

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL RECORDS

H 105.157 REV. 8-80
(H 8-430.3-1/79)

COUNTY _____

RECORD OF	
DIVORCE	OR ANNULMENT
<input type="checkbox"/>	<input type="checkbox"/>
(CHECK ONE)	

STATE FILE NUMBER
STATE FILE DATE

HUSBAND

1. NAME (First) (Middle) (Last)		2. DATE (Month) (Day) (Year) OF BIRTH	
2. RESIDENCE Street or R.D. City, Boro. or Twp. County State		4. PLACE (State or Foreign Country) OF BIRTH	
5. NUMBER OF THIS MARRIAGE	6. RACE WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>	7. USUAL OCCUPATION	

WIFE

8. MAIDEN NAME (First) (Middle) (Last)		9. DATE (Month) (Day) (Year) OF BIRTH	
10. RESIDENCE Street or R.D. City, Boro. or Twp. County State		11. PLACE (State or Foreign Country) OF BIRTH	
12. NUMBER OF THIS MARRIAGE	13. RACE WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>	14. 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 <input type="checkbox"/> WIFE <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>	19. DECREE GRANTED TO HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>
20. NUMBER OF CHILDREN TO CUSTODY OF HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPLIT CUSTODY <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>		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			