LOCAL INDEX	NUME	BER		N	ew Yo	rk State									ATE FILE NUMBER			
		_		= =	ırtmer			1										
TYPE, OR		CER	TIFICA	TE OF	DISSO	LUT	ION C	OF MA	RRIA	GE	: ∟	_						
PRINT IN PERMANENT		1. HUSBAND NAME: FIRST				MIDDLE LAST									1A. SOCIAL SECURITY NUMBER			
BLACK INK	3AND	2. DATE OF BIRTH Month Day Year (COUNTRY IF NOT USA)			TH DT USA)	4A. RESIDENCE: STATE			4B. COUNT	Υ	4C. LOCALITY (CHE			(CHECK	CK ONE AND SPECIFY)			
4	HUSB,	4D. STREET	DE ZIP CODE)					YES NO IF NO, SPE				SIDENCE WITHIN CITY OR VILLAGE LIMITS? CIFY TOWN:						
		5A. ATTORNI	EY - NAME						5B. A	B. ADDRESS (INCLUDE ZIP CODE)								
		6A. WIFE - NAME FIRST				MIDDLE	AST		6B. MAIDEN				6C. SOCIAL SECURITY NUMBER					
9		7. DATE OF BIRTH Month Day Year (COUNTRY IF NOT USA)				9A. RESIDENCE: STATE 9B.				OUNTY 9C. LOCA CITY OI TOWN O VILLAG			ITY OF DWN OF	F				
		9D. STREET AND NUMBER OF RESIDENCE (INCLUI					E ZIP CODE)				9E. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLA YES NO IF NO, SPECIFY TOWN:					LLAGE LIMITS?		
		10A. ATTORNEY - NAME								10B. ADDRESS (INCLUDE ZIP CODE)								
11		11A. PLACE (11A. PLACE OF THIS MARRIAGE - CITY, TOWN OR VILLAGE 11B. COUNTY 11C. STATE (COUNTRY IF NOT USA)															
		OF THIS DAT				ROXIMATE Month Year 13A E COUPLE ARATED				UMBER OF CHILDREN EVER BORN LIVE OF THIS MARRIAGE (SPECIFY)					13B. NUMBER OF CHILDREN UNDER 18 IN THIS FAMILY (SPECIFY)			
15	EE	14A. I CERTIFY THAT A DECREE OF Month DISSOLUTION OF THE ABOVE MARRIAGE WAS RENDERED ON			Day	Day Year 14B. DATE Mo			D	Day `	Year			CREE - DIVORCE, DN (SPECIFY)	ANNULI	MENT, OTHER		
	ECR	14D. COUNTY OF DECREE 14E. TITLE OF COU									'							
23																		
							CON	NFIDEN	ITIAL IN	FOF	RMATIC	ON						
				16. NUMBER OF THIS		17. IF PREVIOUSLY MA				18	B. EDUCAT	ΓΙΟΝ: ΙΝ	DICATE	HIGHEST	GRADE COMPLET	ED ONL	Υ	
24	HUSBAND	AMERICAN INDIAN, OTHER (SPECIFY)		MARRIAGE - FIRST, SECOND, ETC. (SPECIFY		A. D	NUMBER NU		/ORCE OR NULMENT		ELEMENTARY 0 1 2 3 4 5 6 0 0 01 02 03 04 05 06							
									NE									
	WIFE	19. RACE: WHITE, BLACK AMERICAN INDIAN, OTHER (SPECIFY)		, 20. NUMBER OF THIS MARRIAGE - FIRST, SECOND, ETC. (SPECIFY		21. IF PREVIOUSLY HOW MANY END					22. EDUCATION: INDICATE H			HIGHEST	GRADE COMPLET	ED ONL	Y	
25							A. DEATH B. C				ELEMENTARY HIGH SCHOOL COLLEGE 0 1 2 3 4 5 6 7 8 1 2 3 4 1 2 3 4 5						COLLEGE 2 3 4 5+	
											00 01 0:	2 03 04	4 05 06 07 08		09 10 11 12	13	14 15 16 17	
QR		23. PLAINTIF	R (SPECIFY	24. DECREE GRANTED TO HUSBANI (SPECIFY)), WIF	E, OTHER	2	25. LE0	GAL GRO	OUNDS FOR DECRE	EE (SPEC	CIFY)			
QS		26. SIGNATU	RE OF PERS	ON PREPARIN	IG CERTIFIC	CATE											RNEY AT I AW	

NOTE: Social Security Numbers of the husband and wife are mandatory. They are required by New York State Public Health Law Section 4139 and 42 U.S.C. 666(a). They may be used for child support enforcement purposes.