

TYPE/PRINT
IN
PERMANENT
BLACK INK

OREGON DEPARTMENT OF HUMAN SERVICES
Center for Health Statistics

136-

LOCAL FILE NO. _____

STATE FILE NUMBER

**RECORD OF
DISSOLUTION OF MARRIAGE, OR ANNULMENT**

| | | | | | |
|-----------------|--|--|---|--|--------------------|
| | 1. HUSBAND'S NAME (First, Middle, Last) | | | | |
| HUSBAND | 2. RESIDENCE OR LEGAL ADDRESS | STREET AND NUMBER | CITY OR TOWN | COUNTY | STATE |
| | 3. DATE OF BIRTH (Month, Day, Year) | 4. BIRTHPLACE (State or Foreign Country) | | | |
| | 5a. WIFE'S NAME (First, Middle, Last) | | | | 5b. MAIDEN SURNAME |
| WIFE | 6. FORMER LEGAL NAMES (IF ANY) | | | | |
| | 7. RESIDENCE OR LEGAL ADDRESS | STREET AND NUMBER | CITY OR TOWN | COUNTY | STATE |
| | 8. DATE OF BIRTH (Month, Day, Year) | 9. BIRTHPLACE (State or Foreign Country) | | | |
| MARRIAGE | 10a. PLACE OF THIS MARRIAGE - CITY, TOWN OR LOCATION | 10b. COUNTY | 10c. STATE OR FOREIGN COUNTRY | 11. DATE OF THIS MARRIAGE (Month, Day, Year) | |
| | 12. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (Month, Day, Year) | 13. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 12 Number <input type="text"/> <input type="checkbox"/> None | | 14. PETITIONER <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both | |
| ATTORNEY | 15a. NAME OF PETITIONER'S ATTORNEY (Type/Print) | | 15b. ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | | |
| | 16a. NAME OF RESPONDENT'S ATTORNEY (Type/Print) | | 16b. ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | | |
| | 17. MARRIAGE OF THE ABOVE NAMED PERSONS WAS DISSOLVED ON: (Month, Day, Year) | 18. TYPE OF DECREE DISSOLUTION OF MARRIAGE <input type="checkbox"/> ANNULMENT <input type="checkbox"/> | | 19. DATE DECREE BECOMES EFFECTIVE (Month, Day, Year) | |
| DECREE | 20. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO: Husband _____ Wife _____ Joint (Husband/Wife) _____ Other _____ <input type="checkbox"/> No children | | 21. COUNTY OF DECREE | 22. TITLE OF COURT | |
| | 23. SIGNATURE OF COURT OFFICIAL ➔ | | 24. TITLE OF COURT OFFICIAL | 25. DATE SIGNED (Month, Day, Year) | |

THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.

| | | | | | |
|---|--|---|------|--|---|
| 26. HUSBAND'S SOCIAL SECURITY NUMBER (Specify #, None, Unknown) | | 27. WIFE'S SOCIAL SECURITY NUMBER (Specify #, None, Unknown) | | | |
| HUSBAND | 28. NUMBER OF THIS MARRIAGE- First, Second, etc. (Specify below) | 29. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED: By Death, Divorce, Dissolution, or Annulment (Specify below) | | 30. RACE-American Indian, Black, White, etc. (Specify below) List All That Apply. | 31. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) |
| | | Date (Month, Day, Year) | | | |
| WIFE | 28b. | 29a. | 29b. | 30a. | 31a. |
| | 28c. | 29c. | 29d. | 30b. | 31b. |

THE PETITIONER OR LEGAL REPRESENTATIVE OF THE PETITIONER IS RESPONSIBLE FOR COMPLETING THE PERSONAL INFORMATION ON THIS FORM AND SHALL PRESENT THIS FORM TO THE CLERK OF THE COURT WITH THE PETITION.
IN ALL CASES THE COMPLETED RECORD SHALL BE A PREREQUISITE TO THE GRANTING OF THE FINAL DECREE.