



DEPARTMENT OF SOCIAL AND HEALTH SERVICES
CHILDREN'S ADMINISTRATION

Marital / Domestic Partnership History

NAMES	DATE OF CURRENT MARRIAGE / DOMESTIC PARTNERSHIP	COUNTY/STATE
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IF THERE HAVE BEEN ANY SEPARATIONS, PLEASE DESCRIBE, INCLUDING APPROXIMATE DATES.

PRIOR MARRIAGES / DOMESTIC PARTNERSHIPS FOR APPLICANT 1

Name of Spouse:		Name of Spouse:		Name of Spouse:	
Marriage Date:		Marriage Date:		Marriage Date:	
Dissolution Date:		Dissolution Date:		Dissolution Date:	
Widowed Date:		Widowed Date:		Widowed Date:	
County/State:		County/State:		County/State:	
CHILDREN	BIRTHDATE	CHILDREN	BIRTHDATE	CHILDREN	BIRTHDATE
Custody Agreement attached? <input type="checkbox"/> Yes <input type="checkbox"/> No, if not please explain:		Custody Agreement attached? <input type="checkbox"/> Yes <input type="checkbox"/> No, if not please explain:		Custody Agreement attached? <input type="checkbox"/> Yes <input type="checkbox"/> No, if not please explain:	

PRIOR MARRIAGES / DOMESTIC PARTNERSHIPS FOR APPLICANT 2

Name of Spouse:		Name of Spouse:		Name of Spouse:	
Marriage Date:		Marriage Date:		Marriage Date:	
Dissolution Date:		Dissolution Date:		Dissolution Date:	
Widowed Date:		Widowed Date:		Widowed Date:	
County/State:		County/State:		County/State:	
CHILDREN	BIRTHDATE	CHILDREN	BIRTHDATE	CHILDREN	BIRTHDATE
Custody Agreement attached? <input type="checkbox"/> Yes <input type="checkbox"/> No, if not please explain:		Custody Agreement attached? <input type="checkbox"/> Yes <input type="checkbox"/> No, if not please explain:		Custody Agreement attached? <input type="checkbox"/> Yes <input type="checkbox"/> No, if not please explain:	

APPLICANT SIGNATURE	DATE
APPLICANT SIGNATURE	DATE

COPIES OF CURRENT MARRIAGE CERTIFICATE, DOMESTIC PARTNERSHIP REGISTRATION, AND ANY DIVORCE DECREE(S), ANNULMENTS, OR DISSOLUTION(S) MUST BE PROVIDED.
(USE AN ADDITIONAL SHEET OF PAPER IF NECESSARY)