

The Commonwealth of Massachusetts  
 DEPARTMENT OF PUBLIC HEALTH  
 REGISTRY OF VITAL RECORDS AND STATISTICS  
 CERTIFICATE OF ABSOLUTE  
 DIVORCE OR ANNULMENT  
 (Chap. 208, Sec. 46 G.L.)  
 R-408

	Husband - Name				First	Middle	Last
HUSBAND	1. _____				Usual Residence - Street Address		
					City, Town or Location		
	2a. _____		2b. _____				
	County		State		Date of Birth (Mo. Day, YR.)		Number of this Marriage(1st, 2nd, Specify)
2c. _____		2d. _____		3. _____		4. _____	
	Wife - Name				First	Middle	Last
WIFE	5a. _____				Usual Residence - Street Address		
					City, Town or Location		
	6a. _____		6b. _____				
	County		State		Date of Birth (Mo. Day, YR.)		Number of this Marriage(1st, 2nd, Specify)
6c. _____		6d. _____		7. _____		8. _____	

  

Date of this Marriage (Mo.Day.Yr.)	Number of Children Born Alive of this Marriage	Number of Children under Age 18 in this Family
9. _____	10a. _____	10b. _____

FOR COURT USE ONLY			
County of Judgment		Title of Court	
11. _____		11a. _____	
Date of Judgment Nisl (Mo. Day, Yr.)	Type of Judgment - Divorce or Annulment	Date of Judgment Absolute (Mo. Day, Yr.)	
12. _____	13. _____	14. _____	
Docket Number	Name of Plaintiff	Cause for which Granted	
15. _____	16. _____	17. _____	
Signature of Certifying Official		Title of Official	
18a. _____		18b. _____	