TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS

APPLICATION FOR VERIFICATION OF DIVORCE OR ANNULMENT INFORMATION

THIS APPLICATION MUST BE ACCOMPANIED BY A CHECK OR MONEY ORDER MADE PAYABLE TO TENNESSEE VITAL RECORDS FOR $15.00.

Name and mailing address where verification is to be sent:

Name of Individual or Requesting Agency **Date**

Address

City **State** **Zip**

Email Address: **Telephone No. ( )**

Sign Here (Must be original in ink, by hand) _____
Must be signed in order to process. By signing this application, I understand that I am agreeing to pay for a search of the State of Tennessee vital records. This does not guarantee that a record will be found.

Complete items 1-4 below if you have that information. This allows the Office of Vital Records to conduct a more accurate search.

*Information is required for both parties.

A fee of $15.00 is charged for the search of the vital records system of record. This fee is charged even if no record is found. The Office of Vital Records maintains marriage records for the past fifty (50) years only. Earlier records may be obtained from the State of Tennessee Library & Archives or from the clerk of the county where the marriage license was issued.

1. *Name of Husband/Wife: _____
First Middle Last Name Prior to First Marriage

2. *Name of Husband/Wife: _____
First Middle Last Name Prior to First Marriage

3. Date of Divorce: _____
Month Day Year

4. City or County of Divorce: _____
City County

MAIL THIS APPLICATION TO:

Tennessee Department of Health
OFFICE OF VITAL RECORDS
Andrew Johnson Tower, 1st floor
710 James Robertson Parkway
Nashville, TN 37243