

STATE OF WYOMING
Vital Statistics Services
ABSOLUTE DIVORCE OR ANNULMENT

Clerk of Court Record Number: _____

State File Number: _____

Applicant	1a. Petitioner/Plaintiff Name (First, Middle, Last, Suffix)		1b. Maiden/Surname (If Applicable)		1c. Sex (M/F)
	JOHN EDWARD DOE		N/A		M
	2a. Residence (City, Town or Location)	2b. Zip Code	2c. County	2d. State	
	ROCK SPRINGS	82901	SWEETWATER	WYOMING	
3. Birthplace (State or Foreign Country)			4. Date of Birth (Month, Day, Year)		
UTAH			JULY 4, 1976		
Spouse	5a. Respondent/Defendant Name (First, Middle, Last, Suffix)		5b. Maiden/Surname (If Applicable)		5c. Sex (M/F)
	JAYNE EYRE SMITH		SMITH		F
	6a. Residence (City, Town or Location)	6b. Zip Code	6c. County	6d. State	
	FARSON	82932	SWEETWATER	WYOMING	
7. Birthplace (State or Foreign Country)			8. Date of Birth (Month, Day, Year)		
WYOMING			MAY 23, 1977		
Marriage	9a. Place of this Marriage (City, Town or Location)	9b. County	9c. State or Foreign Country	10. Date of marriage (Month, Day, Year)	
	EDEN	SWEETWATER	WYOMING	JAN 2, 2016	
	11. Date Couple Last Resided in the same household (Month, Day, Year)		12. Number of Children under 18 in this household as a result of this marriage (Only Children of this Marriage)		13. VSS Use
FEB-14, 2016		Number _____ None <input checked="" type="checkbox"/> Other (Specify) _____		Do Not Fill	
Attorney	14a. Name of Petitioner/Plaintiff's Attorney Pro Se <input checked="" type="checkbox"/>		14b. Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)		
Court Use Only ----- DO NOT FILL BELOW THIS LINE ----- Court Use Only					
Decree	15. I certify that the marriage of the above named persons was dissolved on (Month, Day, Year)		16. Type of Decree (Divorce or Annulment)		17. Date Recorded (Month, Day, Year)
	18. Number of children under 18 whose physical custody was awarded to:		19. County of Decree		20. Title of Court
	Petitioner <input type="checkbox"/> _____ Joint <input type="checkbox"/> Respondent <input type="checkbox"/> _____ No Children <input type="checkbox"/> Other _____				
21. Signature of Certifying Official		22. Title of Certifying Officer		23. Date Signed (Month, Day, Year)	