

308429-00

OREGON DEPARTMENT OF HUMAN SERVICES
HEALTH DIVISION
Center for Health Statistics

136-

CO. FILE NO. _____

State File Number

RECORD OF DISSOLUTION
OF MARRIAGE, OR ANNULMENT

TYPE OR PRINT PLAINLY IN BLACK INK

HUSBAND	1. HUSBAND'S NAME (First, Middle, Last)			
	2. RESIDENCE OR LEGAL ADDRESS		3. BIRTHPLACE (State or Foreign Country)	
	4. BIRTHPLACE (State or Foreign Country)		5. DATE OF BIRTH (Month, Day, Year)	
WIFE	6a. WIFE'S NAME (First, Middle, Last)		6b. MAIDEN SURNAME	
	7. FORMER LEGAL NAMES (If any)		8. DATE OF BIRTH (Month, Day, Year)	
	8. RESIDENCE OR LEGAL ADDRESS		9. BIRTHPLACE (State or Foreign Country)	
MARRIAGE	9. SOCIAL SECURITY NUMBER		10. DATE OF BIRTH (Month, Day, Year)	
	11a. PLACE OF THIS MARRIAGE—CITY, TOWN OR LOCATION		11b. COUNTY	
	12a. COUNTY		12b. STATE OR FOREIGN COUNTRY	
ATTORNEY	13. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (Month, Day, Year)		14. NUMBER OF CHILDREN UNDER 18 IN THE HOUSEHOLD AS OF THE DATE IN ITEM 13	
	15. NAME OF PETITIONER'S ATTORNEY (Type/Print)		16. ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
	17a. NAME OF RESPONDENT'S ATTORNEY (Type/Print)		17b. ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
DECREE	18. MARRIAGE OF THE ABOVE-NAMED PERSONS WAS DISSOLVED OR ANNULMENT (Month, Day, Year)		19. TYPE OF DECREE DISSOLUTION OF MARRIAGE <input type="checkbox"/> ANNULMENT <input type="checkbox"/>	
	20. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO: Husband _____ Wife _____ Joint (Husband/Wife) _____ Other _____ <input type="checkbox"/> No children		21. DATE DECREE BECOMES EFFECTIVE (Month, Day, Year)	
	22. SIGNATURE OF COURT OFFICIAL		23. TITLE OF COURT OFFICIAL	
24. COUNTY OF DECREE		25. TITLE OF COURT		
26. DATE SIGNED (Month, Day, Year)		27. DATE SIGNED (Month, Day, Year)		

ORS 432.010 REQUIRED STATISTICAL INFORMATION. THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.

28. NUMBER OF THIS MARRIAGE—If 1st, Second, etc. (Specify below)	29. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		30. RACE—American Indian, Black, White, etc. (Specify below)	31. EDUCATION (Specify only highest grade completed)	
	By Death, Divorce, Dissolution, or Annulment (Specify below)	Date (Month, Day, Year)		Elementary/Secondary (5-12)	College (14 or 5+)
28a	29a	29b	30a	31a	
28b	29c	29c	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.

45-5 (1/97)

ORIGINAL—VITAL RECORDS COPY