



TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS

APPLICATION FOR CERTIFIED COPY OF CERTIFICATE OF DIVORCE OR ANNULMENT

Today's Date: _____

Number of copies _____
First Copy \$15.00, each additional copy \$5.00

Name of Husband: _____
First Middle Last Name

Name of Wife: _____
First Middle Maiden Name

Date of Divorce: _____
Month Day Year

Place of Divorce: _____
City County State

Signature of Person Making Request: _____

Relationship of Requestor: _____

Purpose of Copy: _____

Telephone number where you may be reached for additional information: () _____

IT IS UNLAWFUL TO WILLFULLY AND KNOWINGLY MAKE ANY FALSE STATEMENT ON THIS APPLICATION.

Records are filed in this office for the past fifty (50) years. Records prior to this date are available from the clerk of the court where the divorce was granted and may be available from the State Library and Archives.

A fee of \$15.00 is charged for the search of the records even if no record is found and includes one copy if the record is filed in this office. If the certificate is not found with the date of divorce that you provide, a search will be made in the records for the year before and the year after the date indicated; this search is routine and is included in the fee. Do not send cash. Send a check or money order made payable to Tennessee Vital Records. In addition, unless this application is notarized, you must send a photocopy of a government issued ID showing your signature. If you have not received a response within 45 days, please write or call Tennessee Vital Records at 615-741-1763.

PH-1671 (rev. 11/2008)

RDA N/A

FILL OUT BELOW/ DO NOT DETACH

Name and address of person to whom the certified copy is to be mailed.
(Please Print)

SEND TO:

Name

Address or Route, Include Apartment Number

City State Zip Code

Tennessee Vital Records
421 5th Avenue North
1st floor, Central Services Building
Nashville, TN 37243