Use permanent black ink. Type or print

No whiteout or erasures. Do not complete this form before reading the instructions for Original Certificate of Divorce or Annulment (F-05182). F-05080 (Rev. 05/09) Chapters 69 and 765, Wis. Stats.

## STATE OF WISCONSIN DEPARTMENT OF HEALTH SERVICES

STATE FILE DATE

## ORIGINAL CERTIFICATE OF DIVORCE OR ANNULMENT

STATE FILE NUMBER

China langua			And the second			WIFE	HUSBANI	)	_			DEC	REE	L			T		W	FE	HUS	BAND	
4.	3.				25a. IF THIS DECREE FINDS THAT ONE OR MORE LIVING CHILDREN CONCEIVED OR BORN DITRING THIS MARRIAGE ARE NOT	26b.		SOCIAL SECURITY NUMBER	Complete items for both husband and wife	IO. WILL CONTACT INJUST. (II application)	18. WIFE'S NEW NAME (If applicable)	I certify that this document reflects the facts concerning the dissolution of the marriage of the above named parties.	12. DATE OF DECREE (Month/Day/Year)		Wife	AWARDED TO: Husband Joint (Husband and Wife)		8a. PLACE OF THIS MARRIAGE - State (If not in U.S.A., name country.)	6a. RESIDENCE - State	4. WIFE - NAME First	2a. RESIDENCE - State	1. HUSBAND - NAME First	
				S ON BIRTH CERTIFICA marriage.)	R MORE LIVING CHILD	20b.	\$	NUMBER OF THIS MARRIAGE (1,2, etc.) Specify below.	э.			cerning ded parties.	13. TYPE OF D		0	Joint (Husband and Wife)		8b. DATE OF THIS	6	Full		Full	
				ATE. 25c. DATE (Month	REN CONCEIVED OR	21b. 1. Death 2. Divorce	1. Death 2. Divorce	IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED BY:	CONFIDENTIAL			TURE - Certifying Clerk	TYPE OF DECREE    Divorce					8b. DATE OF THIS MARRIAGE (Month/Day/Year)	6b. RESIDENCE - County	Full Middle	25. RESIDENCE - County	Full Middle	
				25c. DATE OF BIRTH 25d. (Month/Day/Year)	BORN DURING THIS	3. Annulment	3. Annulment	3	NFORMATION	ğ	19 H	- Certifying Clerk of Court or Deputy			11b. ADDRESS	I a. A I I ORNEY FOR PE I I I ONER -			nty	Curr	nty		
	DOD OOD 74							DATE LAST ARRIAGE ENDED (Month/Day/Year)	CONFIDENTIAL INFORMATION FOR STATISTICAL	CODAND O NEVY NAVIE	19 HUSBAND'S NEW NAME		14. COUNTY OF DECREE		Number and Street			LAST RESIDED	-	Current Last		Current Last	
	alla niio (Alla		DADII V CIISD	25e. COUNTY OF BIRTH 25f. SOCIAL SECURITY N	THE ISSUE OF THIS MAI	23b.	S a	RACE (White, Black, American Indian, etc.) Specify below.	L USE ONLY	(IT applicable)	(If applicable)	,			et	NAIVIE (Type or print.)		IN SAME HOUSEHOLD	7. DATE OF BIRTI	5. BIRȚH LAST NAME	3. DATE OF BIRTI	1a. BIRTH LAST N	
	A12' 2'00' 2' 00	64	55	BIRTH 25f.	DDIAGE LIST THE	24b.	248.					17. DATE SIGNED (Month/Day/Year)	15. COURT CASE NUMBER		City			10a. NUMBER (	DATE OF BIRTH (Month/Day/Year)	AME (As on Birth Certificate)	DATE OF BIRTH (Month/Day/Year)	1a. BIRTH LAST NAME (As on Birth Certificate)	
	0			25f. SOCIAL SECURITY NUMBER		,	<u>, , , , , , , , , , , , , , , , , , , </u>	EDUCATION (Specify only highest grade completed.) Elem./Second. College (1-4 or 5+)	Chapter 69.20(2) and 69.15(3)	_		D (Month/Day/Year)	E NUMBER		State ZIP Code		NONE	10a. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF DATE IN ITEM 9.	,	tificate)		rtificate)	