

STATE OF KANSAS

DEPARTMENT OF HEALTH AND ENVIRONMENT
Office of Vital Statistics

CERTIFICATE OF DIVORCE OR ANNULMENT

	COURT FILE NUMBER		STATE FILE NUMBER	
HUSBAND	1. HUSBAND'S NAME FIRST MIDDLE LAST			
	2. RESIDENCE - CITY, TOWN, OR LOCATION		3. COUNTY	
	4. STATE	5. BIRTHPLACE (State or Foreign Country)	6. DATE OF BIRTH (Month, Day, Year)	
WIFE	7. WIFE'S NAME FIRST MIDDLE LAST			8. MAIDEN SURNAME
	9. RESIDENCE - CITY, TOWN, OR LOCATION		10. COUNTY	
	11. STATE	12. BIRTHPLACE (State or Foreign Country)	12. DATE OF BIRTH (Month, Day, Year)	
MARRIAGE	14. PLACE OF THIS MARRIAGE - CITY, TOWN, OR LOCATION		15. COUNTY	16. STATE OR FOREIGN COUNTRY
			17. DATE OF THIS MARRIAGE (Month, Day, Year)	
	18. DATE COUPLE LAST RESIDED IN SAME HOME (Month, Day, Year)	19. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 18		20. PETITIONER
ATTORNEY	21. NAME OF PETITIONER'S ATTORNEY (Type)		22. Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
	23. I CERTIFY THAT THE MARRIAGE OF THE ABOVE-NAMED PERSONS WAS DISSOLVED ON: (Month, Day, Year)		24. TYPE OF DECREE Divorce or Annulment (Specify)	
			25. DATE RECORDED (Month, Day, Year)	
DECREE	26. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO: Husband ____ Wife ____ Joint (Husband/Wife) ____ Other ____ <input type="checkbox"/> No Children		27. COUNTY OF DECREE	28. TITLE OF COURT
	29. SIGNATURE OF CERTIFYING OFFICIAL		30. TITLE OF CERTIFYING OFFICIAL	31. DATE SIGNED (Month, Day Year)

THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD

K.S.A. 65-2442b. REQUIRES THE DIVORCE REPORT TO INCLUDE THE SOCIAL SECURITY NUMBER OF BOTH PARTIES TO MAKE SURE SUCH INFORMATION AVAILABLE TO THE SECRETARY OF SOCIAL AND REHABILITATION SERVICES FOR THE PURPOSE OF ESTABLISHING, MODIFYING OR ENFORCING A SUPPORT OBLIGATION.

HUSBAND	WIFE
SOCIAL SECURITY NUMBERS	

STATISTICAL INFORMATION

32. NUMBER OF THIS MARRIAGE - First, Second, Etc. (Specify Below)	33. PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		34. RACE - Native American, Black, White, Etc. (Specify Below)	35. EDUCATION (Specify only highest grade completed)	
	By Death, Divorce, or Annulment (Specify below)	Date (Month, Day, Year)		Elementary/Secondary (0/12)	College (1-4 or 5+)
32.a.	33.a.	33.b.	34.a.	35.a.	
32.b.	33.c.	33.d.	26.b.	35.b.	

HUSBAND

WIFE

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