

BUREAU OF VITAL STATISTICS INFORMATION FORM

_____ VS _____

Case Number: _____ Dissolution _____ Annulment _____

Place of Marriage: _____,
County State

Date of Marriage: _____ Number of living children from the marriage: _____

Number of children under 18 years of age from this marriage: _____

Petitioner: _____

Attorney for Petitioner Florida Bar Number: _____

HUSBAND'S INFORMATION:

Name: _____
First Middle Last

Address: _____
Street and Number

City County State

Social Security Number: _____

WIFE'S INFORMATION:

Name: _____
First Middle Last Maiden

Address: _____
Street and Number

City County State

Social Security Number: _____