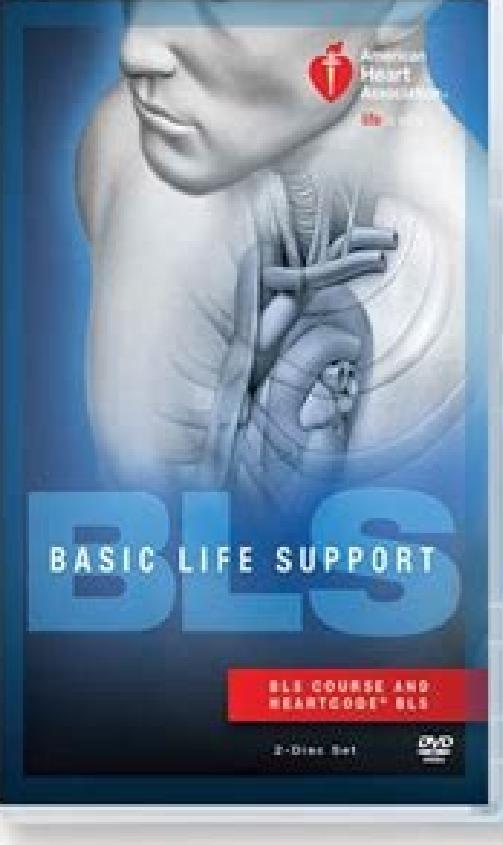


I'm not a robot!

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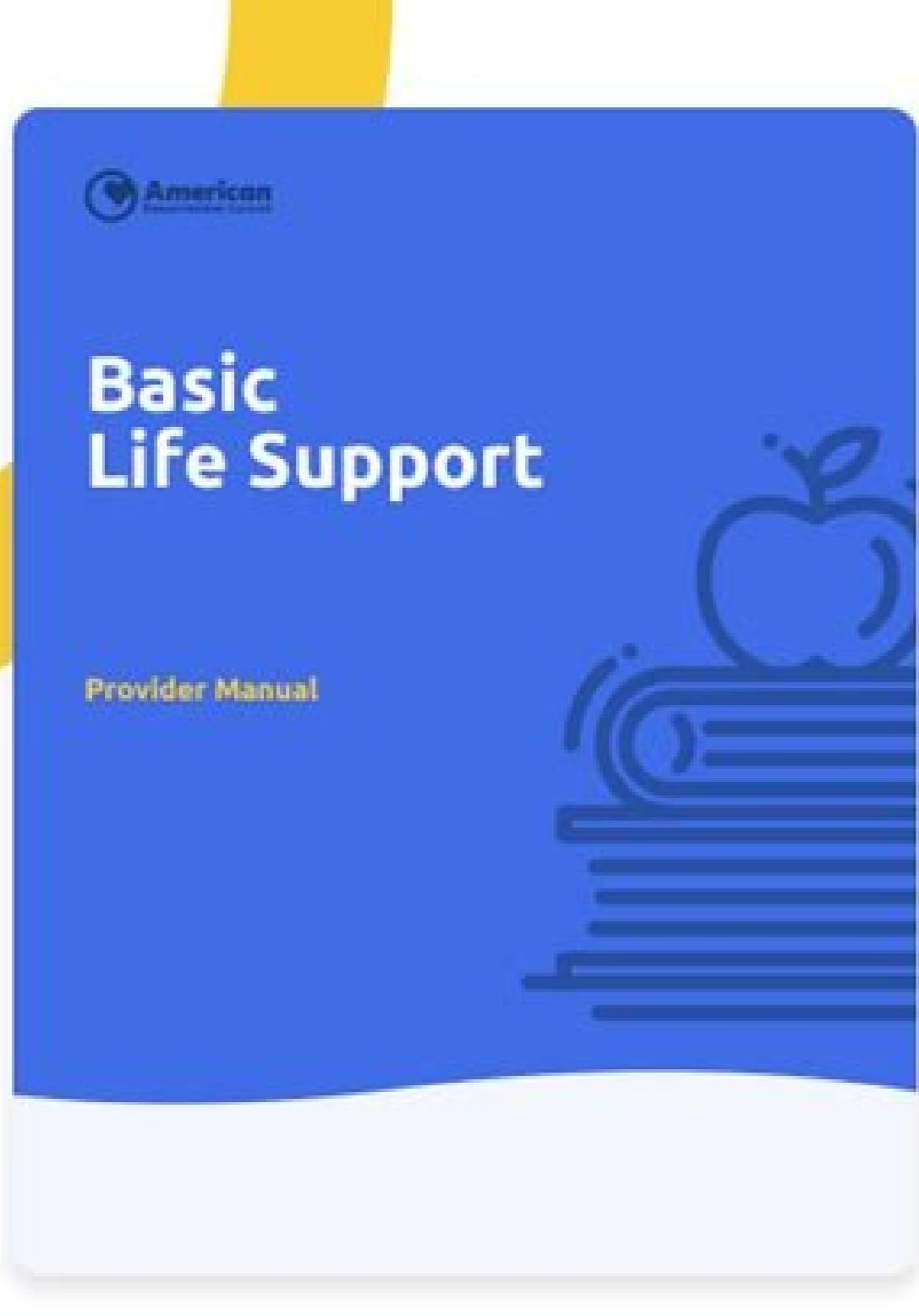
CERTIFICATE OF DIVORCE

Date File Number: 101

ALL ITEMS MUST BE
COMPLETE AND ACCURATE
AT THE TIME THE PETITION IS FILED.

HUSBAND		First	Middle	Last	(First and last name of spouse)	STATE OF BIRTH (Married, Div. Year)
1.	2. PETITIONER'S NAME					
3.	4.	5. EDUCATION (Specify High School Attended)		6. SOCIAL SECURITY NUMBER		
5.	6.	Elementary or High School (E-HS)		Social (E-HS)		
7.	8. COUNTY	9. CITY - TOWN OR LOCATION				
10.	11. ADDRESS - Street and Number or P.O. Box			Zip Code		
12.	13. NAME OF THIS MARRIAGE (First, Second, Etc.)	14. # PREVIOUSLY MARRIED, LAST MARRIAGE ENDED BY - (Specify Death, Divorce, Dissolution, Annulment)				
WIFE	14. WIFE'S NAME	First	Middle	Last	(First and last name of spouse)	
15.	16.	17. DATE OF BIRTH (Month, Day, Year)	18. EDUCATION (Specify High School Attended)	19. SOCIAL SECURITY NUMBER		
20.	21. COUNTY	Elementary or High School (E-HS)		Social (E-HS)		
22.	23. ADDRESS - Street and Number or P.O. Box			Zip Code		
MARRIAGE	24. NAME OF THIS MARRIAGE (First, Second, Etc.)	25. IF PREVIOUSLY MARRIED, LAST MARRIAGE (E-HS) - (Specify Death, Divorce, Dissolution, Annulment)				
26.	27.	28. If the last number of each page was handwritten and indicate the number needed to reach your Court, enter "X" for the last number of each page as it was written. Enter "X" in the box below.				
29.	30. PLAINTIFF'S ATTORNEY OR REPRESENTATIVE - (Type)	31. DEFENDANT'S ATTORNEY OR REPRESENTATIVE - (Type)	32. KINSHIP OF CHILDREN (List all the children as they were when the marriage ended) As of the time of filing, there were _____ children. _____ were born before the marriage and _____ were born after the marriage. 33. DATE CERTAIN OF SEPARATION (Month, Day, Year)			
34. PLACE OF THIS MARRIAGE - (City, County, State)	35. DATE OF THIS MARRIAGE (Month, Day, Year)	36. SEX (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Sure	37. EDUCATION (Specify High School Attended)			
38. DEGREE	39. TYPE OF DECREE - (Specify Decree Awarded, etc.)	40. DATE OF DECRETE (Month, Day, Year)	41. WIFE'S ADDRESS ID	42. TITLE OF COURT	43. LEGAL GARDINS FOR DECREE	
OFFICIAL	44. SIGNATURE OF CLERK	45. DATE OF SIGNATURE	46. CIRCUIT	47. TIME (10:00 AM - 4:00 PM)		

CIRCUIT CLERK MUST MAIL THIS REPORT BY THE FIFTH (5TH) OF EACH MONTH TO: CENTER FOR HEALTH STATISTICS, P.O. BOX 3650, MONTGOMERY, AL 36103-0650
ADDITIONAL FEES - \$15.00, D-95-1048, 6-95-01



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After successfully completing this course, students will be able to: describe the importance of quality CPR and its impact on survival describe all stages of the survival chain and apply the concepts of the BLS survival chain to recognize the signs of someone who needs CPR. High-quality CPR for adults, children and babies describe the importance of early use of the DEA) provide effective ventilation with a barrier device describes the importance of teams in resuscitation and act as an effective member of the team during a checkpoint involving several rescuers describe methods for Removing foreign bodies from airway obstruction (asphyxia) for adults and babies 126504 Students studying this course of study and video training of lessons and skills. Download the manual in your account in "My Active Courses". Take the BLS skills training test Note: You should get 100% correct to pass as a prerequisite to take the BLS certification exam. You can resume the test as many times as necessary by clicking the Reset Exam button. Take the BLS certification exam. NOTE: You must get 80% correct or higher to pass. You can resume the exam as many times as you need to pass by clicking the Reset Exam button. About the NHCPSContact Certifications NHCPS in 2021 Standards This Content Guide serves as an instruction manual designed to explain the tools needed to provide effective BLS, either inside or outside of a hospital environment. When equipped with the right tools, it is possible to perform high-quality BLS and restore normal heart rhythm. The content of this guide favors the specific terminology for the personnel who routinely care for the patients. NoPeople are not even being able to benefit from reading this guide, as cardan arrests are not limited to hospital environments. Some of the equipment discussed not applicable for non-medical personnel such as a bag valve mask. This product is non-refundable. This course is designed for health care providers and trained rescuers who provide patient care in a wide variety of settings or by those in a health training program. Updated to reflect new science in the American Heart Association Guidelines for CPR & ECC Professional health teaches how to perform high quality CPR individually or as part of a team. Designed for healthcare providers who must have a card documenting the successful completion of a CPR course Course content: Describe the importance of high quality CPR and its impact on survival Describe all steps of the Survival Chain Recognize the signs of someone who needs CPR Run high quality CPR for adults, children and babies Describe the importance of early use of an AED and demonstrate its use Provide effective ventilation using a barrier device Uncover the importance of relief from teams in rescue members Access codes will be sent by email within 24 hours when orders are placed between 7:30h-5:30pm CST Monday-Friday. 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