

ARKANSAS DEPARTMENT OF HEALTH
Vital Records Section - 44
4815 West Markham
Little Rock, AR 72205

DATE _____

DIVORCE RECORD APPLICATION

Only Arkansas events of divorce are filed in this office. Divorce records start with 1923. The fee is \$10.00 for each copy requested. This fee must accompany the application. Send check or money order payable to the Department of Health. **DO NOT SEND CASH.** \$10.00 will be kept to cover the search charge when the record is not located in our files. **Please allow 4 - 6 weeks for processing the request.**

FILL IN FOR A DIVORCE RECORD

NAME OF HUSBAND _____

NAME OF WIFE _____

DATE OF DIVORCE OR DISMISSAL _____
Month Day Year

COUNTY IN WHICH DIVORCE WAS GRANTED/DISMISSED _____

PLEASE ANSWER ALL QUESTIONS

What is your relationship to the parties named on the requested record?

What is your reason for requesting a copy of this record? _____

Signature and telephone number of person requesting this certificate:

DO NOT WRITE IN THIS SPACE

Searcher _____

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Page No. _____ Yr. _____

Certificates may also be ordered by the following methods:

Internet: www.expressvitalrecords.com or www.vitalchek.com. The service fee and the certificate fee are charged to your credit card. (Visa, Master Card, Discover and American Express). Certificates may be returned over night for the additional shipment fee.

OR

Telephone: Toll free (888) 803-1118 or (866) 209-9482. The service fee and the certificate fee are charged to your credit card. (Visa, Master Card, Discover or American Express) Certificates may be returned over night for the additional shipment fee.

OR

Walk in: The certificate may be ordered by coming into this office. If you want the copy the same day, our hours for same day service are 8:00 A.M. until 4:00 P.M. Monday – Friday. The office is located at 4815 West Markham St Little Rock, AR 72205. **Please order family history and genealogy by mail or Internet.**

CERTIFIED COPY (S)

Each copy is \$10.00

HOW MANY

AMOUNT OF MONEY ENCLOSED \$ _____

Please **PRINT** below the name and address of the person who is to receive the copy(s).

NAME _____

ADDRESS _____

CITY STATE ZIP _____

VR-10 (R 1/09)

Any person who willfully and knowingly makes any false statement in an application for a certified copy of a vital record filed in this state is subject to a fine of not more than ten thousand dollars (\$10,000) or imprisoned not more than five (5) years, or both (Arkansas Statutes 20-18-105.)