LOCAL INDEX NUMBER New York State									STATE FILE NUMBER								
TYPE, OR		– CER	TIFICA	Depa	rtment DISSOL	of Hea	alth	= MA	RRIA	GE							
PRINT IN PERMANENT	9	1A. NAME:	F	FIRST	MI	MIDDLE LAST			ST		1B. BIRTH NAME, IF DIFFERE			NT 1C. SOCIAL SECURITY NUMBER			
BLACK INK	Wife/Husband/Spouse	2A. DATE OF BIRTH Month Day Year (COUNTRY IF NOT USA)				3. SEX (Optional)	4A.	4A. RESIDENCE: STATE			4B. COUNTY			4C. LOCALITY (CHECK ONE AND SPECIFY) \(\text{a ty of} \) \(\text{town of} \) \(\text{ullage of} \)			Y)
4	e/Husba	4D. STREET AND NUMBER OF RESIDENCE (INCLUDE ZIP CODE)									4E. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES NO IF NO, SPECIFY TOWN:						
	ŀΜ	5a. ATTORNEY - NAME									5B. ADDRESS (INCLUDE ZIP CODE)						
9	ě	6A. NAME: FIRST MIDDLE LAST								6B. BIRTH NAME, IF DIFFERENT 6C. SOCIAL SECURITY NUMBER							
	Wife/Husband/Spouse	7A. DATE OF BIRTH Month Day Year (COUNTRY IF NOT USA)				8. SEX (Optional)	9A.	9A. RESIDENCE: STATE			9B. COUNTY			GC. LOCALITY (CHECK ONE AND SPECIFY) GTY OF TOWN OF MILAGE OF			
	e/Husba	9D. STREET AND NUMBER OF RESIDENCE (INCLUDE ZIP CODE)										NO	VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? IF NO, SPECIFY TOWN:				
	Wif	10A. ATTORNEY - NAME								10B.7	0B. ADDRESS (INCLUDE ZIP CODE)						
11		11A. PLACE					TATE (COUNT		,								
		12A. DATE OF THIS MARRIAGE		ay Year	12B. APPRO DATE C SEPARA	OUPLE -	Month _	Year	ALIV		OF CHILDRE THIS MARRI	AGE (SPE	CIFY)	IN THIS F	FAMILY (SF	,	
15	ECREE	DISSOLUTION OF THE ABOVE MARRIAGE WAS RENDERED ON				ay Ye		4B. DATE OF ENTRY:			ay Year			DECREE - DIN TION (SPECIF		NULMENT, OTH	IER
		14D. COUNTY OF DECREE 14E.							OFCOURT	Т							
23	◚	14F. SIGNATI	URE OF COUI	NTY CLERK													
							CONF	FIDENT	ΓIAL INF	FOF	RMATION						
	<u> </u>	15. RACE: \	WHITE.	16. NUMBER	OF THIS	17. IF PRE	FD	18	18. EDUCATION: INDICATE HIGHEST GRADE COMPLETED ONLY								
24	Wife/Husband/	BLACK, AMERICAN INDIAN, OTHER (SPECIFY)		MARRIAGE - FIRST, SECOND, ETC. (SPECIFY)		A. DEATH	IANY EN	Y ENDED BY B. DIVORCE OR ANNULMENT NUMBER NONE		_ [0 1 2 3 4 0 0 01 02 03 02		Y 6 7 8	8 HIGH SCHOOL COI 8 1 2 3 4 1 2 08 09 10 11 12 13 14		COLLEGE 1 2 3 4 5+	
	Wife/					NUMBER NONE											6 17
25	and/	19. RACE: WHITE, BLACK, AMERICAN INDIAN, OTHER (SPECIFY)		20. NUMBER OF THIS MARRIAGE - FIRST, SECOND, ETC. (SPECIFY)			IANY EN	SLY MARRIED 'ENDED BY B. DIVORCE OR		22 	22. EDUCATION: INC						=
	Wife/Husband/					NUMBER		ANN NUMBE	ULMENT	[0 1 2 3 4 0 0 01 02 03 02		ППГ	HIGH SCHOOL COLLEGE 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 3 14 15 16			
0.0		PLAINTIFF:				NONE 24. DECRE		NONE NTED TO:				25.	LEGAL GF	ROUNDS FOR	DECREE (SPECIFY)	
QR																	
QS		26. SIGNATUI	RE OF PERSO	ON PREPARIN	G CERTIFICAT	E										ATTORNEY AT L	

NOTE: Social Security Numbers of the parties to the marriage 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.