

1. County/Tribal Court	<b>State of Nebraska</b> <b>Department of Health and Human Services Finance and Support</b> <b>Vital Records</b> <b>Certificate of Dissolution of Marriage or Annulment</b> <b>WORKSHEET ONLY</b>		
2. Court Record Number			
3. Husband's Name (First, Middle, Last, Suffix)			
4a. Current Residence - Country	4b. State	4c. County	
4d. City, Town or Location	4e. Residence - Street and Number		4f. Zip Code
5. Place of Birth (City and State or Foreign Country)		6. Date of Birth (Mo., Day, Yr.)	
7a. Wife's Name (First, Middle, Last, Suffix)		7b. Maiden Name	
8a. Current Residence - Country	8b. State	8c. County	
8d. City, Town or Location	8e. Residence - Street and Number		8f. Zip Code
9. Place of Birth (City and State or Foreign Country)		10. Date of Birth (Mo., Day, Yr.)	
11a. Place of Marriage - State	11b. County	11c. City	11d. Date of Marriage (Mo., Day, Yr.)
12a. Number of Children under 18 in this Household Number _____	12b. Number of Children Under 18 Whose Physical Custody was Awarded to: _____ Husband    _____ Wife    _____ Joint Husband/Wife _____ Other _____ No Children Awarded Custody		
13. Plaintiff <input type="checkbox"/> Husband <input type="checkbox"/> Wife	14. List Former Name of Wife, if restored		
15a. Attorney for Plaintiff - Name		15b. Address (Street, City or Town, State and Zip Code)	
16a. I certify that the marriage of the above name persons was dissolved on (Mo., Day, Yr.)		16b. Type of Decree _____ Dissolution    _____ Annulment	
17. Clerk of the District Court or Tribal Court Making Return to the Department of Health and Human Services Finance and Support			
Information For Administrative Use Only. Information below will not appear on certified copies of the record			
18. Settlement(s) Made Alimony <input type="checkbox"/> Yes <input type="checkbox"/> No    Child Support <input type="checkbox"/> Yes <input type="checkbox"/> No    Property Settlement <input type="checkbox"/> Yes <input type="checkbox"/> No    Medical Reimbursement <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. Social Security Numbers Husband: _____    Wife: _____			
20a. Is Husband of Hispanic or Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No		20b. Is Wife of Hispanic or Latina Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21a. Husband	Race Check the race(s) each person considers him/herself to be		21b. Wife
<input type="checkbox"/>	White/Caucasian		<input type="checkbox"/>
<input type="checkbox"/>	Black or African American		<input type="checkbox"/>
<input type="checkbox"/>	American Indian or Alaska Native		<input type="checkbox"/>
<input type="checkbox"/>	Asian		<input type="checkbox"/>
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander		<input type="checkbox"/>