ONTARIO

SEAL

_____ (Name of Court)

Court file number

at _____ *Court office address*

Form 36B: Certificate of Divorce

Applicant(s)

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).	*Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).*

Respondent(s)

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).	*Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).*

I CERTIFY THAT the marriage of *(full legal names of the spouses)* _____

that was solemnized at *(place of marriage)* _____

on *(date of marriage)* _____

was dissolved by an order of this court made on *(date of divorce order)* _____

The divorce took effect on *(date when order took effect)* _____

_____ *Date of signature*

_____ *Signature of clerk of the court*

NOTE: *This certificate can only be issued on or after the date on which the divorce takes effect.*