



# REQUEST FOR VERIFICATION OF DIVORCE

ND DEPARTMENT OF HUMAN SERVICES

ECONOMIC ASSISTANCE

SFN 422 (Rev. 04-2005)

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:**

County Social Service Board:	Name:	
Address:	Case Number:	
City:	State:	Zip Code:

**SECTION I. (Fill in 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: (give amount & 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:
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Action Number:	File Number:	Filing Date:
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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 - County Social Service Board