

COMMONWEALTH OF KENTUCKY

**CABINET FOR HEALTH AND FAMILY SERVICES
STATE REGISTRAR OF VITAL STATISTICS**

**CERTIFICATE OF DIVORCE OR ANNULMENT
(MUST BE TYPED)**



COUNTY _____	<input type="checkbox"/> Absolute Divorce <input type="checkbox"/> Limited Divorce <input type="checkbox"/> Annulment		
H U S B A N D			
1. NAME (First, Middle and Last) _____			
2. DATE OF BIRTH (MM/DD/YYYY) _____	2.a. AGE (Last Birthday) _____	3. USUAL RESIDENCE (City, County and State) _____	
4. PLACE OF BIRTH (State or Foreign Country) _____		5. Number of Times Married _____	6. RACE _____
7a. USUAL OCCUPATION _____			
7b. KIND OF BUSINESS OR INDUSTRY _____			
W I F E			
8. MAIDEN NAME (First, Middle and Last) _____			
9. DATE OF BIRTH (MM/DD/YYYY) _____	9.a. AGE (Last Birthday) _____	10. USUAL RESIDENCE (City, County and State) _____	
11. PLACE OF BIRTH (State or Foreign Country) _____		12. Number of Times Married _____	13. RACE _____
14a. USUAL OCCUPATION _____			
14b. KIND OF BUSINESS OR INDUSTRY _____			
15. PLACE OF THIS MARRIAGE (County and State; or, Foreign Country) _____			16. DATE OF MARRIAGE (MM/DD/YYYY) _____
17. DATE OF DIVORCE OR ANNULMENT _____	18. NUMBER OF CHILDREN UNDER 18 _____	19. MAIDEN OR PREVIOUS NAME RESTORED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
INFORMATION IN ITEMS 1-16 INCLUSIVE AND ITEM 18 FURNISHED BY PETITIONER'S ATTORNEY UNDER PROVISIONS OF KRS 213.116 (4)			
ATTORNEY FOR PLAINTIFF: _____			
SIGNATURE (Black or Blue Ink) _____		Typed Attorney Name _____	
ATTORNEY STREET ADDRESS _____			
CITY	STATE	ZIP CODE	PHONE NUMBER
I, THE UNDERSIGNED CIRCUIT COURT CLERK OF _____ COUNTY, HEREBY CERTIFY THAT THE ABOVE NAMED PERSONS WERE GRANTED <input type="checkbox"/> ABSOLUTE DIVORCE, <input type="checkbox"/> LIMITED DIVORCE, OR <input type="checkbox"/> ANNULMENT BY A JUDGMENT OF THE _____ COUNTY CIRCUIT COURT, ON THE _____ DAY OF _____, 20_____, SAID JUDGMENT BEING RECORDED			
(Circuit Court Case Number) _____			
SIGNATURE OF CIRCUIT COURT CLERK (Black or Blue Ink) _____			