

**CERTIFICATE OF DIVORCE,  
DISSOLUTION OF MARRIAGE, OR ANNULMENT**

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
BUREAU OF VITAL STATISTICS  
5441 COMMERCIAL BOULEVARD JUNEAU, AK 99801

Type or print  
in black ink.

BUREAU FILE NO.

150-

DATE FILED WITH BUREAU:

**Use an original form only. Photocopies of this form will not be accepted.**

**Caution:** This form will not be accepted if it has any crossouts, whiteouts, or any other corrections. If you make a mistake, a new form must be completed.

**Court Information. To be filled out by the court after the decree is signed.**

1. COURT CASE NO.	2. DATE DECREE GRANTED (Month, Day, Year)	3. TYPE OF DECREE <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment
4. JUDICIAL DISTRICT: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	5. LOCATION OF COURT (City)	
6. Does the decree change or restore the wife's name? <input type="checkbox"/> No <input type="checkbox"/> Yes, to _____	7. Does the decree change or restore the husband's name? <input type="checkbox"/> No <input type="checkbox"/> Yes, to _____	
8. SIGNATURE OF COURT OFFICIAL	9. TITLE OF COURT OFFICIAL <input type="checkbox"/> Clerk Of Court <input type="checkbox"/> Deputy Clerk <input type="checkbox"/> _____	10. DATE SIGNED (Month, Day, Year)

**Parties' Information. The following information must be provided by the parties.**

HUSBAND	WIFE	
11. HUSBAND'S NAME (First, Middle & Last)	17. WIFE'S NAME (First, Middle & Last)	MAIDEN NAME
12. SOCIAL SECURITY NO. *	18. SOCIAL SECURITY NO. *	
13. DATE OF BIRTH (Month, Day, Year)	19. DATE OF BIRTH (Month, Day, Year)	
14. PLACE OF BIRTH: State (or country if not USA)	20. PLACE OF BIRTH: State (or country if not USA)	
15. RESIDENCE: City   State   Country (if not USA)	21. RESIDENCE: City   State   Country (if not USA)	
16. MAILING ADDRESS (Street & Number or PO Box, City, State, Zip Code)	22. MAILING ADDRESS (Street & Number or PO Box, City, State, Zip Code)	

**Marriage Information.**

23. PLACE OF THIS MARRIAGE   City (or location if outside city) & State (or Country if not USA)	24. DATE OF MARRIAGE (Month, Day, Year)
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THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.

**HUSBAND'S Marriage History Information**

**WIFE'S Marriage History Information**

25. NUMBER OF PRIOR MARRIAGES (before this one): _____ 26. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED on: _____ (Month, Day, Year) by: <input type="checkbox"/> Annulment <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Divorce	27. NUMBER OF PRIOR MARRIAGES (before this one): _____ 28. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED on: _____ (Month, Day, Year) by: <input type="checkbox"/> Annulment <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Divorce
29. NAME OF PERSON COMPLETING THIS FORM	30. MAILING ADDRESS OF PERSON COMPLETING FORM (Street & Number or PO Box, City, State, Zip Code)

\* Disclosure of your social security number is mandatory under 42 U.S. C. §666 (a) (13) and may be used for child support purposes.  
VS - 401 (4/03), 06-5239