Local Index	NUME	New York State Department of Health										STATE FILE NUMBER				
TYPE , OR		CER	TIFIC				OLUTI			RRIA	GE					
PRINT IN PERMANENT		1. HUSBAND NAME: FIRST					MIDDLE			LAST				1A. SOCIAL SECURITY NUMBER		
BLACK INK	BAND	2. DATE OF BIRTH Month Day Year (COUNTRY IF NOT USA)				TH DT USA)	4A. RESIDENCE: STATE			4B. COUNTY				4C. LOCALITY (CHECK ONE AND SPECIFY)		
4	HUS	4D. STREET AND NUMBER OF RESIDENCE (INCLUDE ZIP CODE) 4D. STREET AND NUMBER OF RESIDENCE (INCLUDE ZIP CODE) 4E. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES NO IF NO, SPECIFY TOWN:														
		5A. ATTORNE				5B. AI	ADDRESS (INCLUDE ZIP CODE)									
	WIFE	6A. WIFE - NA	FIRST		MIDDLE			ST	6B. MAIDEN					6C. SOCIAL SECURITY NUMBER		
9		7. DATE OF BIRTH Month Day Year (COUNTRY IF NOT USA)				9A. RESIDENCE: STATE			9B. COUNTY				9C. LOCALITY (CHECK ONE AND SPECIFY)			
		9D. STREET AND NUMBER OF RESIDENCE (INCLUDE ZIP CODE)								9E. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES NO IF NO, SPECIFY TOWN:						
		10A. ATTORNEY - NAME 10B. ADDRESS (INCLUDE ZIP CODE)														
11		11A. PLACE OF THIS MARRIAGE - CITY, TOWN OR VILLAGE							1B. COUNTY					11C. STATE (COUNTRY IF NOT USA)		
		12A. DATE Month Day Year OF THIS MARRIAGE		12B. APPROXIMATE DATE COUPLE SEPARATED		Month	Month Year		13A. NUMBER OF CHILI ALIVE OF THIS MAI					3B. NUMBER OF CHILDREN UNDER 18 IN THIS FAMILY (SPECIFY)		
15	Ш	14A. I CERTIFY THAT A DECREE OF Month DISSOLUTION OF THE ABOVE MARRIAGE WAS RENDERED ON					Day	Year 14B. DA OF ENT			Day Y		Year			DECREE - DIVORCE, ANNULMENT, OTHER ION (SPECIFY)
	ECRE	14D. COUNTY OF DECREE							14E. TITLE OF COURT							
23	ā	14F. SIGNATU	IRE OF (COUNTY	CLERK				1							

CONFIDENTIAL INFORMATION

24	_	15. RACE: WHITE, BLACK, AMERICAN INDIAN,	16. NUMBER OF THIS MARRIAGE - FIRST,	17. IF PREVIOUSLY HOW MANY EN		18. EDUCATION: INDICATE HIGHEST GRADE COMPLETED ONLY								
	HUSBAND	OTHER (SPECIFY)	SECOND, ETC. (SPECIFY)	A. DEATH	B. DIVORCE OR ANNULMENT	ELEMENTARY 0 1 2 3 4 5 6 7 8	HIGH SCHOOL COLLEGE 1 2 3 4 1 2 3 4 5+							
	ISUL			NUMBER	NUMBER									
	4			NONE	NONE									
		19. RACE: WHITE, BLACK, AMERICAN INDIAN,	20. NUMBER OF THIS MARRIAGE - FIRST,	21. IF PREVIOUSLY HOW MANY EN		22. EDUCATION: INDICATE HIGHEST GRADE COMPLETED ONLY								
25	WIFE	OTHER (SPECIFY)	SECOND, ETC. (SPECIFY)	A. DEATH	B. DIVORCE OR ANNULMENT	ELEMENTARY 0 1 2 3 4 5 6 7 8 Image: I	HIGH SCHOOL COLLEGE 1 2 3 4 1 2 3 4 5+							
	-			NUMBER	NUMBER		8 09 10 11 12 13 14 15 16 17							
QR		23. PLAINTIFF - HUSBAND	, WIFE, OTHER (SPECIFY)	24. DECREE GRAN (SPECIFY)	TED TO HUSBAND,	WIFE, OTHER 25. LEGAL GR	OUNDS FOR DECREE (SPECIFY)							
QS		26. SIGNATURE OF PERSON PREPARING CERTIFICATE												
	> ATT													

NOTE: Social Security Numbers of the husband and wife are mandatory. They are required by New York State Public Health Law Section 4139 and 42 U.S.C. 666(a). They may be used for child support enforcement purposes.