

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Division of Vital Records • 6550 Reisterstown Road, Baltimore MD 21215-0036

REPORT OF ABSOLUTE DIVORCE OR ANNULMENT OF MARRIAGE

	COURT FILE NUMBER	STATE FILE NUMBER				
PARTY 1	1. PARTY 1 NAME <i>(First, Middle, Last)</i>	1b. NAME PRIOR TO FIRST MARRIAGE	2. AGE			
	3a. RESIDENCE — City, Town, or Location	3b. COUNTY	3c. STATE			
	4. BIRTHPLACE <i>(State or Foreign Country)</i>		5. DATE OF BIRTH <i>(Month, Day, Year)</i>			
PARTY 2	6a. PARTY 2 NAME <i>(First, Middle, Last)</i>	6b. NAME PRIOR TO FIRST MARRIAGE	7. AGE			
	8a. RESIDENCE — City, Town, or Location	8b. COUNTY	8c. STATE			
	9. BIRTHPLACE <i>(State or Foreign Country)</i>		10. DATE OF BIRTH <i>(Month, Day, Year)</i>			
MARRIAGE	11a. PLACE OF THIS MARRIAGE — City, Town, or Location	11b. COUNTY	11c. STATE OR FOREIGN COUNTRY	12. DATE OF THIS MARRIAGE <i>(Month, Day, Year)</i>		
	13. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD <i>(Month, Day, Year)</i>	14. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 13 Number _____ <input type="checkbox"/> None		15. PLAINTIFF <input type="checkbox"/> Party 1 <input type="checkbox"/> Party 2 <input type="checkbox"/> Both <input type="checkbox"/> Other <i>(specify)</i> _____		
ATTORNEY	16a. NAME OF PLAINTIFF'S ATTORNEY <i>(Type/Print)</i>		16b. ADDRESS <i>(Street or Rural Route Number, City or Town, State, Zipcode)</i>			
DECREE	17. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO Party 1 _____ Party 2 _____ Joint (Party 1/Party 2) _____ Other _____ <input type="checkbox"/> No Children		18. LEGAL GROUNDS FOR DECREE	19a. TITLE OF COURT		
				19b. COUNTY OF DECREE		
CLERK OF COURT	20. I CERTIFY THAT THE MARRIAGE OF THE ABOVE NAMED PERSONS WAS DISSOLVED ON <i>(Month, Day, Year)</i>		21. TYPE OF DECREE — Divorce, Dissolution, or Annulment <i>(specify)</i>		22. DATE RECORDED <i>(Month, Day, Year)</i>	
	23a. SIGNATURE OF CERTIFYING OFFICIAL		23b. TITLE OF CERTIFYING OFFICIAL	24. DATE SIGNED <i>(Month, Day, Year)</i>		
	25. NUMBER OF THIS MARRIAGE <i>First, Second, etc., (Specify below)</i>	26. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED by Death, Divorce, Dissolution or Annulment <i>(Specify below)</i> Date ended <i>(Month, Day, Year)</i>	27. ETHNICITY AND RACE HISPANIC OR LATINO? <i>(Specify YES or NO below)</i>		28. EDUCATION <i>(Specify only highest grade completed)</i>	
			RACE <i>(Specify below. If multiracial, list all races that apply.)</i>	ELEMENTARY/SECONDARY <i>(0-12)</i>	COLLEGE <i>(1-4 or 5+)</i>	
PARTY 1	25a.	26a.	27a.	27b.	28a.	28b.
PARTY 2	25b.	26b.	27c.	27d.	28c.	28d.

The information on this form is collected under the authority of Md. Code Ann, Health-General §4-206 and Family Law §2-503 for the purposes of the Department of Health and Mental Hygiene's collecting, indexing, and safeguarding the record and conducting statistical analyses concerning divorces and annulments. The divorced or annulled parties may inspect, amend, or correct this record. Once this form is in the possession of the Department of Health and Mental Hygiene, it or information from it is available only upon request by the divorced or annulled parties and representatives authorized by them to view the record, as set forth at COMAR 10.03.01.07B(4). If the form is in the court file, it is generally available for public inspection.

CLERK OF THE COURT: When a petition for absolute divorce or annulment is filed, please give a copy of this form to the attorney for completion of Items 1-19 and 25-28. When the decree is signed, check completeness of the items, complete items 20-24, and mail the form to DHMH, Division of Vital Records, 6550 Reisterstown Rd., Baltimore, MD 21215-0036 on or before the 10th day of the month succeeding the divorce or annulment.

ATTORNEY: Complete items 1-19 and 25-28 of this form and ask your client to verify the information. RETURN THIS FORM TO THE CLERK OF THE COURT.

Entries should be typewritten or printed in indelible black ink.