



Office of Vital Statistics
Dissolution of Marriage Monthly Report

Due on or before the 10th day of each month
provided by section 382.023, Florida Statutes

County: _____

Report Month / Year: _____

Reports Recorded and Enclosed:

Marriage Dissolutions..... _____

Amended Judgements..... _____

Marriage Annulments..... _____

Separate Maintenance..... _____

Total: _____

Signature of Clerk of Circuit Court (or Designee)

Typed/Printed Name of Clerk of Circuit Court

Street Address or P.O. Box

Date

City, State, Zip Code

USE SPACE BELOW IF NO MARRIAGE DISSOLUTIONS WERE RECORDED DURING PRECEDING MONTH

No Marriages Dissolutions Recorded during the Report Month/Year: _____

Signature of Clerk of Circuit Court (or Designee)

Typed/Printed Name of Clerk of Circuit Court

Street Address or P.O. Box

Date

City, State, Zip Code

COMPLETE AND ENCLOSE THIS FORM WITH YOUR SHIPMENT OF DISSOLUTION OF MARRIAGE RECORDS TO:

Department of Health
Office of Vital Statistics
Attn: Records Registration
P. O. Box 210
Jacksonville, Florida 32231-0042