

STATE OF MISSISSIPPI

STATISTICAL RECORD OF DIVORCE

Type or Print with Black Ink

Court File Number _____

State File
Number _____

| | | | | |
|---------------------------|--|---|--------------|--|
| Husband or Partner | 1. Name (first, Middle, Last) | Last Name prior to 1 st marriage | 2. Gender | 3. Residence-State |
| | 4. Race (check one or more races to indicate what the applicant considers himself/herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or <input type="checkbox"/> Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____, <input type="checkbox"/> Other Pacific Islander (Specify) _____, <input type="checkbox"/> Other Asian (Specify) _____, <input type="checkbox"/> Other (Specify) _____ | | | |
| Wife or Partner | 5. Name (first, Middle, Last) | Last Name prior to 1 st marriage | 6. Gender | 7. Residence-State |
| | 8. Race (check one or more races to indicate what the applicant considers himself/herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or <input type="checkbox"/> Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____, <input type="checkbox"/> Other Pacific Islander (Specify) _____, <input type="checkbox"/> Other Asian (Specify) _____, <input type="checkbox"/> Other (Specify) _____ | | | |
| Marriage and Decree | 9. Place of Marriage (State or Foreign Country) | 10. Date of Marriage | | 11. Date couple last resided in same household (mo/day/year) |
| | 12. Number of children under 18 in household as of the date in Item 9 | | | 13. Legal Grounds for Decree (Briefly Stated) |
| | 14. Suit Contested? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Petitioner: <input type="checkbox"/> Husband/Partner <input type="checkbox"/> Joint | | 15. Petitioner: <input type="checkbox"/> Wife/Partner <input type="checkbox"/> Other (Specify) |

| | | | | |
|-----------|--|--|--|-----------------------------------|
| Certifier | 16. I certify that the marriage of the above named persons was dissolved on: (Month/date/year) | 17. Type of Decree <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment | | 18. County in which Decree Issued |
| | 19. Number of children under 18 whose physical custody was awarded to: Husband/Partner _____ Wife/Partner _____ Joint _____ Other _____ No Children _____ | 20. Recorded in: Book _____ Page _____ | | (SEAL) |
| | 21. Signature of Chancery Clerk or Deputy | Date signed (Month/day/year) | | |