

Do not write in margin
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County No.

Wife's Residence

Grounds for Divorce

Husband's Residence

Duration of Marriage

To Whom Granted

No. Minor Children

Official Form Prescribed by the Director of Health for Registration of Certified Abstract of Divorce, Dissolution of Marriage, Annulment of Marriage.
 HEA 2744 (Rev. 10/03) THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK. 5253.06

Ohio Department of Health Vital Statistics

Certified Abstract

Case No. _____

State File No. _____

Divorce
 Annulment of Marriage
 Dissolution of Marriage

Granted by Common Pleas Court of _____ County

WIFE		HUSBAND	
Full name		Full name	
Date of birth	Number of this marriage	Date of birth	Number of this marriage
Address		Address	
City	State	City	State
Date of marriage	Place of marriage		
Date of filing petition		<input type="checkbox"/> by Wife	<input type="checkbox"/> by Husband
Grounds for divorce			
Number of children under 18	Date of final decree		<input type="checkbox"/> to Wife <input type="checkbox"/> to Husband
On petition		Cross petition	

The foregoing statements have been taken from the original petition and journal entry on file in my office, and are certified as accurate.

APPENDIX K
3701-5-02

Clerk of Courts
By Deputy