

**VITAL STATISTICS FORM**  
**State of Wyoming**  
**Department of Health**  
**ABSOLUTE DIVORCE OR ANNULMENT**

STATE FILE NUMBER

1. HUSBAND'S NAME <i>(First, Middle, Last)</i>			
2a. RESIDENCE-CITY, TOWN, OR LOCATION		2b. COUNTY	
2c. STATE		Birthplace (State or Foreign Country)	4. DATE OF BIRTH <i>(Month, Day, Year)</i>
5a. WIFE'S NAME <i>(First, Middle, Last)</i>		5b. MAIDEN SURNAME	
6a. RESIDENCE-CITY, TOWN, OR LOCATION		6b. COUNTY	
6c. STATE		7. BIRTHPLACE <i>(State or Foreign Country)</i>	8. DATE OF BIRTH <i>(Month, Day, Year)</i>
9a. PLACE OF THIS MARRIAGE-CITY TOWN, OR LOCATION	9b. COUNTY	9c. STATE OR FOREIGN COUNTRY	10. DATE OF THIS MARRIAGE <i>(Month, Day, Year)</i>
11. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD <i>(Month, Day, Year)</i>	12. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 11 Number _____ None <input type="checkbox"/>	13. PLAINTIFF/PETITIONER Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other <i>(Specify)</i>	
14a. NAME OF PLAINTIFF/PETITIONER'S ATTORNEY  -----DO NOT FILL OUT BELOW THIS LINE		14b. ADDRESS <i>(Street and Number or Rural Route Number, City or Town, State, Zip Code)</i>	
<b>15. I CERTIFY THAT THE MARRIAGE OF THE ABOVE NAMED PERSONS WAS DISSOLVED ON :</b> <i>(Month, Day, Year)</i>	<b>16. TYPE OF DECREE-Divorce or Annulment <i>(Specify)</i></b>	<b>17. DATE RECORDED <i>(Month, Day, Year)</i></b> -	
<b>18. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO:</b> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint (Husband/Wife) <input type="checkbox"/> Other <input type="checkbox"/> No Children <input type="checkbox"/>	<b>19. COUNTY OF DECREE</b>	<b>20. TITLE OF COURT</b>	
<b>21. SIGNATURE OF CERTIFYING OFFICIAL</b>	<b>22. TITLE OF CERTIFYING OFFICIAL</b>	<b>23. DATE SIGNED <i>(Month, Day, Year)</i></b>	