

Alabama Divorce Forms

HS-16 Certificate of Divorce



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ALABAMA

CERTIFICATE OF DIVORCE

TYPE IN PERMANENT
DARK INK

State File Number **101**

Petitioner's Representative must file this form with the Circuit Court at the time the petition is filed.							1. COUNTY OF DECREE
SPOUSE 1	2. SPOUSE 1 NAME		First	Middle	Last (Print last name all capitals)	Suffix (Sr, Jr, etc.)	3. LAST NAME PRIOR TO FIRST MARRIAGE
4. DATE OF BIRTH (Month, Day, Year)			5. SEX (Male or Female)		6. RACE (Specify American Indian, Black, White, etc.)		
7. USUAL RESIDENCE - STATE			8. COUNTY			9. CITY - TOWN OR LOCATION	
10. ADDRESS - Street and Number or RFD Number					Zip Code	11. NUMBER OF THIS MARRIAGE (First, Second, etc.)	
SPOUSE 2	12. SPOUSE 2 NAME		First	Middle	Last (Print last name all capitals)	Suffix (Sr, Jr, etc.)	13. LAST NAME PRIOR TO FIRST MARRIAGE
14. DATE OF BIRTH (Month, Day, Year)			15. SEX (Male or Female)		16. RACE (Specify American Indian, Black, White, etc.)		
17. USUAL RESIDENCE - STATE			18. COUNTY		19. CITY - TOWN OR LOCATION		
20. ADDRESS - Street and Number or RFD Number					Zip Code	21. NUMBER OF THIS MARRIAGE (First, Second, etc.)	
MARRIAGE	22. 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 <u>no children under 18</u> was subject to this action.					23. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 24 (Enter "0" if no children)	
	___ Spouse 1	___ Joint	___ Spouse 2	___ Other	___ Total Children/Custody was Determined	24. DATE COUPLE SEPARATED (Month, Day, Year)	
25. PLACE OF THIS MARRIAGE (City, County, State)			26. DATE OF THIS MARRIAGE (Month, Day, Year)		27. PETITIONER <input type="checkbox"/> Spouse 1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Both <input type="checkbox"/> Other, Specify _____		
28. PETITIONER'S ATTORNEY OR REPRESENTATIVE (Type)			29. ADDRESS (Street and Number or RFD Number, City, State, Zip Code)				
DECREE	30. TYPE OF DECREE (Specify Divorce, Annulment, etc.)		31. DATE OF FINAL DECREE (Month, Day, Year)		32. DECREE AWARDED TO <input type="checkbox"/> Spouse 1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Both	33. TITLE OF COURT CIRCUIT	34. LEGAL GROUNDS FOR DECREE
OFFICIAL	35. SIGNATURE OF OFFICIAL			36. TITLE OF OFFICIAL		37. TRIAL DOCKET NUMBER	

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. 04-06-20

INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES

38. SPOUSE 1 SOCIAL SECURITY NUMBER _ _ _ - _ _ - _ _ _ _ _	39. EDUCATION (Specify ONLY highest grade completed) Elementary or High School (0 - 12) College (1 - 4 or 5+)
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40. SPOUSE 2 SOCIAL SECURITY NUMBER _ _ _ - _ _ - _ _ _ _ _	41. EDUCATION (Specify ONLY highest grade completed) Elementary or High School (0 - 12) College (1 - 4 or 5+)
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