhite, Black , Native	
L	(Specify below)	(Specify below)	Date: (Month, day, year)	(if yes, specify)	Hawaiian or other Pa	cific Islander. (Specify below highest grade completed)	
DARTHERA	26a.	27a.	27b.	28a.	29a.	30a.	
PARTNER A							
) -	26b.	27c.	27d.	28b.	29b.	30b.	
PARTNER B	***						

The petitioner or legal representative of the petitioner is responsible for completing the personal information on this form and shall present this form to the clerk of the court with the petition. In all cases the completed record shall be a prerequisite to the granting of the final decree.