Bureau of Vital Statistics Information Form

Case Number: _____ Division: _____

Type of Case: ☐ Dissolution of Marriage ☐ Annulment

Date of Marriage: _____ Place of Marriage: _____
County & State, or Country

Number of living children from marriage: _____ , Number under 18: _____

Petitioner's Information

_____
First Name Middle Name Last Name

_____
Street City County State Zip Code

Maiden Name (if any): _____

Petitioner's Attorney name and bar number (if any): _____

Attorney Address: _____

Respondent's Information

_____
First Name Middle Name Last Name

_____
Street City County State Zip Code

Maiden Name (if any): _____

Respondent's Attorney name and bar number (if any): _____

Attorney Address: _____