

COMMONWEALTH OF VIRGINIA – REPORT OF DIVORCE OR ANNULMENT

Department of Health – Division of Vital Records – Richmond

NOTE:
ITEMS 1-30 ON THIS
FORM TO BE
COMPLETED BY
PETITIONER OR
ATTORNEY AND FILED
WITH CLERK OF COURT
WITH PETITION OR
DECREE

| | |
|--|-------------------------|
| 1. CIRCUIT COURT FOR CITY OR COUNTY OF _____ | STATE FILE NUMBER _____ |
|--|-------------------------|

PARTY A (check one) HUSBAND WIFE SPOUSE

| | |
|--|---------------------------------|
| 2. FULL NAME (first, middle, last, suffix) _____ (maiden name, if any) _____ | 3. SOCIAL SECURITY NUMBER _____ |
|--|---------------------------------|

| | | | |
|--|------------------------|---------------|--------------|
| 4. PLACE OF BIRTH (state or foreign country) _____ | 5. DATE OF BIRTH _____ | 6. RACE _____ | 7. SEX _____ |
|--|------------------------|---------------|--------------|

| | |
|--|---|
| 8. NUMBER OF THIS MARRIAGE (first, second, etc.) _____ | 9. EDUCATION (specify only highest grade completed) Elementary or Secondary (0-12) _____ College (1-4 or 5+) _____ |
|--|---|

| |
|---|
| 10. USUAL RESIDENCE (street number or rural route number) _____ (city or town) _____ (county if not independent city) _____ (state) _____ |
|---|

PARTY B (check one) HUSBAND WIFE SPOUSE

| | |
|---|----------------------------------|
| 11. FULL NAME (first, middle, last, suffix) _____ (maiden name, if any) _____ | 12. SOCIAL SECURITY NUMBER _____ |
|---|----------------------------------|

| | | | |
|---|-------------------------|----------------|---------------|
| 13. PLACE OF BIRTH (state or foreign country) _____ | 14. DATE OF BIRTH _____ | 15. RACE _____ | 16. SEX _____ |
|---|-------------------------|----------------|---------------|

| | |
|---|--|
| 17. NUMBER OF THIS MARRIAGE (first, second, etc.) _____ | 18. EDUCATION (specify only highest grade completed) Elementary or Secondary (0-12) _____ College (1-4 or 5+) _____ |
|---|--|

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|---|
| 19. USUAL RESIDENCE (street number or rural route number) _____ (city or town) _____ (county if not independent city) _____ (state) _____ |
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| | | |
|--|----------------------------|------------------------------|
| 20. PLACE OF MARRIAGE (city or town) _____ (county) _____ (state or foreign country) _____ | 21. DATE OF MARRIAGE _____ | 22. DATE OF SEPARATION _____ |
|--|----------------------------|------------------------------|

| | |
|--|---|
| 23. NUMBER OF CHILDREN UNDER 18 IN THIS FAMILY _____ | 24. NUMBER OF CHILDREN UNDER 18 IN THIS FAMILY WHOSE PHYSICAL CUSTODY WAS AWARDED TO: Party A _____ Party B _____ Joint (Party A/Party B) _____ Other _____ <input type="checkbox"/> No Children |
|--|---|

| | | |
|--|---|--|
| 25. PLAINTIFF <input type="checkbox"/> PARTY A <input type="checkbox"/> PARTY B <input type="checkbox"/> BOTH | 26. DIVORCE GRANTED TO <input type="checkbox"/> PARTY A <input type="checkbox"/> PARTY B <input type="checkbox"/> BOTH | 27. LEGAL GROUND OR CAUSE OF DIVORCE (if annulment – so state) _____ |
|--|---|--|

| | |
|---------------------------------|---|
| 28. INFORMANT'S SIGNATURE _____ | <input type="checkbox"/> PETITIONER <input type="checkbox"/> ATTORNEY FOR PETITIONER |
|---------------------------------|---|

| | |
|---|---|
| 29. NAME OF INFORMANT (Type or Print) _____ | 30. ADDRESS OF INFORMANT (street number or rural route number) _____ (city or town) _____ (state) _____ |
|---|---|

I CERTIFY THAT A FINAL DECREE OF _____ WAS ENTERED _____ CONCERNING THE ABOVE
(divorce or annulment) (date of divorce or annulment)

MARRIAGE AND WAS NUMBERED _____ SIGNATURE OF CLERK OF COURT OR DEPUTY
(court file number)

NAME OF CLERK OR DEPUTY _____
(Type or Print)

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

Section 32.1-268
CODE OF VIRGINIA