



**TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DIVORCE OR ANNULMENT**

RULE DOCKET NO.

STATE FILE NUMBER:

| | | | |
|---|---|--|---|
| 1a. Petitioner/Plaintiff (First/Middle/Last) | | 1b. Name Prior to First Marriage | 1c. Social Security Number |
| 2a. Residence – State | 2b. County | | 2c. City, Town, or Location |
| 2d. Street and Number | | 3. Birthplace (State or Foreign Country) | 4. Date of Birth (Month/Day/Year) |
| 5a. Respondent/Defendant (First/Middle/Last) | | 5b. Name Prior to First Marriage | 5c. Social Security Number |
| 6a. Residence – State | 6b. County | | 6c. City, Town, or Location |
| 6d. Street and Number | | 7. Birthplace (State or Foreign Country) | 8. Date of Birth (Month/Day/Year) |
| 9a. Place of This Marriage – State (or Foreign Country) | 9b. County | 9c. Date of This Marriage (Month/Day/Year) | 10. Date Couple Last Resided in Same Household (Month/Day/Year) |
| 11a. Number of Children Ever Born Alive Of This Marriage (Specify) | 11b. Number of Children Under 18 In This Family (Specify) | 11c. Number of Children Under 18 Whose Physical Custody was Awarded To Petitioner/Plaintiff ____ Respondent/Defendant ____ Joint ____ Other ____ | |
| 12. Joint Petition for Divorce <input type="checkbox"/> Yes <input type="checkbox"/> No | 13a. Name of Petitioner/Plaintiff's Attorney (Type/Print) | | 13b. Address (Street, No., City or Town, State, Zip) |
| 14a. Type of Decree <input type="checkbox"/> Absolute <input type="checkbox"/> Limited <input type="checkbox"/> Annulment | 14b. Was Petitioner/Plaintiff's Name Prior to First Marriage or Previous Legal Surname Restored? (If yes, specify name) | | 14c. Was Respondent/Defendant's Name Prior to First Marriage or Previous Legal Surname Restored? (If yes, specify name) |
| 14d. County of Decree | 14e. Title of Court <input type="checkbox"/> Circuit <input type="checkbox"/> Chancery <input type="checkbox"/> General Sessions <input type="checkbox"/> Probate | | 14f. Date of Recording Decree (Month/Day/Year) |
| 14g. Signature of Certifying Court Official | | 14h. Title of Certifying Court Official | 14i. Date Signed by Certifying Court Official (Month/Day/Year) |

CONFIDENTIAL INFORMATION

| | |
|---|---|
| 15a. Petitioner/Plaintiff: Hispanic Origin (Check the box that best describes whether the Petitioner/Plaintiff is Spanish/Hispanic/Latino. Check the "No" box if Petitioner/Plaintiff is not Spanish/Hispanic/Latino.) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify) _____ <input type="checkbox"/> Unknown | 15b. Respondent/Defendant: Hispanic Origin (Check the box that best describes whether the Respondent/Defendant is Spanish/Hispanic/Latino. Check the "No" box if Respondent/Defendant is not Spanish/Hispanic/Latino.) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify) _____ <input type="checkbox"/> Unknown |
| 16a. Petitioner/Plaintiff: Race (Check one or more races to indicate how the Petitioner/Plaintiff identifies.) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native Name of enrolled or principal tribe (specify) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian, specify _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander, specify _____ <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Unknown | 16b. Respondent/Defendant: Race (Check one or more races to indicate how the Respondent/Defendant identifies.) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native Name of enrolled or principal tribe (specify) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian, specify _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander, specify _____ <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Unknown |
| 17a. Petitioner/Plaintiff: Education (Check the box that best describes the highest degree or level of school the Petitioner/Plaintiff completed.) <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th -12 th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MBA) <input type="checkbox"/> Doctorate (e.g., PhD) or Professional degree (e.g., MD, JD) <input type="checkbox"/> Unknown | 17b. Respondent/Defendant: Education (Check the box that best describes the highest degree or level of school the Respondent/Defendant completed.) <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th -12 th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MBA) <input type="checkbox"/> Doctorate (e.g., PhD) or Professional degree (e.g., MD, JD) <input type="checkbox"/> Unknown |
| 18a. Petitioner/Plaintiff: Number of this Marriage (1 st , 2 nd , 3 rd , etc.) | 18b. Respondent/Defendant: Number of this Marriage (1 st , 2 nd , 3 rd , etc.) |
| 19a. Petitioner/Plaintiff: If Previously Married, How Last Marriage Ended <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Unknown | 19b. Respondent/Defendant: If Previously Married, How Last Marriage Ended <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Unknown |