

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
Office of Vital Statistics  
**WORKSHEET FOR DIVORCE OR ANNULMENT REGISTRATION**

This worksheet may be used to collect the information to be reported on the Certificate of Divorce or Annulment or through the electronic filing process. It may also be used to provide the District Court information if the court is filing the official record for the parties.

This worksheet is not to be forwarded to the Office of Vital Statistics.

1. HUSBAND/SPOUSE NAME (First, Middle, Last)		2. HUSBAND/SPOUSE LAST NAME PRIOR TO FIRST MARRIAGE	
3. DATE OF BIRTH (Month, Day, Year)	4. RESIDENCE-STATE	5. COUNTY	
6. WIFE/SPOUSE NAME (First, Middle, Last)		7. WIFE/SPOUSE LAST NAME PRIOR TO FIRST MARRIAGE	
8. DATE OF BIRTH (Month, Day, Year)	9. RESIDENCE-STATE	10. COUNTY	
11. PLACE OF THIS MARRIAGE - STATE OR FOREIGN COUNTRY	12. COUNTY	13. DATE OF THIS MARRIAGE (Month, Day, Year)	14. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF DATE IN ITEM 18
15. PETITIONER <input type="checkbox"/> Husband/Spouse <input type="checkbox"/> Wife/Spouse <input type="checkbox"/> Both <input type="checkbox"/> Other (Specify) _____			16. NAME OF PETITIONER'S ATTORNEY (Type)
17. ATTORNEY'S ADDRESS (Street and Number or Rural Route, City or Town, State, Zip Code)			
18. DATE DECREE FILED (Month, Day, Year)	19. TYPE OF DECREE-(Specify) <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	20. COUNTY OF DECREE	21. CASE NUMBER

THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.

K.S.A. 65-2422B, REQUIRES THE DIVORCE REPORT TO INCLUDE THE SOCIAL SECURITY NUMBER OF BOTH PARTIES TO MAKE SUCH INFORMATION AVAILABLE TO THE SECRETARY OF KANSAS DEPARTMENT OF CHILDREN & FAMILIES FOR THE PURPOSE OF ESTABLISHING, MODIFYING, OR ENFORCING A SUPPORT OBLIGATION.

22. HUSBAND/SPOUSE SOCIAL SECURITY NUMBER & GENDER _____/_____/_____ <input type="checkbox"/> Male <input type="checkbox"/> Female		23. WIFE/SPOUSE SOCIAL SECURITY NUMBER & GENDER _____/_____/_____ <input type="checkbox"/> Male <input type="checkbox"/> Female	
24. NUMBER OF THIS MARRIAGE First, Second, etc. (Specify below)		25. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED	
		By Death, Divorce, or Annulment (Specify below)	Date (Month, Day, Year)
24a. HUSBAND/SPOUSE	25a. HUSBAND/SPOUSE	25b. HUSBAND/SPOUSE	
24b. WIFE/SPOUSE	25c. WIFE/SPOUSE	25d. WIFE/SPOUSE	
26. HISPANIC ORIGIN (Check the box or boxes that best describes whether you are Spanish, Hispanic, or Latino. Check the "no" box if you are not Spanish, Hispanic, or Latino.)		27. RACE (Check one or more boxes to indicate what race(s) you consider yourself to be.)	
26a. HUSBAND/SPOUSE	26b. WIFE/SPOUSE	27a. HUSBAND/SPOUSE	27b. WIFE/SPOUSE
<input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican/Mexican American/Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Central American <input type="checkbox"/> Yes, South American <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican/Mexican American/Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Central American <input type="checkbox"/> Yes, South American <input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (Specify) _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribes) _____ <input type="checkbox"/> Asian Indian Chamorro <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Unknown
28. EDUCATION (Check the box that best describes the highest degree or level of school completed.)			
28a. HUSBAND/SPOUSE EDUCATION		28b. WIFE/SPOUSE EDUCATION	
<input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> Some College credit, but no degree <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Unknown	<input type="checkbox"/> 9 <sup>th</sup> - 12 <sup>th</sup> grade; no diploma <input type="checkbox"/> Associate degree (e.g., AA,AS) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)	<input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)	<input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)