

TYPE IN PERMANANT DARK INK. DO NOT USE GREEN, RED, OR PURPLE INK.

# ALABAMA CERTIFICATE OF DIVORCE

State File Number: **101**

ALL ITEMS MUST BE COMPLETE AND ACCURATE

**HUSBAND**

**WIFE**

**MARRIAGE**

**DECREE**

**OFFICIAL**

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>Petitioner's Representative must file this form with the Circuit Court at the time the petition is filed.</b>  |  |  | 1. COUNTY OF DECREE<br><b>TUSCALOOSA</b>  |   |  |
| 2. HUSBAND'S NAME First Middle Last (Print last name all capitals)<br><b>Robert D MOORE</b>   |  |  | 3. DATE OF BIRTH (Month, Day, Year)<br><b>4/23/1975</b>   |   |  |
| 4. RACE - (Specify American Indian, Black, White, Etc.)<br><b>Caucasian</b>   |  | 5. EDUCATION - (Specify ONLY highest grade completed)<br>Elementary or High School (0-12) <b>12</b> College (1-4 or 5+) <b>1</b>                   |   | 6. SOCIAL SECURITY NUMBER<br><b>333-44-5555</b>   |  |
| 7. USUAL RESIDENCE - STATE<br><b>(AL) Alabama</b>   |  | 8. County<br><b>ST. CLAIR</b>  | 9. CITY - TOWN OR LOCATION<br><b>STEELE</b>   |   |  |
| 10. INSIDE CITY LIMITS (Specify Yes or No)<br><b>No</b>   |  | 11. ADDRESS - Street and Number or RFD Number<br><b>344 W Apple St</b>   |   | Zip Code<br><b>35987</b>  |  |
| 12. NUMBER OF THIS MARRIAGE (First, Second, Etc)<br><b>Second</b>   |  | 13. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED BY - (Specify Death, Divorce, Dissolution, Annulment)<br><b>Dissolution</b>                         |   |   |  |
| 14. WIFE'S NAME First Middle Last (Print last name all capitals)<br><b>Suzanne W MOORE</b>  |  |  | 15. WIFE'S MAIDEN LAST NAME<br><b>Walton</b>  |   |  |
| 16. DATE OF BIRTH (Month, Day, Year)<br><b>4/23/1968</b>  |  | 17. RACE (Specify American Indian, Black, White, Etc.)<br><b>Hispanic</b>  |   | 18. EDUCATION (Specify ONLY highest grade completed)<br>Elementary or High School (0-12) <b>12</b> College (1-4 or 5+) <b>9</b>                                   | 19. SOCIAL SECURITY NUMBER<br><b>222-29-9555</b>       |
| 20. USUAL RESIDENCE - STATE<br><b>(AL) Alabama</b>  |  | 21. County<br><b>CULLMAN</b>   | 22. CITY - TOWN OR LOCATION<br><b>JOPPA</b>   |   |  |
| 23. INSIDE CITY LIMITS (Specify Yes or No)<br><b>No</b>   |  | 24. ADDRESS - Street and Number or RFD Number<br><b>2 Blackberry Hideout Rd</b>  |   | Zip Code<br><b>35087</b>  |  |
| 25. NUMBER OF THIS MARRIAGE (First, Second, Etc)<br><b>Third</b>  |  | 26. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED BY - (Specify Death, Divorce, Dissolution, Annulment)<br><b>Death</b>                               |   |   |  |
| 27. Give the total number of children for whom custody was determined and indicate the number awarded to each party. Enter a "0" for the total if the custody of no children under 18 was subject to this action.<br><b>1</b> Husband <b>3</b> Joint-Husband/Wife <b>0</b> Wife <b>0</b> Other <b>4</b> Total Children/Custody was Determined |  |  |   | 28. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 29 (Enter "0" if no children)<br><b>4</b>  |  |
|   |  |  |   | 29. DATE COUPLE SEPARATED (Month, Day, Year)<br><b>1/23/2008</b>  |  |
| 30. PLACE OF THIS MARRIAGE - (City, County, State)<br><b>PELL CITY, ST. CLAIR, AL</b>   |  | 31. DATE OF THIS MARRIAGE (Month, Day, Year)<br><b>4/21/2002</b>   |   | 32. PETITIONER<br><input type="checkbox"/> Husband <input checked="" type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other, Specify |  |
| 33. PETITIONER'S ATTORNEY OR REPRESENTATIVE -- (Type)<br><b>Melville W. Fuller II</b>   |  | 34. ADDRESS - Street and Number or RFD Number - City - State - Zip<br><b>157 Pollock Ave, Farmers' Loan &amp; Trust Bldg #429, JOPPA, AL 35087</b> |   |   |  |
| 35. TYPE OF DECREE - (Specify Divorce, Annulment, etc.)<br><b>Divorce</b>   |  | 36. DATE OF FINAL DECREE (Month, Day, Year)<br><b>1/23/2008</b>  | 37. DECREE AWARDED TO<br><input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both | 38. TITLE OF COURT<br><b>CIRCUIT</b>  | 39. LEGAL GROUNDS FOR DECREE<br><b>Incompatibility</b> |
| 40. SIGNATURE OF OFFICIAL   |  |  | 41. TITLE OF OFFICIAL   |   | 42. TRIAL DOCKET NUMBER                                |

CIRCUIT CLERK MUST MAIL THIS REPORT BY THE FIFTH (5TH) OF EACH MONTH TO: CENTER FOR HEALTH STATISTICS, P.O. BOX 5618, MONTGOMERY, AL 36103-5618  
ADPHS-16/Rev 6-98