

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:			7. RACE: White, Black, American Indian, etc. (Specify)		8. EDUCATION:(Specify only highest grade completed)	
			By Death, Divorce, Dissolution, or annulment (Specify)	Date (MM/DD/YY)					
		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:			15. RACE: White, Black, American Indian, etc. (Specify)		16. EDUCATION:(Specify only highest grade completed)	
			By Death, Divorce, Dissolution, or annulment (Specify)	Date (MM/DD/YY)					
		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	

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 ABOVENAMED 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		31. DATE SIGNED (MM/DD/YY)