

APPLICATION FOR CERTIFIED COPY OF DISSOLUTION OF MARRIAGE (DIVORCE) CERTIFICATE

This office has been registering dissolution of marriage (divorces) occurring in Nebraska since 1909.

(For records occurring prior to 1909, or you wish to obtain the divorce decree, contact the district court in the county where the divorce was granted.)

PLEASE TYPE OR PRINT LEGIBLY

Full name of husband _____

Full name of wife _____

City or county where granted _____

Month, day, and year granted _____

For what purpose is this record to be used? _____

If this is not your divorce certificate, how are you related to the persons listed on the record? _____

WARNING: Section 71-649, Nebraska Revised Statutes: It is a felony to obtain, possess, use, sell, furnish, or attempt to obtain any vital record for purposes of deception.

SIGNATURE _____

Type or print name _____

Street Address _____

City, State, Zip _____

Today's Date _____

(Please enclose a **photocopy** of your photo ID [i.e. driver's license] when mailing this request in.)

(Please make checks payable to Vital Records)

Fees are subject to change without notice. Please call our 24-hour recorded message at (402) 471-2871 to verify fees.

Number of certified copies _____ x \$7.00 each - \$ _____ Total

Mail to:

Vital Records
PO Box 95065
Lincoln, NE 68509-5065
(Please enclose a stamped,
self-addressed business
size envelope.)

Bring to:

Vital Records
1033 "O" Street, Suite 130
Lincoln, NE 68508-3621

FOR OFFICE USE ONLY

Check MO Cash

Amount Received _____

Date Received _____

By Whom Received _____

PROOF OF IDENTIFICATION: