

STATE OF KANSAS  
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
Office of Vital Statistics  
**CERTIFICATE OF DIVORCE OR ANNULMENT**

CASE NUMBER

State File Number

1. HUSBAND'S NAME (First, Middle, Last)		2. DATE OF BIRTH (Month, Day, Year)	
3. RESIDENCE-STATE		4. COUNTY	
5. WIFE'S NAME (First, Middle, Last)		6. WIFE'S LAST NAME PRIOR TO FIRST MARRIAGE	
7. DATE OF BIRTH (Month, Day, Year)	8. RESIDENCE-STATE	9. COUNTY	
10. PLACE OF THIS MARRIAGE - STATE OR FOREIGN COUNTRY	11. COUNTY	12. DATE OF THIS MARRIAGE (Month, Day, Year)	13. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF DATE IN ITEM 17
14. PETITIONER <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other (Specify) _____		15. NAME OF PETITIONER'S ATTORNEY (Type)	
16. ATTORNEY'S ADDRESS (Street and Number or Rural Route, City or Town, State, Zip Code)			
17. DATE DECREE FILED (Month, Day, Year)	18. TYPE OF DECREE-(Specify) <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	19. COUNTY OF DECREE	20. DATE FILED BY STATE REGISTRAR (Month, Day, Year)

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

K.S.A. 65-2422B, REQUIRES THE DIVORCE REPORT TO INCLUDE THE SOCIAL SECURITY NUMBER OF BOTH PARTIES TO MAKE SUCH INFORMATION AVAILABLE TO THE SECRETARY OF SOCIAL AND REHABILITATION SERVICES FOR THE PURPOSE OF ESTABLISHING, MODIFYING, OR ENFORCING A SUPPORT OBLIGATION.

21. HUSBAND'S SOCIAL SECURITY NUMBER		22. WIFE'S SOCIAL SECURITY NUMBER	
23. NUMBER OF THIS MARRIAGE First, Second, etc. (Specify below)	24. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		
	By Death, Divorce, or Annulment (Specify below)		Date (Month, Day, Year)
23a. HUSBAND	24a. HUSBAND	24b. HUSBAND	
23b. WIFE	24c. WIFE	24d. WIFE	
25. HISPANIC ORIGIN (Check the box or boxes that best describes whether you are Spanish, Hispanic, or Latino. Check the "no" box if you are not Spanish, Hispanic, or Latino.)		26. RACE (Check one or more boxes to indicate what race(s) you consider yourself to be.)	
25a. HUSBAND	25b. WIFE	26a. HUSBAND	26b. WIFE
<input type="checkbox"/> No, not Spanish/Hispanic/Latino	<input type="checkbox"/> No, not Spanish/Hispanic/Latino	<input type="checkbox"/> White	<input type="checkbox"/> White
<input type="checkbox"/> Yes, Mexican/Mexican American/Chicano	<input type="checkbox"/> Yes, Mexican/Mexican American/Chicana	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Yes, Puerto Rican	<input type="checkbox"/> Yes, Puerto Rican	<input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribes) _____	<input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribes) _____
<input type="checkbox"/> Yes, Cuban	<input type="checkbox"/> Yes, Cuban	<input type="checkbox"/> Other Asian (Specify) _____	<input type="checkbox"/> Other Asian (Specify) _____
<input type="checkbox"/> Yes, Central American	<input type="checkbox"/> Yes, Central American	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Yes, South American	<input type="checkbox"/> Yes, South American	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____	<input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (Specify) _____	<input type="checkbox"/> Samoan	<input type="checkbox"/> Samoan
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other Pacific Islander (Specify) _____	<input type="checkbox"/> Other Pacific Islander (Specify) _____
		<input type="checkbox"/> Japanese	<input type="checkbox"/> Japanese
		<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Other (Specify) _____
		<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
27. EDUCATION (Check the box that best describes the highest degree or level of school completed.)			
27a. HUSBAND'S EDUCATION	<input type="checkbox"/> 8 <sup>th</sup> grade or less	<input type="checkbox"/> 9 <sup>th</sup> - 12 <sup>th</sup> grade; no diploma	<input type="checkbox"/> High school graduate or GED
<input type="checkbox"/> Unknown	<input type="checkbox"/> Some College credit, but no degree	<input type="checkbox"/> Associate degree (e.g., AA, AS)	<input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)
	<input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MSW, MBA)	<input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)	
27b. WIFE'S EDUCATION	<input type="checkbox"/> 8 <sup>th</sup> grade or less	<input type="checkbox"/> 9 <sup>th</sup> - 12 <sup>th</sup> grade; no diploma	<input type="checkbox"/> High school graduate or GED
<input type="checkbox"/> Unknown	<input type="checkbox"/> Some College credit, but no degree	<input type="checkbox"/> Associate degree (e.g., AA, AS)	<input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)
	<input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MSW, MBA)	<input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)	