

306429-00

OREGON DEPARTMENT OF HUMAN SERVICES
HEALTH DIVISION
Center for Health Statistics

136-

State File Number

CO. FILE NO. _____

**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		STREET AND NUMBER	CITY OR TOWN	COUNTY STATE
	3. SOCIAL SECURITY NUMBER	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)		(1)	(2)	(3)
	8. RESIDENCE OR LEGAL ADDRESS		STREET AND NUMBER	CITY OR TOWN	COUNTY STATE
MARRIAGE	9. SOCIAL SECURITY NUMBER	10. BIRTHPLACE (State or Foreign Country)		11. DATE OF BIRTH (Month, Day, Year)	
	12a. PLACE OF THIS MARRIAGE—CITY, TOWN OR LOCATION	12b. COUNTY	12c. STATE OR FOREIGN COUNTRY	13. DATE OF THIS MARRIAGE (Month, Day, Year)	
	14. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (Month, Day, Year)		15. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 13		16. PETITIONER
			Number _____ <input type="checkbox"/> None		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
ATTORNEY	17a. NAME OF PETITIONER'S ATTORNEY (Type/Print)		17b. ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		
	18a. NAME OF RESPONDENT'S ATTORNEY (Type/Print)		18b. ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		
DECREE	19. MARRIAGE OF THE ABOVE-NAMED PERSONS WAS DISSOLVED ON (Month, Day, Year)		20. TYPE OF DECREE DISSOLUTION OF MARRIAGE <input type="checkbox"/> ANNULMENT <input type="checkbox"/>		21. DATE DECREE BECOMES EFFECTIVE (Month, Day, Year)
	22. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO: Husband _____ Wife _____ Joint (Husband/Wife) _____ Other _____ <input type="checkbox"/> No children		23. COUNTY OF DECREE		24. TITLE OF COURT
	25. SIGNATURE OF COURT OFFICIAL		26. TITLE OF COURT OFFICIAL		27. DATE SIGNED (Month, Day, Year)

SAMPLE

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

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)	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+)
28a	29a	29b	30a	31a	
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.

45-5 (11/97)

ORIGINAL—VITAL RECORDS COPY