

HOW TO FILL OUT THE CERTIFICATE OF DISSOLUTION OF MARRIAGE/CIVIL UNION

NOTE: This form has some sections completed for you because it is meant to be used with our *How to Get a Divorce* form suite. Do not use this for a case asking for a legal separation or asking that a marriage be declared invalid.

Introduction:


The Certificate of Dissolution must be filed in every divorce case, whether it is a marriage or a civil union. The information you provide in the form is used by the Illinois Department of Public Health for statistical purposes. It does not have anything to do with whether a divorce is granted by the judge.

We recommend that you complete and file this form at the same time you file your *Petition for Dissolution of Marriage/Civil Union* so that you do not forget to do it. If you do this, you will get your copy at the end of your case.

If you complete this form online, you will only have to enter the information one time. If you want to file a paper copy, you will have to complete each of the four copies (Original, County Clerk's Copy, Court Copy and Legal Representative's Copy).

Enter the information requested on the form. Use the instructions we have provided for help with completing the form. If a section has been completed already, you do not have to enter anything there.

Instructions for filling out the Certificate of Dissolution of Marriage/Civil Union Form

		State of Illinois Illinois Department of Public Health		ORIGINAL	
STATE OF ILLINOIS					
CERTIFICATE OF DISSOLUTION OF ▼ INVALIDITY OR LEGAL SEPARATION					
<small>TYPE / PRINT IN PERMANENT BLACK INK</small>		Name of County		Court File Number	
<div><input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARTNER</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">A</div>		1a. Name (First, Middle, Last)		1b. Last Name on Birth Certificate	
<div><input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARTNER</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">B</div>		4a. Residence — City, Town, Twp. or Road District Number		4b. County	
<div><input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARTNER</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">B</div>		6a. Name (First, Middle, Last)		6b. Last Name on Birth Certificate	
<div><input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARTNER</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">B</div>		9a. Residence — City, Town, Twp. or Road District Number		9b. County	
<div><input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARTNER</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">B</div>		11a. Date of This Marriage/Civil Union (Mo., Day, Year)		11b. Place of This Marriage/Civil Union — City	
<div><input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARTNER</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">B</div>		13a. Number of Children of This Marriage/Civil Union		13b. Children Under 18 in This Household (Specify)	
<div><input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARTNER</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">B</div>		14. Petitioner		▼	
<div><input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARTNER</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">B</div>		11c. County		11d. State (If Not in U.S., Name Country)	
<div><input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARTNER</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">B</div>		10a. Birthplace (State or Foreign Country)		10b. Date of Birth (Mo., Day, Year)	
<div><input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARTNER</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">B</div>		8. Social Security Number		5c. Age Now	
<div><input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARTNER</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">B</div>		3. Social Security Number		2. Sex	
<div><input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARTNER</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">B</div>		XXX-XX-1234		5b. Date of Birth (Mo., Day, Year)	
<div><input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARTNER</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">B</div>		10c. Age Now		7. Sex	
<div><input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARTNER</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">B</div>		8. Social Security Number		6c. State	
<div><input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARTNER</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">B</div>		XXX-XX-4567		5a. Birthplace (State or Foreign Country)	
<div><input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARTNER</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">B</div>		10b. Date of Birth (Mo., Day, Year)		4c. State	
<div><input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARTNER</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">B</div>		10c. Age Now		3. Social Security Number	
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<div><input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARTNER</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">B</div>		10c. Age Now		1b. Last Name on Birth Certificate	
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<div><input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARTNER</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">B</div>		10b. Date of Birth (Mo., Day, Year)		10b. Date of Birth (Mo., Day, Year)	
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<div><input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARTNER</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">B</div>		10b. Date of Birth (Mo., Day, Year)		10b. Date of Birth (Mo., Day, Year)	
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<div><input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARTNER</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">B</div>					

16 – If there are no children of the marriage/civil union, check the “no children box.” If there are children under 18 years old, leave it blank if you are filing this form at the time you are filing your *Petition for Dissolution of Marriage/Civil Union*; complete it if you are filing it after the *Judgment of Dissolution of Marriage/Civil Union* and *Parenting Plan* have been signed by the judge.

17 - Leave this blank unless a lawyer is representing you. If you are represented by a lawyer, enter the name and address of the lawyer.


18 – Leave blank. This is for the Circuit Clerk to complete.

19 - Leave blank. This is for the Circuit Clerk to complete.

20 - Enter the race of each person.

21 – Enter the educational level of each person.

15a. Type of Decree (Specify: Dissolution, Invalidity or Legal Separation) Dissolution <input type="checkbox"/>				15b. Legal Grounds for Decree (Specify) Irreconcilable Differences			
16. Number of Children Under 18 Whose Physical Custody Was Awarded to: <input type="checkbox"/> Husband/Wife/Spouse/Partner A <input type="checkbox"/> Husband/Wife/Spouse/Partner B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> No children				17. Legal Representative — Name and Address (Street or R.F.D., City or Town, State, ZIP code)			
FOR COURT CLERK ONLY							
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:		

VR-700 (REV. 12/17) **ILLINOIS DEPARTMENT OF PUBLIC HEALTH — DIVISION OF VITAL RECORDS**
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20-26: These answers are only used for informational purposes.

22a/25a – Enter the number of times each person has had a marriage/civil union.

22b-e and 25b-e (If previously entered into) – complete this section only if you have earlier marriages or civil unions that were declared invalid

22b/25b - Enter either marriage or civil union.

22c/25c – Enter either divorce, invalidation or death.

22d/25d – Enter the date your most recent marriage/civil union ended by divorce, invalidation or death.

22e/25e – Enter the county and state where your most recent marriage/civil union ended by divorce, invalidation or death.