

MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Division of Vital Records 6550 Reisterstown Road, Baltimore, MD 21215-0036

REPORT OF ABSOLUTE DIVORCE OR ANNULMENT OF MARRIAGE

COURT FILE NUMBER		STATE FILE NUMBER				
HUSBAND	1. HUSBAND'S NAME (First, Middle, Last)					2. AGE
	3a. RESIDENCE - CITY, TOWN, OR LOCATION			3b. COUNTY	3c. STATE	
	4. SOCIAL SECURITY NUMBER	5. BIRTHPLACE (State or Foreign Country)			6. DATE OF BIRTH (Month, Day, Year)	
WIFE	7a. WIFE'S NAME (First, Middle, Last)			7b. MAIDEN SURNAME		8b. AGE
	9a. RESIDENCE - CITY, TOWN, OR LOCATION			9b. COUNTY	9c. STATE	
	10. SOCIAL SECURITY NUMBER	11. BIRTHPLACE (State or Foreign Country)			12. DATE OF BIRTH (Month, Day, Year)	
MARRIAGE	13a. PLACE OF THIS MARRIAGE - CITY, TOWN, OR LOCATION		13b. COUNTY	13c. STATE OR FOREIGN COUNTRY	14. DATE OF THIS MARRIAGE (Month, Day, Year)	
	15. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (Month, Day, Year)		16. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 15. Number _____ <input type="checkbox"/> None		17. PLAINTIFF <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other (specify) _____	
ATTORNEY	18a. NAME OF PLAINTIFF'S ATTORNEY (Type/ Print)			18b. ADDRESS (Street or Rural Route Number, City or Town, State, Zipcode)		
	19. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO Husband _____ Wife _____ Joint (Husband/Wife) _____ Other _____ <input type="checkbox"/> No Children			20. LEGAL GROUNDS FOR DECREE		21a. TITLE OF COURT 21b. COUNTY OF DECREE
CLERK OF COURT	22. I CERTIFY THAT THE MARRIAGE OF THE ABOVE NAMED PERSONS WAS DISSOLVED ON (Month, Day, Year)			23. TYPE OF DECREE - Divorce, Dissolution, or Annulment (specify)		24. DATE RECORDED (Month, Day, Year)
	25a. SIGNATURE OF CERTIFYING OFFICIAL			25b. TITLE OF CERTIFYING OFFICIAL		26. DATE SIGNED (Month, Day, Year)
	27. NUMBER OF THIS MARRIAGE - First, Second, etc., (Specify below)	28. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED by Death, Divorce, Dissolution or Annulment (Specify below) Date ended (Month, Day, Year)	29. ETHNICITY AND RACE HISPANIC OR LATINO? (Specify yes or no below)		30. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0 - 12) College (1 - 4 or 5+)	
HUSBAND	27a.	28a.	29a.	29c.	30a.	30b.
WIFE	27b.	28b.	29b.	29d.	30c.	30d.

The information on this form is collected under the authority of Md. Code Ann., Health-General §4-206 and Family Law §2-503 for the purposes of the Department of Health and Mental Hygiene's collecting, indexing, and safeguarding the record and conducting statistical analyses concerning divorces and annulments. Social security numbers are collected on a voluntary basis to meet requirements imposed under the authority of 42 U.S.C. §666(a)(13)(B). The divorced or annulled parties may inspect, amend, or correct this record. Once this form is in the possession of the Department of Health and Mental Hygiene, it or information from it is available for public inspection only upon request by: (1) the divorced or annulled parties and representatives authorized by them to view the record, as set forth at COMAR 10.03.01.07B(4); or (2) the Child Support Enforcement Administration to carry out its duties, as set forth in Md. Code Ann., Family Law §12-105. If the form is in the court file, it is generally available for public inspection, although social security numbers are not subject to public inspection pursuant to 5 U.S.C. §552(b)(6).

CLERK OF THE COURT: When a petition for absolute divorce or annulment is filed, please give a copy of this form to the attorney for completion of Items 1-24 and 27-30. When the decree is signed, check completeness of these items, execute items 25 and 26, and mail the form to DHMH, Division of Vital Records, 6550 Reisterstown Rd., Baltimore, MD 21215-0036 on or before the 10th day of the month succeeding the divorce or annulment. Before the record is sent to DHMH, any production of the document to someone other than the respective party to the proceeding or the party's legal counsel may not include a social security number, which is confidential under 5 U.S.C. §552(b)(6).

ATTORNEY: Please complete items 1-24 and 27-30 of this form and ask your client to verify the information. RETURN THIS FORM TO THE CLERK OF COURT.

Entries should be typewritten or printed in indelible black ink.