

# COMMONWEALTH OF VIRGINIA – REPORT OF DIVORCE OR ANNULMENT

## Department of Health – Division of Vital Records – Richmond

NOTE:  
ITEMS 1-24 ON THIS  
FORM TO BE  
COMPLETED BY  
PETITIONER OR  
ATTORNEY AND FILED  
WITH CLERK OF COURT  
WITH PETITION OR  
DECREE

PLEASE PREPARE BY  
TYPEWRITER OR PRINT  
IN BLACK UNFADING INK.  
THIS IS A PERMANENT  
RECORD

CLERK OF COURT WILL  
CERTIFY AND FORWARD  
TO STATE REGISTRAR BY  
10TH DAY OF MONTH  
FOLLOWING DATE FINAL  
DECREE IS GRANTED

MARGIN RESERVED FOR BINDING

1. CIRCUIT COURT FOR CITY OR COUNTY OF _____		STATE FILE NUMBER _____	
2. FULL NAME _____			2A. SOCIAL SECURITY NUMBER _____
HUSBAND	3. PLACE OF BIRTH (state or foreign country) _____	4. DATE OF BIRTH _____	
	5. RACE _____	6. NUMBER OF THIS MARRIAGE (first, second, etc.) _____	7. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) _____ College (1-4 or 5+) _____
	8. USUAL RESIDENCE (street no. or rural route number) _____ (city or town) _____ (county- if not independent city) _____ (state) _____		
9. FULL MAIDEN NAME _____			9A. SOCIAL SECURITY NUMBER _____
WIFE	10. PLACE OF BIRTH (state or foreign country) _____	11. DATE OF BIRTH _____	
	12. RACE _____	13. NUMBER OF THIS MARRIAGE (first, second, etc.) _____	14. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) _____ College (1-4 or 5+) _____
	15. USUAL RESIDENCE (street no. or rural route number) _____ (city or town) _____ (county- if not independent city) _____ (state) _____		
16. PLACE OF MARRIAGE (city or town) _____ (county) _____ (state or foreign country) _____			17. DATE OF MARRIAGE _____
18. NUMBER OF CHILDREN UNDER 18 IN THIS FAMILY _____	19. NUMBER OF CHILDREN UNDER 18 IN THIS FAMILY WHOSE PHYSICAL CUSTODY WAS AWARDED TO: Husband _____ Wife _____ Joint (Husband/Wife) _____ Other _____ <input type="checkbox"/> No Children		20. DATE OF SEPARATION _____
21. PLAINTIFF <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> BOTH		23. LEGAL GROUND OR CAUSE OF DIVORCE (if annulment - so state) _____	
22. DIVORCE GRANTED TO <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> BOTH		24. INFORMANT'S SIGNATURE _____ <input type="checkbox"/> PETITIONER <input type="checkbox"/> ATTORNEY FOR PETITIONER	
NAME OF INFORMANT (Type or Print) _____		ADDRESS OF INFORMANT _____	
I CERTIFY THAT A FINAL DECREE OF _____ WAS ENTERED _____ CONCERNING THE ABOVE (divorce or annulment) (date of divorce or annulment)			
MARRIAGE AND WAS NUMBERED _____ (court file number)			
(SEAL)		SIGNATURE OF CLERK OF COURT OR DEPUTY _____	
		NAME OF CLERK OR DEPUTY (Type or Print) _____	