LOCAL INDEX	BER		STATE FILE NUMBER														
Department of Health TYPE, OR CERTIFICATE OF DISSOLUTION OF MARRIAGE																	
PRINT IN PERMANENT	•	1A. NAME: FIRST MIDDLE LAST								1B. BIRTH NAME, IF DIFFERENT 1C. SOCIAL SECURITY NUMBER							
BLACK INK	Wife/Husband/Spouse	2A. DATE OF BIRTH Month Day Year COUNTRY IF NOT USA)				3. SEX (Optional)	4A.	4A. RESIDENCE: STATE			4B. COUNTY			4C. LOCALITY (CHECK ONE AND SPECIFY) aty of town of willage of)
4	e/Husba	4D. STREET AND NUMBER OF RESIDENCE (INCLUDE ZIP CODE)								4E. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES NO IF NO, SPECIFY TOWN:							
	Wif	5a. ATTORNEY - NAME									5B. ADDRESS (INCLUDE ZIP CODE)						
9	še	6A. NAME: FIRST MIDDLE LAST								6B. BIRTH NAME, IF DIFFERENT 6C. SOCIAL SECURITY NUMBER							
	Wife/Husband/Spouse	7A. DATE OF BIRTH Month Day Year (COUNTRY IF NOT USA)				8. SEX (Optional)	9A.	9A. RESIDENCE: STATE			9B. COUNTY			9C. LOCALITY (CHECK ONE AND SPECIFY)			
		9D. STREET AND NUMBER OF RESIDENCE (INCLUDE ZIP CODE)									9E. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES NO IF NO, SPECIFY TOWN:					3?	
	Wif	10A. ATTORNEY - NAME								10B.	0B. ADDRESS (INCLUDE ZIP CODE)						
11		11A. PLACE					TATE (COUNTRY		,								
		12A. DATE OF THIS MARRIAGE	Month D	ay Year	12B. APPRO DATE C SEPARA	OUPLE [<u>Month</u>	Year			OF CHILDRI THIS MARR			13B. NUMBER O IN THIS FAN			
15	ECREE	DISSOLUTION OF THE ABOVE MARRIAGE WAS RENDERED ON				Pay Ye	ear 14	4B. DATE OF ENTRY:		D	ay Yea			DECREE - DIVOI ΠΟΝ (SPECIFY)		NULMENT, OTHE	≣R
		14D. COUNTY OF DECREE 14E. TITLE								Ť	·	·					
23	┌	14F. SIGNAT	URE OF COUI	NTY CLERK													
							CON	FIDENT	ΓIAL INF	FOR	RMATION	l					
24	<u>þ</u>	15. RACE: 1		16. NUMBER				USLY MARRIED Y ENDED BY		18	. EDUCATION	N: INDICA	ΓΕ HIGHES	ST GRADE COM	PLETED	ONLY	
	Wife/Husband/	BLACK, AMERICAN INDIAN, OTHER (SPECIFY)		MARRIAGE - FIRST, SECOND, ETC. (SPECIFY)			ł	B. DIVORCE OR ANNULMENT NUMBER NONE DUSLY MARRIED		lг	0 1 2 ELEMEN 0 1 2 3 4 00 01 02 03 04		ППП	08 09 10 11 12 13 14			
	Wife					NONE [
25	Wife/Husband/	19. RACE: WHITE, BLACK, AMERICAN INDIAN, OTHER (SPECIFY)		20. NUMBER OF THIS MARRIAGE - FIRST, SECOND, ETC. (SPECIFY)			MANY EN	NDED BY B. DIVO				N: INDICATEMENTAR 3 4 5		ST GRADE COMI HIGH SCI 3 1 2 3		COLLEGE 1 2 3 4 5+	
	Wife/F	Ŗ				NUMBER		NUMBE NONE		. '		3 04 05	66 67 C	B 09 10 1	11 12	13 14 15 16	17
QR		PLAINTIFF:		l .		24. DECRI	EE GRAI	NTED TO:				25.	LEGAL GF	ROUNDS FOR DI	ECREE (SPECIFY)	
QS		26. SIGNATU	RE OF PERSO	ON PREPARIN	G CERTIFICAT	<u>I</u> [E										TTORNEY AT LA	

NOTE: Social Security Numbers of the parties to the marriage are mandatory. They are required by New York State Public Health Law Section 4139 and 42 U.S.C. 666(a). They may be used for child support enforcement purposes.