

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)		
DECREE	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)
	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)			
28. NUMBER OF THIS MARRIAGE - First, Second, etc. (Specify below)	29. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED.		30. RACE - American Indian, Black, White, etc. (Specify below) List All That Apply.	31. EDUCATION (Specify only highest grade completed)	
	By Death, Divorce, Dissolution, or Annulment (Specify below)	Date (Month, Day, Year)		Elementary/Secondary (0-12)	College (1-4 or 5+)
HUSBAND 28a.	29a.	29b.	30a.	31a.	
WIFE 28b.	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.

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