

DATE _____

DIVORCE RECORD APPLICATION

Only Arkansas events of divorce are filed in this office. Divorce records start with 1923. The fee is \$10.00 for each copy requested. This fee must accompany the application. Send check or money order payable to the Arkansas Department of Health. **DO NOT SEND CASH.** \$10.00 will be kept to cover the search charge when the record is not located in our files. **Please allow 4 - 6 weeks for processing the request.**

FILL IN FOR A DIVORCE RECORD

NAME OF HUSBAND _____

NAME OF WIFE _____

DATE OF DIVORCE OR DISMISSAL _____
Month Day Year

COUNTY IN WHICH DIVORCE WAS GRANTED/DISMISSED _____

PLEASE ANSWER ALL QUESTIONS

What is your relationship to the parties named on the requested record?

What is your reason for requesting a copy of this record? _____

Signature and telephone number of person requesting this certificate:

DO NOT WRITE IN THIS SPACE

Searcher _____

Index _____

Volume No. _____

Page No. _____ Yr. _____

Certificates may also be ordered by the following methods:

Internet: www.vitalchek.com Certificates may be ordered on the Internet using a credit card (Visa, Master Card, Discover or American Express). The charge card fee is in addition to the fee for each certified copy requested. Certificates requested via Internet may be returned by over night courier for the cost of the additional shipment fee.

OR

Telephone: (866) 209-9482 Orders may be placed by telephone using a credit card (Visa, Master Card, Discover, or American Express). The charge card fee is in addition to the fee for each certified copy requested. Divorce records requested by telephone may be returned by over night courier for the cost of the additional shipment fee. **Family history or genealogy cannot be processed by telephone. Please process by mail or the Internet.**

OR

Walk-in: You may order a certified copy of the divorce record by coming into this office. Orders are accepted for same day issuance from 8:00 A.M. until 3:00 P.M. Monday through Friday. The office is located at the address above.

*****COPY OF PHOTO ID MUST BE ENCLOSED TO PROCESS APPLICATION.**

CERTIFIED COPY (S)

Each copy is \$10.00



HOW MANY

AMOUNT OF MONEY ENCLOSED \$ _____

Please **PRINT** below the name and address of the person who is to receive the copy(s).

NAME _____

ADDRESS _____

CITY STATE ZIP _____

VR-10 (R 9 /04)

Any person who willfully and knowingly makes any false statement in an application for a certified copy of a vital record filed in this state is subject to a fine of not more than ten thousand dollars (\$10,000) or imprisoned not more than five (5) years, or both (Arkansas Statutes 20-18-105.)