

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

This worksheet is to be completed by the prevailing party or the legal representative of the prevailing party and returned to the district court before the divorce or annulment can be filed. This information will be used by the clerk of the court to complete the official divorce or annulment certificate (report).

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

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

21. HUSBAND'S SOCIAL SECURITY NUMBER		22. WIFE'S SOCIAL SECURITY NUMBER	
23. NUMBER OF THIS MARRIAGE First, Second, etc. (Specify below)		24. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED	
		By Death, Divorce, or Annulment (Specify below)	Date (Month, Day, Year)
23a. HUSBAND	24a. HUSBAND	24b. HUSBAND	
23b. WIFE	24c. WIFE	24d. WIFE	
25. 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.)		26. RACE (Check one or more boxes to indicate what race(s) you consider yourself to be.)	
25a. HUSBAND	25b. WIFE	26a. HUSBAND	26b. WIFE
<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 <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 Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Unknown
27. EDUCATION (Check the box that best describes the highest degree or level of school completed.)			
27a. HUSBAND'S 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"/> 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"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
27b. WIFE'S 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"/> 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"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)