

TYPE / PRINT
IN PERMANENT
BLACK INK.
FOR
INSTRUCTIONS
SEE
HANDBOOK.

State of Wyoming
Department of Health
ABSOLUTE DIVORCE OR ANNULMENT

COURT FILE NUMBER

STATE FILE NUMBER

	1. HUSBAND'S NAME <i>(First, Middle, Last)</i> Jose Sample									
HUSBAND	2a. RESIDENCE — CITY, TOWN OR LOCATION Rock Springs					2b. COUNTY Sweetwater				
	2c. STATE Wyoming			3. BIRTHPLACE <i>(State or Foreign Country)</i> Wyoming			4. DATE OF BIRTH <i>(Month, Day, Year)</i> January 1, 1991			
	5a. WIFE'S NAME <i>(First, Middle, Last)</i> Alexandra Sample					5b. MAIDEN SURNAME Palmer				
WIFE	6a. RESIDENCE — CITY, TOWN OR LOCATION Rock Springs					6b. COUNTY Sweetwater				
	6c. STATE Wyoming			7. BIRTHPLACE <i>(State or Foreign Country)</i> Wyoming			8. DATE OF BIRTH <i>(Month, Day, Year)</i> February 2, 1992			
MARRIAGE	9a. PLACE OF THIS MARRIAGE — CITY, TOWN OR LOCATION Las Vegas			9b. COUNTY Clark		9c. STATE OR FOREIGN COUNTRY Nevada		10. DATE OF THIS MARRIAGE <i>(Month, Day, Year)</i> February 14, 2010		
	11. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD <i>(Month, Day, Year)</i> December 31, 2012			12. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 11 Number _____ <input checked="" type="checkbox"/> None			13. PETITIONER <input type="checkbox"/> Husband <input checked="" type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other <i>(Specify)</i> _____			
ATTORNEY	14a. NAME OF PETITIONER'S ATTORNEY <i>(Type / Print)</i> Alexandra Sample					14b. ADDRESS <i>(Street and Number or Rural Route Number, City or Town, State, Zip Code)</i> 978 Sweet Sage Lane Rock Springs, WY 82901				
	15. I CERTIFY THAT THE MARRIAGE OF THE ABOVE NAMED PERSONS WAS DISSOLVED ON: <i>(Month, Day, Year)</i>			16. TYPE OF DECREE — Divorce or Annulment <i>(Specify)</i>			17. DATE RECORDED <i>(Month, Day, Year)</i>			
DECREE	18. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO: Husband _____ Wife _____ Joint (Husband/Wife) _____ Other _____ <input type="checkbox"/> No children					19. COUNTY OF DECREE		20. TITLE OF COURT		
	21. SIGNATURE OF CERTIFYING OFFICIAL ▶					22. TITLE OF CERTIFYING OFFICIAL			23. DATE SIGNED <i>(Month, Day, Year)</i>	