

Type or print
Use permanent
black ink.
No whiteout or
erasures.

DPH 5080 (Rev. 07/06)
Chapters 69 and 765, Wis. Stats.
Do not complete this form before
reading the instructions for
Original Certificate of Divorce or
Annulment (DPH 5182)

STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND FAMILY SERVICES

STATE FILE DATE

ORIGINAL CERTIFICATE OF DIVORCE OR ANNULMENT

STATE FILE NUMBER

HUSBAND	1 HUSBAND - NAME First: John, Full Middle: Peter, Current Last: Smith			1a. BIRTH LAST NAME (As on Birth Certificate) Smith	
	2a. RESIDENCE - State Wisconsin		2b. RESIDENCE - County Milwaukee		
WIFE	4 WIFE - NAME First: Jane, Full Middle: Ann, Current Last: Smith			5 BIRTH LAST NAME (As on Birth Certificate) Jones	
	6a. RESIDENCE - State Wisconsin		6b. RESIDENCE - County Milwaukee		
8a. PLACE OF THIS MARRIAGE - State (If not in USA, name country) Wisconsin		8b. DATE OF THIS MARRIAGE (Month/Day/Year) 2-14-90	9. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (Month/Day/Year) 7-12-08	10a. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF DATE IN ITEM 9 3 <input type="checkbox"/> NONE	
10b. NUMBER OF CHILDREN UNDER 18 WHOSE LEGAL CUSTODY WAS AWARDED TO Husband _____ Joint (Husband and Wife) <u>3</u> Wife _____ Other _____ <input type="checkbox"/> NO CHILDREN			11a. ATTORNEY FOR PETITIONER - NAME (Type or print.)		
11b. ADDRESS Number and Street _____ City _____ State _____ Zip Code _____					
DECREE	12 DATE OF DECREE (Month/Day/Year)		13. TYPE OF DECREE <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment	14. COUNTY OF DECREE Milwaukee	15. COURT CASE NUMBER 08 FA 001234
	I certify that this document reflects the facts concerning the dissolution of the marriage of the above named parties.		16. SIGNATURE - Certifying Clerk of Court or Deputy		17 DATE SIGNED (Month/Day/Year)
18 WIFE'S NEW NAME (If applicable) Jane Ann Jones			19. HUSBAND'S NEW NAME (If applicable)		

Complete items for both husband and wife.

CONFIDENTIAL INFORMATION FOR STATISTICAL USE ONLY

Chapter 69.20(2) and 69.15(3)

	SOCIAL SECURITY NUMBER	NUMBER OF THIS MARRIAGE (1, 2, etc.) Specify below	IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED BY: 1 Death 2 Divorce 3 Annulment	DATE LAST MARRIAGE ENDED (Month/Day/Year)	RACE (White, Black, American Indian, etc.) Specify below	EDUCATION (Specify only highest grade completed)	
						Elem /Second	College (1-4 or 5+)
HUSBAND	26a 123-45-6789	20a	21a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	22a.	23a	24a.	
WIFE	26b 987-65-4321	20b	21b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	22b.	23b.	24b.	

25a IF THIS DECREE FINDS THAT ONE OR MORE LIVING CHILDREN CONCEIVED OR BORN DURING THIS MARRIAGE ARE NOT THE ISSUE OF THIS MARRIAGE, LIST THESE CHILDREN BELOW

25b FULL NAME OF CHILD AS IT APPEARS ON BIRTH CERTIFICATE. (These children are not the issue of this marriage.)	25c. DATE OF BIRTH (Month/Day/Year)	25d. STATE OF BIRTH (If not in USA, name of country)	25e. COUNTY OF BIRTH	25f. SOCIAL SECURITY NUMBER
COMPLETION OF ITEMS IN BLOCKED AREA TEMPORARILY SUSPENDED.				
SOCIAL SECURITY NUMBERS REQUIRED PER 42 USC 666(a)(5) and Wis. Stat. s. 68.17.				
1				
2				
3				
4				