

STATE OF MARYLAND
DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
P.O. BOX 68760
BALTIMORE, MD 21215

APPLICATION FOR VERIFICATION OF DIVORCE RECORD

PLEASE PRINT.

Date _____

Names of Spouses _____
(first/middle/last) birth name (if different)

(first/middle/last) birth name (if different)

Date of divorce _____
(month/day/year)

Place of divorce _____
(city/county)

Reason for divorce _____

Person you represent _____

NOTE: A non-refundable fee of \$12.00 is required for each verification requested. **The Division of Vital Records verifies divorces that occurred on or after January 1, 1992.** If the record is found, only the information on record concerning the place, date, and type of divorce can be given. You may apply in person or by mail. **You must present a valid, unexpired, government-issued photo ID displaying a date issued and an expiration date.** Applicants unable to supply valid photo ID must present two (2) different pieces of alternative documentation. Acceptable documents are social security card, pay stub, current car registration, bank statement, letter from a government agency, lease/rental agreement, utility bill with current address, or a copy of your income tax return or W-2 form. **At least one of these documents must contain your current mailing address.** Applicants unable to provide valid photo ID will **not** be able to receive their requests the same day. Their requests will be mailed to the address displayed on the documents provided. When applying by mail, please enclose **the requested information, copies of required identification, fee, and** a self-addressed, stamped envelope. The Circuit Court where the divorce took place must be contacted for a copy of the decree.

APPLICANT'S NAME (Print) _____

APPLICANT'S SIGNATURE _____

MAILING ADDRESS _____

CITY/STATE/ZIP CODE _____

FOR OFFICE USE ONLY:

TYPE OF DIVORCE: AV – Absolute _____

AB – Annulment _____

DATE OF DIVORCE VERIFIED: _____

VERIFICATION COMPLETED BY: _____

DATE VERIFIED: _____