

**BUREAU OF VITAL STATISTICS FORM**

Case Number: \_\_\_\_\_ Paternity \_\_\_\_\_ Dissolution \_\_\_\_\_ Modification \_\_\_\_\_ Other \_\_\_\_\_

Place of Marriage: \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Number of living children born during this marriage: \_\_\_\_\_

Number of children under 18 years of age born during this marriage: \_\_\_\_\_

Petitioner: \_\_\_\_\_

Attorney for Petitioner: \_\_\_\_\_ (Pro Se) \_\_\_\_\_ (Attorney)

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**HUSBAND'S INFORMATION:**

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street Number/P. O. Box)

\_\_\_\_\_  
(City) (County) (State) (Zip)

Date of birth: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

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**WIFE'S INFORMATION:**

Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Address: \_\_\_\_\_  
(Street Number/P. O. Box)

\_\_\_\_\_  
(City) (County) (State) (Zip)

Date of birth: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_