



Travel Information Services, Inc.
INTERNATIONAL VISA SERVICE

CERTIFIED DIVORCE DECREE REQUEST FORM

Date: _____

To Whom It May Concern:

Please send a certified copy of the divorce decree for the following persons:

Name _____

Place of Divorce _____

County of Divorce _____

Date of Divorce _____

Spouse's Name _____

I authorize INTERNATIONAL VISA SERVICE to act as my representative in procuring a certified copy of this record.

Signature

Signed before me this _____ day of _____, 20____.

Notary Public

316 Hammond Drive NE | Atlanta, Georgia 30328 | 404-843-0005 | 800-627-1112
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