

**STATE OF WYOMING**  
**Vital Statistics Services**  
**ABSOLUTE DIVORCE OR ANNULMENT**

Clerk of Court Record Number: \_\_\_\_\_

State File Number: \_\_\_\_\_

Applicant	1a. Petitioner/Plaintiff Name ( <i>First, Middle, Last, Suffix</i> )		1b. Maiden/Surname ( <i>If Applicable</i> )		1c. Sex ( <i>M/F</i> )	
	2a. Residence ( <i>City, Town or Location</i> )	2b. Zip Code	2c. County	2d. State		
	3. Birthplace ( <i>State or Foreign Country</i> )		4. Date of Birth ( <i>Month, Day, Year</i> )			
Spouse	5a. Respondent/Defendant Name ( <i>First, Middle, Last, Suffix</i> )		5b. Maiden/Surname ( <i>If Applicable</i> )		5c. Sex ( <i>M/F</i> )	
	6a. Residence ( <i>City, Town or Location</i> )	6b. Zip Code	6c. County	6d. State		
	7. Birthplace ( <i>State or Foreign Country</i> )		8. Date of Birth ( <i>Month, Day, Year</i> )			
Marriage	9a. Place of this Marriage ( <i>City, Town or Location</i> )	9b. County	9c. State or Foreign Country	10. Date of marriage ( <i>Month, Day, Year</i> )		
	11. Date Couple Last Resided in the same household ( <i>Month, Day, Year</i> )	12. Number of Children under 18 in this household as a result of this marriage ( <i>Only Children of this Marriage</i> ) Number _____ None <input type="checkbox"/> Other (Specify) _____			13. VSS Use <b>Do Not Fill</b>	
	14a. Name of Petitioner/Plaintiff's Attorney Pro Se <input type="checkbox"/>		14b. Address ( <i>Street and Number or Rural Route Number, City or Town, State, Zip Code</i> )			
<b>Court Use Only ----- DO NOT FILL BELOW THIS LINE ----- Court Use Only</b>						
Decree	15. I certify that the marriage of the above named persons was dissolved on ( <i>Month, Day, Year</i> )		16. Type of Decree ( <i>Divorce or Annulment</i> )		17. Date Recorded ( <i>Month, Day, Year</i> )	
	18. Number of children under 18 whose physical custody was awarded to: Petitioner <input type="checkbox"/> _____ Joint <input type="checkbox"/> Respondent <input type="checkbox"/> _____ No Children <input type="checkbox"/> Other _____		19. County of Decree		20. Title of Court	
	21. Signature of Certifying Official		22. Title of Certifying Officer		23. Date Signed ( <i>Month, Day, Year</i> )	