



STATE OF ILLINOIS

CERTIFICATE OF DISSOLUTION OF , INVALIDITY OR LEGAL SEPARATION

TYPE / PRINT IN  
PERMANENT  
BLACK INK

		Name of County			Court File Number			State File Number					
<input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARTNER	<b>A</b>	1a. Name (First, Middle, Last)			1b. Last Name on Birth Certificate			2. Sex		3. Social Security Number			
		4a. Residence — City, Town, Twp. or Road District Number			4b. County		4c. State	5a. Birthplace (State or Foreign Country)		5b. Date of Birth (Mo., Day, Year)		5c. Age Now	
<input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARTNER	<b>B</b>	6a. Name (First, Middle, Last)			6b. Last Name on Birth Certificate			7. Sex		8. Social Security Number			
		9a. Residence — City, Town, Twp. or Road District Number			9b. County		9c. State	10a. Birthplace (State or Foreign Country)		10b. Date of Birth (Mo., Day, Year)		10c. Age Now	
		11a. Date of This Marriage/Civil Union (Mo., Day, Year)		11b. Place of This Marriage/Civil Union — City			11c. County		11d. State (If Not in U.S., Name Country)				
		12. Date Couple Last Resided in Same Household (Mo., Day, Year)		13a. Number of Children of This Marriage/Civil Union		13b. Children Under 18 in This Household (Specify)		14. Petitioner					
15a. Type of Decree (Specify: Dissolution, Invalidity or Legal Separation)				15b. Legal Grounds for Decree (Specify)									
16. Number of Children Under 18 Whose Physical Custody Was Awarded to: ___ Husband/Wife/Spouse/Partner A    ___ Husband/Wife/Spouse/Partner B ___ Joint    ___ Other    ___ No children				17. Legal Representative — Name and Address (Street or R.F.D., City or Town, State, ZIP code)									
<b>FOR COURT CLERK ONLY</b>													
18. Date of Recording Decree (Mo., Day, Year)					19. Signature of Court Clerk								
INFORMATION FOR STATISTICAL PURPOSES ONLY													
Race		Education (Specify Highest Grade Completed)		Number of this Marriage/Civil Union		If Previously Entered Into a Marriage/Civil Union — Last Marriage/Civil Union Ended by Death, Dissolution or Invalidity of Marriage/Civil Union							
Specify (e.g., White, Black, American Indian)		Elementary or Secondary (0-12)	College (1-4 or 5+)	First, Second, etc. (Specify)		Specify Type (Marriage or Civil Union)		Specify How		Specify When (Month, Day, Year)	Specify Where (County and State [abbreviated])		
HUSBAND/WIFE/SPOUSE/PARTNER A		20.	21.	22a.		22b.		22c.		22d.	22e.		
HUSBAND/WIFE/SPOUSE/PARTNER B		23.	24.	25a.		25b.		25c.		25d.	25e.		
26. Of Hispanic Origin? Specify No or Yes — If Yes, Specify (e.g., Cuban, Mexican, Puerto Rican)				HUSBAND/WIFE/SPOUSE/PARTNER A				26a. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		HUSBAND/WIFE/SPOUSE/PARTNER B			
										26b. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:			





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HUSBAND  
 WIFE  
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 PARTNER

**B**

Name of County		Court File Number			State File Number	
1a. Name (First, Middle, Last)		1b. Last Name on Birth Certificate		2. Sex	3. Social Security Number	
4a. Residence — City, Town, Twp. or Road District Number		4b. County	4c. State	5a. Birthplace (State or Foreign Country)		5b. Date of Birth (Mo., Day, Year)
6a. Name (First, Middle, Last)		6b. Last Name on Birth Certificate		7. Sex	8. Social Security Number	
9a. Residence — City, Town, Twp. or Road District Number		9b. County	9c. State	10a. Birthplace (State or Foreign Country)		10b. Date of Birth (Mo., Day, Year)
11a. Date of This Marriage/Civil Union (Mo., Day, Year)		11b. Place of This Marriage/Civil Union — City		11c. County		11d. State (If Not in U.S., Name Country)
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VR-700 (REV. 12/17)

IOC1 18-303

ILLINOIS DEPARTMENT OF PUBLIC HEALTH — DIVISION OF VITAL RECORDS

Printed by Authority of the State of Illinois





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