

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

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

VS4 7/2020

| | | | |
|---|---|--|----------------------------------|
| 1. CIRCUIT COURT FOR CITY OR COUNTY OF _____ | | STATE FILE NUMBER _____ | |
| PARTY A (check one) <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE | | | |
| 2. FULL NAME (first) _____ (middle) _____ (last) _____ (suffix) _____ | | | 3. MAIDEN NAME, IF ANY _____ |
| 4. PLACE OF BIRTH (state or foreign country) _____ | 5. DATE OF BIRTH _____ | 6. SEX _____ | 7. SOCIAL SECURITY NUMBER _____ |
| 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) <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE | | | |
| 11. FULL NAME (first) _____ (middle) _____ (last) _____ (suffix) _____ | | | 12. MAIDEN NAME, IF ANY _____ |
| 13. PLACE OF BIRTH (state or foreign country) _____ | 14. DATE OF BIRTH _____ | 15. SEX _____ | 16. SOCIAL SECURITY NUMBER _____ |
| 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+) _____ | |
| 19. USUAL RESIDENCE (street number or rural route number) _____ (city or town) _____ (county if not independent city) _____ (state) _____ | | | |
| 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 _____ (court file number) | | SIGNATURE OF CLERK OF COURT OR DEPUTY _____ | |
| NAME OF CLERK OR DEPUTY _____ (Type or Print) | | | |