



**State of South Carolina
Department of Health and Environmental Control**

REPORT OF DIVORCE OR ANNULMENT OF MARRIAGE

State File No. _____

1. PLAINTIFF (First, Middle, Last, Suffix)		2. LAST NAME ON BIRTH CERTIFICATE (If Different)	
3. DATE OF BIRTH (Month, Day, Year)		4. PLACE OF BIRTH (State or Foreign Country)	
5. RESIDENCE (County, State/Country)		6. NUMBER OF THIS MARRIAGE - First, Second, etc. (Specify)	
7. DEFENDANT (First, Middle, Last, Suffix)		8. LAST NAME ON BIRTH CERTIFICATE (If Different)	
9. DATE OF BIRTH (Month, Day, Year)		10. PLACE OF BIRTH (State or Foreign Country)	
11. RESIDENCE (County, State/Country)		12. NUMBER OF THIS MARRIAGE- First, Second, etc. (Specify)	
13. PLACE OF THIS MARRIAGE (County, State/Country)		14. DATE OF MARRIAGE (mm/dd/yyyy)	
15. TYPE OF DECREE <input type="checkbox"/> Absolute Divorce <input type="checkbox"/> Annulment	16. COUNTY OF DECREE	17. DOCKET NUMBER	
18. DATE DECREE FILED (mm/dd/yyyy) - TO BE COMPLETED BY CLERK OF COURT.			
19. I CERTIFY THE MARRIAGE OF THE ABOVE NAMED PERSONS WAS DISSOLVED ON THE DATE DECREE FILED.			
SIGNATURE OF CLERK OF COURT: _____		DATE SIGNED: _____ (mm/dd/yyyy)	

Confidential and statistical information (The information below will not appear on certified copies of the report)

20. PLAINTIFF - SOCIAL SECURITY NUMBER (Last 4 Digits)	21. PLAINTIFF - RACE	22. PLAINTIFF - SEX
23. DEFENDANT - SOCIAL SECURITY NUMBER (Last 4 Digits)	24. DEFENDANT - RACE	25. DEFENDANT - SEX
26. ATTORNEY FOR PLAINTIFF	27. ATTORNEY BAR NUMBER	
28. LEGAL GROUNDS		