

TYPE/ PRINT  
IN  
PERMANENT  
BLACK INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

GOVERNMENT OF GUAM  
U.S. STANDARD  
CERTIFICATE OF DIVORCE, DISSOLUTION  
OF MARRIAGE, OR ANNULMENT

FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES OFFICE OF VITAL STATISTICS

	1. HUSBAND'S NAME (First, Middle, Last)		
<b>HUSBAND</b>	2a. RESIDENCE - CITY, TOWN, OR LOCATION		2b. COUNTY
	2c. STATE	3. BIRTHPLACE (State or Foreign Country)	4. DATE OF BIRTH (Month, Day, Year)
	5a. WIFE'S NAME (First, Middle, Last)		5b. MAIDEN NAME
<b>WIFE</b>	6a. RESIDENCE - CITY, TOWN, OR LOCATION		6b. COUNTY
	6c. STATE	7. BIRTHPLACE (State or Foreign Country)	8. DATE OF BIRTH (Month, Day, Year)
<b>MARRIAGE</b>	9a. PLACE OF THIS MARRIAGE - CITY, TOWN, OR LOCATION	9b. COUNTY	9c. STATE OR FOREIGN COUNTRY
	11. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (Month, Day Year)		10. DATE OF THIS MARRIAGE (Month, Day, Year)
	12. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 11 Number: <input type="checkbox"/> None		13. PETITIONER <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other (Specify) :
<b>ATTORNEY</b>	14a. NAME OF PETITIONER'S ATTORNEY (Type/Print)		14b. ADDRESS (Street and Number or Rural Rout Number, City or Town, State, Zip code)
	15. I CERTIFY THAT THE MARRIAGE OF THE ABOVE NAMED PERSONS WAS DISSOLVED ON: (Month, Day, Year)		16. TYPE OF DECREE - Divorce, Dissolution, or annulment (Specify)
<b>DECREE</b>	17. DATE RECORDED (Month, Day, Year)		20. LEGAL GROUNDS
	18. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO: Husband _____ Wife _____ Joint (Husband/Wife) _____ Other _____ <input type="checkbox"/> No children		
	21. SIGNATURE OF CERTIFYING OFFICIAL >		22. TITLE OF CERTIFYING OFFICIAL
	23. DATE SIGNED (Month, Day, Year)		

CONFIDENTIAL INFORMATION. THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.

	24. NUMBER OF THIS MARRIAGE - First, Second, etc. (Specify below)	25. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		26. RACE - American Indian, Black, White, etc. (Specify below)	27. 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+)
<b>HUSBAND</b>	24a.	25a.	25b.	26a.	27a.	
<b>WIFE</b>	24b.	25c.	25d.	26b.	27b.	