

Dissolution of Marriage Information

Petitioner: _____

Petitioner's Attorney: _____

Petitioner's Attorney's Address: _____

Spouse 1 Name: _____

Spouse 1 Address: _____

Spouse 1 Phone #: _____

Spouse 1 Date of Birth: _____

Spouse 1 SSN: _____

Spouse 2 Name: _____

Spouse 2 Address: _____

Spouse 2 Phone #: _____

Spouse 2 Date of Birth: _____

Spouse 2 SSN: _____

County of Marriage: _____

State of Marriage: _____

Date of Marriage: _____

Living Children- Total Number: _____

Children- Under 18 years of age: _____