

Seventh Judicial Circuit Court

PO Box 230
Rapid City SD 57709-0230
(605) 394-2575 / (605) 394-2570 /605-394-2688

CIRCUIT JUDGES

Jeff W. Davis, Presiding Judge
Wally Eklund
Janine M. Kern
Robert Mandel
Craig A. Pfeifle
Thomas L. Trimble

MAGISTRATE JUDGES

Scott M. Bogue
Heidi L. Linngren
Shawn J. Pahlke

PENNINGTON COUNTY

CLERK OF COURTS
Ranae Truman

June 6, 2013

REF: South Dakota Department of Health, Vital Records, Record of Divorce or Annulment

Effective June 6, 2013, the Record of Divorce or Annulment Form, attached, is required to be completed and submitted to the Clerk when the Judge completes the Judgment and Decree of Divorce or the Decree of Annulment

Items 1 thru 18 must be completed, typed or hand written, however **if hand written MUST BE LEGIBLE.**

Note, this form may not be altered or changed and must be submitted to the Department of Vital Records as is, per SD Department of Vital Records. . If presented otherwise you will be required to resubmit on the proper form.

This is a **MANDATORY REQUIREMENT** if not presented at the time of filing the Decree of Divorce or Decree of Annulment, no certified copies will be provided until the Record of Divorce or Annulment Form is provided.

This requirement is for all litigants, pro-se or if represented by counsel.



JEFF W. DAVIS
Presiding Judge

South Dakota Department of Health, Vital Records
Pierre, South Dakota 57501

RECORD OF DIVORCE OR ANNULMENT

County File Number

State File Number

HUSBAND

1. HUSBAND-NAME FIRST	MIDDLE	LAST		
2a. RESIDENCE-STATE	2b. COUNTY	2c. CITY, TOWN OR LOCATION	3. AGE (If known)	4. RACE (If known)

WIFE

5. WIFE-NAME FIRST	MIDDLE	LAST		
6a. RESIDENCE-STATE	6b. COUNTY	6c. CITY, TOWN OR LOCATION	7. AGE (If known)	8. RACE (If known)

9a. PLACE OF THIS MARRIAGE (STATE)	9b. DATE OF THE MARRIAGE (Mo. Day Yr.)	10. PLAINTIFF <input type="checkbox"/> Husband <input type="checkbox"/> Wife	11. CHILDREN UNDER 18 IN THIS FAMILY
------------------------------------	--	---	--------------------------------------

12a. ATTORNEY FOR PLAINTIFF (Type or print)	12b. ADDRESS – STREET OR R.R.D.NO, CITY OR TOWN, STATE, & ZIP
---	---

13. DATE OF DECREE (Mo. Day Yr.)	14. TYPE OF DECREE	15. DECREE GRANTED TO
----------------------------------	--------------------	-----------------------

16. CUSTODY OF MINOR CHILDREN AWARDED TO:	Husband (specify number)	Wife (specify number)
---	-----------------------------	--------------------------

17. LEGAL GROUNDS FOR DECREE (Specify)	18. COUNTY WHERE DECREE IS FILED	19. DATE OR RECORDING (Mo. Day Yr.)
--	----------------------------------	-------------------------------------

DECREE

HAS-0271
REV. 05/07