

# Fast Divorce Order Form

Martian Law Firm

Questions? (718) 856-8800

**Fax to: (516) 717-3001**

If you prefer, mail your order to our law office at  
**P.O. Box 1740, Baldwin NY 11510**

## START HERE (Please Type or Print Legibly)

<b>Part 1. INFORMATION ABOUT YOU</b>				I am the <input type="checkbox"/> Husband <input type="checkbox"/> Wife	
First Name	Middle Name	Last Name	Maiden Name (if any)	Age	
Mailing Address (Street Number and Name)			Apt/Suite Number		
City			State/Province		
Zip/Postal Code	Country	Nationality	Email		
Telephone Number	Passport Number	Passport Issued At	Passport Issue Date		
Social Security Number	Driver's License Number (if any)	Naturalization Certificate Number (if any)			

<b>Part 2. INFORMATION ABOUT YOUR SPOUSE</b>				
First Name	Middle Name	Last Name	Maiden Name (if any)	Age
Mailing Address (Street Number and Name)			Apt/Suite Number	
City			State/Province	
Zip/Postal Code	Country	Nationality		

<b>Part 3. INFORMATION ABOUT THE MARRIAGE</b>		
Date of Marriage (mm/dd/yy)	Place of Marriage (City, State/Province and Country)	Separation Date (mm/dd/yy)
Language on Marriage Certificate (English, French, etc.)	Is the wife to regain her maiden name? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Part 4. CHILDREN OF THE MARRIAGE</b>			<b>If none check here</b> <input type="checkbox"/>
First Name	Last Name	Date of Birth	Residing with
First Name	Last Name	Date of Birth	Residing with
First Name	Last Name	Date of Birth	Residing with
First Name	Last Name	Date of Birth	Residing with

<b>Part 5. PAYMENT INFORMATION</b>			
Credit Card Type <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Diners Club			
Credit Card Number	Expiration Date (month/year)	Cardholder Name	Billing Zip
Amount Authorized (Check one) <input type="checkbox"/> Deposit \$ 495 <b>-OR-</b> <input type="checkbox"/> Full Payment (\$2795)		Authorized Signature	