



STATE OF ILLINOIS

CERTIFICATE OF DISSOLUTION OF , INVALIDITY OR LEGAL SEPARATION

TYPE / PRINT IN  
PERMANENT  
BLACK INK

☐ HUSBAND  
☐ WIFE  
☐ SPOUSE  
☐ PARTNER

A

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) 5c. Age Now
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)			
FOR COURT CLERK ONLY					
18. Date of Recording Decree (Mo., Day, Year)		19. Signature of Court Clerk ▶			
INFORMATION FOR STATISTICAL PURPOSES ONLY					
Race <i>Specify (e.g., White, Black, American Indian)</i>	Education <i>(Specify Highest Grade Completed)</i> Elementary or Secondary (0-12)    College (1-4 or 5+)	Number of this Marriage/Civil Union <i>First, Second, etc. (Specify)</i>	If Previously Entered Into a Marriage/Civil Union — <b>Last</b> Marriage/Civil Union Ended by Death, Dissolution or Invalidity of Marriage/Civil Union		
			<i>Specify Type (Marriage or Civil Union)</i>	<i>Specify How</i>	<i>Specify When (Month, Day, Year) Specify Where (County and State [abbreviated])</i>
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? <i>Specify No or Yes — If Yes, Specify (e.g., Cuban, Mexican, Puerto Rican)</i>		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)

IOCI 18-303

ILLINOIS DEPARTMENT OF PUBLIC HEALTH — DIVISION OF VITAL RECORDS

Printed by Authority of the State of Illinois





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