

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
DIVISION OF VITAL RECORDS  
P.O. BOX 68760  
BALTIMORE, MD 21215

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**APPLICATION FOR VERIFICATION OF DIVORCE RECORD**

**PLEASE PRINT.**

Date \_\_\_\_\_

Husband's name \_\_\_\_\_  
(first/middle/last)

Wife's name \_\_\_\_\_  
(first/middle/last)

Date of divorce \_\_\_\_\_  
(month/day/year)

Place of divorce \_\_\_\_\_  
(city/county)

Reason for divorce \_\_\_\_\_

Person you represent \_\_\_\_\_

**NOTE:** A non-refundable fee of \$12.00 is required for each verification requested. The Division of Vital Records verifies divorces that occurred on or after January 1, 1992. If the record is found, only the information on record concerning the place, date, and type of divorce can be provided. You may apply in person or by mail. You must present a valid, unexpired, government-issued photo ID displaying a date issued *and* an expiration date. Applicants unable to supply valid photo ID must present two (2) different pieces of alternative documentation. Acceptable documents are pay stub, current car registration, bank statement, letter from a government agency, lease/rental agreement, utility bill with current address, or a copy of your income tax return or W-2 form. **At least one of these documents must contain your current mailing address.** Applicants unable to provide valid photo ID will **not** be able to obtain verification of a divorce the same day. The verification form will be mailed to the address displayed on the documents provided. When applying by mail, please enclose the requested information, copies of required identification, fee, and a self-addressed, stamped envelope. The circuit court where the divorce took place must be contacted for a copy of the decree.

**APPLICANT'S NAME (Print)** \_\_\_\_\_

**APPLICANT'S SIGNATURE** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**CITY/STATE/ZIP CODE** \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

**TYPE OF DIVORCE:** AV – Absolute \_\_\_\_\_

AB – Annulment \_\_\_\_\_

**DATE OF DIVORCE VERIFIED:** \_\_\_\_\_

**VERIFICATION COMPLETED BY:** \_\_\_\_\_

**DATE VERIFIED:** \_\_\_\_\_