

**State of South Carolina
Department of Health and Environmental Control**

REPORT OF DIVORCE OR ANNULMENT OF MARRIAGE

State File No. _____

1. HUSBAND-NAME (First, Middle, Last, Suffix)	2. DATE OF BIRTH	3. PLACE OF BIRTH (State/Country)
4. RESIDENCE (County, State/Country)	5. NUMBER OF THIS MARRIAGE - First, Second, etc. (Specify)	
6. WIFE-MAIDEN NAME (First, Middle, Last, Suffix)	7. DATE OF BIRTH	8. PLACE OF BIRTH (State/Country)
9. RESIDENCE (County, State/Country)	10. NUMBER OF THIS MARRIAGE- First, Second, etc. (Specify)	
11. PLACE OF THIS MARRIAGE (County, State/Country)	12. DATE OF MARRIAGE (MM/DD/YYYY)	
13. PLAINTIFF <input type="checkbox"/> Husband <input type="checkbox"/> Wife	15. NUMBER OF CHILDREN UNDER 18 INVOLVED IN THIS ACTION _____ <input type="checkbox"/> No Children	
14. MAIDEN NAME RESUMED BY DECREE <input type="checkbox"/> Yes <input type="checkbox"/> No		
16. DATE DECREE FILED (MM/DD/YYYY)	17. TYPE OF DECREE <input type="checkbox"/> Absolute Divorce <input type="checkbox"/> Annulment	
18. COUNTY	19. DOCKET NUMBER	
20. I CERTIFY THE MARRIAGE OF THE ABOVE NAMED PERSONS WAS DISSOLVED ON THE DATE DECREE FILED.		
SIGNATURE OF CLERK OF COURT: _____		DATE SIGNED: _____ (MM/DD/YYYY)

Confidential and statistical information (The information below will not appear on certified copies of the report)

21. HUSBAND - SOCIAL SECURITY NUMBER	22. HUSBAND - RACE
23. WIFE - SOCIAL SECURITY NUMBER	24. WIFE - RACE
25. ATTORNEY FOR PLAINTIFF	26. ATTORNEY BAR NUMBER
27. LEGAL GROUNDS	