VITAL STATISTICAL SHEET

HUSBAND:

NAME:_____ DATE OF BIRTH:_____

ADDRESS:_____
Street City County State Zip

PLACE OF BIRTH:_____

OCCUPATION:_____

RACE: White( ) Black( ) Other( )_____

NUMBER OF THIS MARRIAGE:_____

WIFE:

MAIDEN NAME:_____ DATE OF BIRTH:_____

ADDRESS:_____
Street City County State Zip

PLACE OF BIRTH:_____

OCCUPATION:_____

RACE: White( ) Black( ) Other( )_____

NUMBER OF THIS MARRIAGE:_____

PLACE OF THIS MARRIAGE_____

DATE_____

NO. OF CHILDREN (This marriage)_____

NO. OF DEPENDENT CHILDEN (under age 18)_____

NO. OF CHILDEN IN CUSTODY OF HUSBAND( ) WIFE( ) OTHER( )
Specify_____

LEGAL GROUNDS FOR DIVORCE OR ANNULMENT_____

PLAINTIFF'S ATTORNEY_____

DEFENDANT'S ATTORNEY_____