TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS

APPLICATION FOR CERTIFIED COPY OF TENNESSEE CERTIFICATE OF DIVORCE OR ANNULMENT

(La versión en español al reverso de la página)

Date: _____ **Number of copies** _____
Enclose $15.00 for each copy

Name of Husband: _____
First **Middle** **Last Name**

Name of Wife: _____
First **Middle** **Maiden Name**

Date of Divorce: _____
Month **Day** **Year**

Place of Divorce: _____
City **County** **State**

Signature of Person Making Request: _____

Relationship of Requestor: _____

Purpose of Copy: _____

Telephone number and email where you may be reached for additional information:

( ) _____ _____ @ _____

IT IS UNLAWFUL TO WILLFULLY AND KNOWINGLY MAKE ANY FALSE STATEMENT ON THIS APPLICATION.

Records are filed in this office for the past fifty (50) years. Records prior to this date are available from the clerk of the court where the divorce was granted and may be available from the State Library and Archives.

A fee of $15.00 is charged for the search of the records includes one copy of the record, if located. Search fees are non-refundable if the record is not on file. All items must be completed and appropriate fees attached to process this request. Do not send cash. Send check or money order made payable to Tennessee Vital Records. **In addition, unless this application is notarized, you must send a photocopy of a VALID government issued ID showing your signature.** If you have not received a response within 45 days, please write or call Tennessee Vital Records at (615) 741-1763.

PRINT NAME AND ADDRESS BELOW FOR OUR RECORDS

Please remember to include the Fee and a Copy of your ID. ***(Note: The request will be returned if not included.)***

_____
Name

_____
Address or Route

_____
City **State** **Zip Code**

Mail Your Application To:

Tennessee Vital Records
Andrew Johnson Tower, 1st Floor
710 James Robertson Parkway
Nashville, TN 37243