

RHODE ISLAND DEPARTMENT OF HEALTH REPORT OF DIVORCE

TYPE, OR PRINT IN
PERMANENT
BLACK INK
BRIEF
INSTRUCTIONS
ON REVERSE

DOCKET NUMBER

STATE FILE NUMBER

HUSBAND	HUSBAND FIRST NAME		MIDDLE		LAST	
	1a.		1b.		1c.	
	MAILING ADDRESS OF RESIDENCE STREET OR R.F.D. AND NUMBER, CITY, TOWN, STATE, ZIP CODE				CITY OR TOWN OF RESIDENCE AND STATE	
	2a.				2b.	
BIRTHPLACE (STATE OR FOREIGN COUNTRY)			DATE OF BIRTH (Month, Day, Year)		AGE (If D.O.B. unknown)	
3.			4a.		4b.	
WIFE	WIFE- FIRST NAME		MIDDLE		LAST	
	5a.		5b.		5c.	
	5d.		5e.		5f.	
	MAILING ADDRESS OF RESIDENCE- STREET OF R.F.D. AND NUMBER, CITY, TOWN, STATE, ZIP CODE				CITY OR TOWN OF RESIDENCE AND STATE	
6a.				6b.		
BIRTHPLACE (State or Foreign Country)			DATE OF BIRTH (Month, Day, Year)		AGE (IF D.O.B. unknown)	
7.			8a.		8b.	
PLACE OF THIS MARRIAGE- City, Town & State <u>or</u> Foreign Country		DATE OF THIS MARRIAGE (Month, Day, Year)		DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (Month, Day, Year)		
9.		10.		11.		
NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 11 (If none, enter a zero)		PETITIONER-HUSBAND, WIFE, BOTH, OTHER (SPECIFY)		NAME OF PETITIONERS ATTORNEY (TYPE/PRINT)		
12.		13.		14.		
ATTORNEY FOR PETITIONER- ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)				LEGAL GROUNDS FOR DECREE (Specify)		
15.				16.		
DECREE GRANTE TO HUSBAND, WIFE, OTHER (Specify)		COUNTY OF DECREE		DATE OF FINAL DECREE (Month, Day, Year)		
17.		18.		19.		
NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO:						
20. Husband Wife Joint (Husband/Wife) Other <input type="checkbox"/> No Children						
COURT OFFICIAL- SIGNATURE		TITLE OF COURT OFFICIAL		COURT- NAME		
21.		22.		23.		
INFORMATION FOR STATISTICAL PURPOSES ONLY						
HUSBAND	RACE- American Indian, Black, White, etc. (Specify below)	NUMBER OF THIS MARRIAGE First, Second, etc. (Specify below)	IF PREVIOUSLY MARRIED, <u>LAST</u> MARRIAGE ENDED		EDUCATION (Specify only highest grade Completed.)	
			By Death, Divorce, Dissolution, Or annulment. (Specify below)	Date (Month, Day, Year)	Elementary or Secondary (0-12)	College (1-4 or 5+)
24.	25.	25a.	26b.	27a.	27b.	
WIFE	RACE- American Indian, Black, White, etc. (Specify below)	NUMBER OF THIS MARRIAGE First, Second, etc. (Specify below)	IF PREVIOUSLY MARRIED, <u>LAST</u> MARRIAGE ENDED		EDUCATION (Specify only highest grade Completed.)	
			By Death, Divorce, Dissolution, Or annulment. (Specify below)	Date (Month, Day, Year)	Elementary or Secondary (0-12)	College (1-4 or 5+)
28.	29.	30a.	30b.	31a.	31b.	