

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

F-05080 (Rev. 05/09)
Chapters 69 and 765, Wis. Stats.

Do not complete this form before
reading the instructions for
Original Certificate of Divorce or
Annulment (F-05182).

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES

STATE FILE DATE

ORIGINAL CERTIFICATE OF DIVORCE OR ANNULMENT

STATE FILE NUMBER

HUSBAND	1. HUSBAND - NAME First Full Middle Current Last			1a. BIRTH LAST NAME (As on Birth Certificate)	
	2a. RESIDENCE - State		2b. RESIDENCE - County	3. DATE OF BIRTH (Month/Day/Year)	
WIFE	4. WIFE - NAME First Full Middle Current Last			5. BIRTH LAST NAME (As on Birth Certificate)	
	6a. RESIDENCE - State		6b. RESIDENCE - County	7. DATE OF BIRTH (Month/Day/Year)	
8a. PLACE OF THIS MARRIAGE - State (If not in U.S.A., name country.)		8b. DATE OF THIS MARRIAGE (Month/Day/Year)	9. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (Month/Day/Year)		10a. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF DATE IN ITEM 9. <input type="checkbox"/> NONE
10b. NUMBER OF CHILDREN UNDER 18 WHOSE LEGAL CUSTODY WAS AWARDED TO: Husband _____ Joint (Husband and Wife) _____ 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 type="checkbox"/> Divorce <input type="checkbox"/> Annulment		14. COUNTY OF DECREE
	15. COURT CASE NUMBER		17. DATE SIGNED (Month/Day/Year)		
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		
18. WIFE'S NEW NAME (If applicable)			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:	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.	20a.	21a. 1. Death <input type="checkbox"/> 2. Divorce <input type="checkbox"/> 3. Annulment <input type="checkbox"/>	22a.	23a.	24a.
WIFE	26b.	20b.	21b. 1. Death <input type="checkbox"/> 2. Divorce <input type="checkbox"/> 3. Annulment <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
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1.	<p>COMPLETION OF ITEMS IN BLOCKED AREA TEMPORARILY SUSPENDED.</p> <p>SOCIAL SECURITY NUMBERS REQUIRED PER 42 USC 666(a)(5) and Wis. Stat. s. 68.17.</p>			
2.				
3.				
4.				

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