

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. _____	State	2b. _____	Date of Birth (Mo. Day, YR.)
	County		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. _____	State	6b. _____	Date of Birth (Mo. Day, YR.)
	County		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. _____	