



REQUEST FOR VERIFICATION OF DIVORCE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

ECONOMIC ASSISTANCE

SFN 422 (9-2024)

TO: OFFICE OF COUNTY JUDGE

County	Date Requested
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Verification of divorce is needed for official purposes by the agency named below.

Human Service Zone			
Address	City	State	ZIP Code
Name	Case Number		

SECTION I. (Complete every item in this section)

1. Full Name of Man (First - Middle - Last)	4. Place of Divorce
2. Full Name of Woman (First - Middle - Last)	5. Custody was given to
3. Date of Divorce	6. Alimony or Support Payment (specify amount and to whom paid)
7. Additional Information (if any)	
Signature of Person Making This Request	Title

SECTION II. (For use of Office of Clerk of Court only)

Correction of above statements made according to facts on record in this office		
Action Number	File Number	Filing Date

This is to verify that the above data as corrected are true and correct according to the record on file in this office. These data are to be used only for the official purposes of the agency named above.

Date Verified	Verified By
	Title

DISTRIBUTION: ORIGINAL - Office of County Judge

COPY - Human Service Zone