

**Ohio Department of Health**  
**Vital Statistics**  
**Certified Abstract**

☐ DIVORCE      ☐ ANNULMENT OF MARRIAGE      ☐ DISSOLUTION OF MARRIAGE

<b>Granted by Common Pleas Court of :</b>	<b>County</b>
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**APPLICANT 1**

Full name	
Date of birth	Number of this marriage
Address	
City	State

**APPLICANT 2**

Full name	
Date of birth	Number of this marriage
Address	
City	State

Date of marriage	Place of marriage	
Date of filing petition		
<input type="checkbox"/> by Applicant 1 <input type="checkbox"/> by Applicant 2		
Grounds for divorce		
Number of children under 18	Date of final decree	
<input type="checkbox"/> to Applicant 1 <input type="checkbox"/> to Applicant 2		
On petition	Cross petition	

The foregoing statements have been taken from the original petition and journal entry on file in my office and are certified as accurate.

Clerk of Courts
By Deputy