

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DIVORCE, DISSOLUTION OF MARRIAGE, OR ANNULMENT

| | | | | | | | | | |
|-----------------|--|--|--|--|--|------------|--|--|---|
| SPOUSE 1 | 1a. First Name | | 1b. Middle Name | | 1c. Last name before first marriage, if applicable | | 1d. Last Name | | |
| | 1e. Sex <input type="checkbox"/> M <input type="checkbox"/> F | 2a. RESIDENCE - CITY, TOWN OR LOCATION | | | | 2b. COUNTY | | | |
| | 2c. STATE | | | 3. BIRTHPLACE (State or Foreign Country) | | | 4. BIRTHDATE (MM/DD/YY) | | |
| | 5. NUMBER OF THIS MARRIAGE - First, Second, etc. (Specify) | | 6. IF NOT FIRST MARRIAGE, LAST MARRIAGE ENDED: By Death, Divorce, Dissolution, or annulment (Specify) | | Date (MM/DD/YY) | | 7. RACE: White, Black, American Indian, etc. (Specify) | | 8. EDUCATION: (Specify only highest grade completed) Elementary/Secondary (0 - 12) College (13-16 or 17+) |

| | | | | | | | | | |
|-----------------|--|---|---|---|--|-------------|---|--|--|
| SPOUSE 2 | 9a. First Name | | 9b. Middle Name | | 9c. Last name before first marriage, if applicable | | 9d. Last Name | | |
| | 9e. Sex <input type="checkbox"/> M <input type="checkbox"/> F | 10a. RESIDENCE - CITY, TOWN OR LOCATION | | | | 10b. COUNTY | | | |
| | 10c. STATE | | | 11. BIRTHPLACE (State or Foreign Country) | | | 12. BIRTHDATE (MM/DD/YY) | | |
| | 13. NUMBER OF THIS MARRIAGE - First, Second, etc. (Specify) | | 14. IF NOT FIRST MARRIAGE, LAST MARRIAGE ENDED: By Death, Divorce, Dissolution, or annulment (Specify) | | Date (MM/DD/YY) | | 15. RACE: White, Black, American Indian, etc. (Specify) | | 16. EDUCATION: (Specify only highest grade completed) Elementary/Secondary (0 - 12) College (13-16 or 17+) |

| | | | | | | | | |
|-----------------|---|--|-------------|---|-------------------------------|--|--------------------------------------|--|
| MARRIAGE | 17a. PLACE OF THIS MARRIAGE - CITY TOWN, OR LOCATION | | 17b. COUNTY | | 17c. STATE OR FOREIGN COUNTRY | | 18. DATE OF THIS MARRIAGE (MM/DD/YY) | |
| | 19. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (MM/DD/YY) | | | 20. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 19 Number _____ <input type="checkbox"/> None | | 21. PETITIONER <input type="checkbox"/> Spouse 1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Both <input type="checkbox"/> Other, Specify _____ | | |

| | | | | | | | | |
|-----------------|---|--|--|--|--|--|--|--|
| ATTORNEY | 22a. NAME OF PETITIONER'S ATTORNEY (Type/Print) | | | | 22b. ADDRESS (Street and Number or Rural Route Number, City, or Town, State, Zip Code) | | | |
| | | | | | | | | |

| | | | | | | | | |
|---------------|---|--|--|--|----------------------|------------------------------|----------------------------|--|
| DECREE | 23. I CERTIFY THAT THE MARRIAGE OF THE ABOVE NAMED PERSONS WAS DISSOLVED ON (MM/DD/YY) | | | 24. TYPE OF DECREE, Divorce, Dissolution, or Annulment (Specify) | | 25. DATE RECORDED (MM/DD/YY) | | |
| | 26. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO: Spouse 1 _____ Spouse 2 _____ Joint _____ Other _____ <input type="checkbox"/> No Children <input type="checkbox"/> Not Determined Yet | | | | 27. COUNTY OF DECREE | | 28. TITLE OF COURT | |
| | 29. SIGNATURE OF CERTIFYING OFFICIAL | | | 30. TITLE OF CERTIFYING OFFICIAL | | | 25. DATE SIGNED (MM/DD/YY) | |