

CERTIFICATE OF DIVORCE,  
DISSOLUTION OF MARRIAGE, OR ANNULMENT

ALASKA DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
P.O. BOX 110675 JUNEAU, AK 99811

BUREAU FILE NO.

150-

DATE FILED WITH BUREAU:

All information on this form is required. Do not leave any sections blank.  
Parties must complete fields 9-32. Court staff will complete fields 1-8.

**Caution:** If any information for either party is unknown, please enter "Unknown" for text fields, or all 9's for date or number fields (e.g. "99/99/9999", "999-99-9999"). This record will be rejected if any information is left blank.

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

1. COURT CASE NO:	6. SIGNATURE OF COURT OFFICIAL:
2. DATE DECREE GRANTED (mm/dd/yyyy):	
3. TYPE OF DECREE: <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment	7. NAME AND TITLE OF COURT OFFICIAL:
4. JUDICIAL DISTRICT: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	
5. LOCATION OF COURT (City):	8. DATE SIGNED (mm/dd/yyyy):

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

<b>PARTY A</b>	<b>Check One:</b>	Wife	Husband	Spouse	<b>PARTY B</b>	<b>Check One:</b>	Wife	Husband	Spouse
9. FIRST, MIDDLE, LAST NAME					17. FIRST, MIDDLE, LAST NAME				
10. LAST NAME ON BIRTH CERTIFICATE					18. LAST NAME ON BIRTH CERTIFICATE				
11. Does the decree change or restore Party A's name? No      Yes, to					19. Does the decree change or restore Party B's name? No      Yes, to				
12. SOCIAL SECURITY NO. *					20. SOCIAL SECURITY NO. *				
13. DATE OF BIRTH (mm/dd/yyyy)					21. DATE OF BIRTH (mm/dd/yyyy)				
14. PLACE OF BIRTH: State (or country if not USA)					22. PLACE OF BIRTH: State (or country if not USA)				
15. RESIDENCE: City, State (or country if not USA)					23. RESIDENCE: City, State (or country if not USA)				
16. MAILING ADDRESS (Street & Number or PO Box, City, State, Zip Code)					24. MAILING ADDRESS (Street & Number or PO Box, City, State, Zip Code)				

**Marriage Information**

25. PLACE OF THIS MARRIAGE City (or location if outside city) & State (or Country if not USA)	26. DATE OF MARRIAGE (mm/dd/yyyy)
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**THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.**

<b>PARTY A: Marriage History Information</b>	<b>PARTY B: Marriage History Information</b>
27. NUMBER OF PRIOR MARRIAGES (before this one):	29. NUMBER OF PRIOR MARRIAGES (before this one):
28. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED on: (mm/dd/yyyy)	30. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED on: (mm/dd/yyyy)
by: Annulment    Death    Dissolution    Divorce	by: Annulment    Death    Dissolution    Divorce
31. NAME OF PERSON COMPLETING THIS FORM	32. 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 (11/2024), 06-5239