

1. County/Tribal Court <input style="width: 95%;" type="text"/>	<b>State of Nebraska</b> <b>Department of Health and Human Services Finance and Support</b> <b>Vital Records</b> <b>Certificate of Dissolution of Marriage or Annulment</b> <b>WORKSHEET ONLY</b>		
2. Court Record Number <input style="width: 95%;" type="text"/>			
3. Husband's Name (First, Middle, Last, Suffix) <input style="width: 98%;" type="text"/>			
4a. Current Residence - Country <input style="width: 95%;" type="text"/>	4b. State <input style="width: 95%;" type="text"/>	4c. County <input style="width: 95%;" type="text"/>	
4d. City, Town or Location <input style="width: 95%;" type="text"/>	4e. Residence - Street and Number <input style="width: 95%;" type="text"/>		4f. Zip Code <input style="width: 95%;" type="text"/>
5. Place of Birth (City and State or Foreign Country) <input style="width: 95%;" type="text"/>		6. Date of Birth (Mo., Day, Yr.) <input style="width: 95%;" type="text"/>	
7a. Wife's Name (First, Middle, Last, Suffix) <input style="width: 95%;" type="text"/>		7b. Maiden Name <input style="width: 95%;" type="text"/>	
8a. Current Residence - Country <input style="width: 95%;" type="text"/>	8b. State <input style="width: 95%;" type="text"/>	8c. County <input style="width: 95%;" type="text"/>	
8d. City, Town or Location <input style="width: 95%;" type="text"/>	8e. Residence - Street and Number <input style="width: 95%;" type="text"/>		8f. Zip Code <input style="width: 95%;" type="text"/>
9. Place of Birth (City and State or Foreign Country) <input style="width: 95%;" type="text"/>		10. Date of Birth (Mo., Day, Yr.) <input style="width: 95%;" type="text"/>	
11a. Place of Marriage - State <input style="width: 95%;" type="text"/>	11b. County <input style="width: 95%;" type="text"/>	11c. City <input style="width: 95%;" type="text"/>	11d. Date of Marriage (Mo., Day, Yr.) <input style="width: 95%;" type="text"/>
12a. Number of Children under 18 in this Household Number <input style="width: 80%;" type="text"/>	12b. Number of Children Under 18 Whose Physical Custody was Awarded to: <input type="text"/> Husband <input type="text"/> Wife <input type="text"/> Joint Husband/Wife <input type="text"/> Other <input style="width: 80%;" type="text"/> <input type="checkbox"/> No Children Awarded Custody		
13. Plaintiff <input type="checkbox"/> Husband <input type="checkbox"/> Wife	14. List Former Name of Wife, if restored <input style="width: 95%;" type="text"/>		
15a. Attorney for Plaintiff - Name <input style="width: 95%;" type="text"/>	15b. Address (Street, City or Town, State and Zip Code) <input style="width: 95%;" type="text"/>		
16a. I certify that the marriage of the above name persons was dissolved on (Mo., Day, Yr.) <input style="width: 95%;" type="text"/>		16b. Type of Decree <input type="text"/> Dissolution <input type="text"/> Annulment	
17. Clerk of the District Court or Tribal Court Making Return to the Department of Health and Human Services Finance and Support <input style="width: 98%;" type="text"/>			
Information For Administrative Use Only. Information below will not appear on certified copies of the record			
18. Settlement(s) Made Alimony <input type="checkbox"/> Yes <input type="checkbox"/> No    Child Support <input type="checkbox"/> Yes <input type="checkbox"/> No    Property Settlement <input type="checkbox"/> Yes <input type="checkbox"/> No    Medical Reimbursement <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. Social Security Numbers Husband: <input style="width: 80%;" type="text"/> Wife: <input style="width: 80%;" type="text"/>			
20a. Is Husband of Hispanic or Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No		20b. Is Wife of Hispanic or Latina Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21a. Husband	Race	21b. Wife	
Check the race(s) each person considers him/herself to be			
<input type="checkbox"/>	White/Caucasian	<input type="checkbox"/>	
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	
<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	
<input type="checkbox"/>	Asian	<input type="checkbox"/>	
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	

