

REPORT OF (check one)



TYPE IN UPPER CASE  
USE BLACK INK

DISSOLUTION OF MARRIAGE  
ANNULMENT OF MARRIAGE

**FLORIDA**

COUNTY 1		DATE OF FINAL JUDGMENT 2	
DOCKET 3		VOL. PAGE 4	
S P O U S E	5a. NAME OF SPOUSE First	Middle	5b..MAIDEN NAME (if applicable)
	RESIDENCE-STATE 6a	COUNTY 6b	CITY, TOWN, OR LOCATION 6c
	STREET AND NUMBER 6d		
S P O U S E	7a NAME OF SPOUSE First	Middle	7b .MAIDEN NAME (if applicable)
	RESIDENCE-STATE 8a	COUNTY 8b	CITY, TOWN, OR LOCATION 8c
	STREET AND NUMBER 8d		
PLACE OF THIS MARRIAGE - COUNTY 9a	STATE (If not in U.S.A., name country) 9b	DATE OF THIS MARRIAGE (Month, Day, Year) 9c	
LIVING CHILDREN - TOTAL NUMBER 10a	UNDER 18 YEARS OF AGE 10b	PETITIONER -- SPOUSE 11	
ATTORNEY FOR PETITIONER - NAME 12a	ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 12b		
CLERK OF CIRCUIT COURT 13	BY		
DH 513, 01/2015, Florida Administrative Code Rule 64V-1.0121 Obsoletes Previous Editions  <p style="text-align: center;"><b>State of Florida Department of Health Office of Vital Statistics</b></p>			