

**MIAMI COUNTY COURT OF COMMON PLEAS  
GENERAL DIVISION**

\_\_\_\_\_ Case No. \_\_\_\_\_  
Plaintiff or Petitioner I,

v./and

Personal History of Parties  
To Actions to Terminate Marriage

\_\_\_\_\_ Defendant or Petitioner II.

Date of Marriage \_\_\_\_\_ Date of Separation \_\_\_\_\_

Place of Marriage \_\_\_\_\_ Who First Left Home \_\_\_\_\_

The number of this marriage: Plaintiff/Petitioner I: 1 2 3 4 5 Defendant/Petitioner II: 1 2 3 4 5

Have there been previously filed actions to terminate this marriage? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Where: \_\_\_\_\_ When \_\_\_\_\_ Disposition: \_\_\_\_\_

**PLAINTIFF/PETITIONER I**

Date of Birth		Age	Birthplace	Current Military Service	
				Yes	No
Length of Residence		Health Condition			
Ohio	Miami Co.	Physical:		Mental:	
Occupation			Employer		

**DEFENDANT/PETITIONER II**

Date of Birth		Age	Birthplace	Current Military Service	
				Yes	No
Length of Residence		Health Condition			
Ohio	Miami Co.	Physical:		Mental:	
Occupation			Employer		

**Minor Children of Present Marriage:**

Name	Sex	Age	Date of Birth	Health Condition	Living With

**Minor Children of Plaintiff/Petitioner I from Previous Relationship:**

Name	Sex	Age	Date of Birth	Health Condition	Living With

**Minor Children of Defendant/Petitioner II from Previous Relationship:**

Name	Sex	Age	Date of Birth	Health Condition	Living With

Describe any major health conditions of any family member:

**OATH**

(Do Not Sign Until Notary is Present)

I, (print name) \_\_\_\_\_, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

\_\_\_\_\_  
Your Signature

Sworn before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: