

TYPE IN PERMANANT DARK INK. DO NOT USE GREEN, RED, OR PURPLE INK.

# ALABAMA CERTIFICATE OF DIVORCE

State File Number: 101

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ALL ITEMS MUST BE COMPLETE AND ACCURATE

<b>Petitioner's Representative must file this form with the Circuit Court at the time the petition is filed.</b>				1. COUNTY OF DECREE <b>TUSCALOOSA</b>	
2. HUSBAND'S NAME First Middle Last (Print last name all capitals) <b>Robert X MOORE</b>			3. DATE OF BIRTH (Month, Day, Year) <b>4/23/1975</b>		
4. RACE - (Specify American Indian, Black, White, Etc.) <b>Caucasian</b>		5. EDUCATION - (Specify ONLY highest grade completed) Elementary or High School (0-12) <b>12</b> College (1-4 or 5+) <b>1</b>		6. SOCIAL SECURITY NUMBER <b>333-44-5555</b>	
7. USUAL RESIDENCE - STATE <b>(AL) Alabama</b>		8. County <b>St. Clair</b>		9. CITY - TOWN OR LOCATION <b>Steele</b>	
10. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		11. ADDRESS - Street and Number or RFD Number <b>344 W Apple St</b>		Zip Code <b>35987</b>	
12. NUMBER OF THIS MARRIAGE (First, Second, Etc) <b>Second</b>		13. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED BY - (Specify Death, Divorce, Dissolution, Annulment) <b>Annulment</b>			
14. WIFE'S NAME First Middle Last (Print last name all capitals) <b>Suzanne W MOORE</b>			15. WIFE'S MAIDEN LAST NAME <b>Walton</b>		
16. DATE OF BIRTH (Month, Day, Year) <b>4/23/1968</b>		17. RACE (Specify American Indian, Black, White, Etc.) <b>Hispanic</b>		18. EDUCATION (Specify ONLY highest grade completed) Elementary or High School (0-12) <b>12</b> College (1-4 or 5+) <b>9</b>	
19. SOCIAL SECURITY NUMBER <b>222-29-9995</b>		20. USUAL RESIDENCE - STATE <b>(AL) Alabama</b>		21. County <b>Cullman</b>	
22. CITY - TOWN OR LOCATION <b>Joppa</b>		23. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		24. ADDRESS - Street and Number or RFD Number <b>2 Blackberry Hideout Rd</b>	
25. NUMBER OF THIS MARRIAGE (First, Second, Etc) <b>Third</b>		26. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED BY - (Specify Death, Divorce, Dissolution, Annulment) <b>Death</b>			
27. Give the total number of children for whom custody was determined and indicate the number awarded to each party. Enter a "0" for the total if the custody of no children under 18 was subject to this action.  <b>2</b> Husband <b>0</b> Joint-Husband/Wife <b>2</b> Wife <b>4</b> Other <b>4</b> Total Children/Custody was Determined				28. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 29 (Enter "0" if no children) <b>4</b>	
				29. DATE COUPLE SEPARATED (Month, Day, Year) <b>1/23/2008</b>	
30. PLACE OF THIS MARRIAGE - (City, County, State) <b>Pell City, St. Clair, AL</b>		31. DATE OF THIS MARRIAGE (Month, Day, Year) <b>4/21/2002</b>		32. PETITIONER <input type="checkbox"/> Husband <input checked="" type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other, Specify	
33. PETITIONER'S ATTORNEY OR REPRESENTATIVE -- (Type) <b>Melville W. Fuller II</b>		34. ADDRESS - Street and Number or RFD Number - City - State - Zip <b>157 Pollock Ave, Farmers Loan &amp; Trust Bldg, Joppa, AL 35087</b>			
35. TYPE OF DECREE - (Specify Divorce, Annulment, etc.) <b>Divorce</b>		36. DATE OF FINAL DECREE (Month, Day, Year) <b>1/23/2008</b>		37. DECREE AWARDED TO <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	
38. TITLE OF COURT <b>CIRCUIT</b>		39. LEGAL GROUNDS FOR DECREE <b>Incompatibility</b>			
40. SIGNATURE OF OFFICIAL			41. TITLE OF OFFICIAL		42. TRIAL DOCKET NUMBER <b>DR-08-945</b>

CIRCUIT CLERK MUST MAIL THIS REPORT BY THE FIFTH (5TH) OF EACH MONTH TO: CENTER FOR HEALTH STATISTICS, P.O. BOX 5618, MONTGOMERY, AL 36103-5618  
ADPH-HS-16/Rev 6-98