

STATE OF ILLINOIS

CERTIFICATE OF DISSOLUTION OF

, INVALIDITY OR LEGAL SEPARATION

TYPE / PRINT IN PERMANENT BLACK INK	Name of County				Number		State Fil	State File Number			
HUSBAND WIFE SPOUSE	1a. Name (First, Middle, Last)				1b. La		1b. Last Name on Birth Certificate		Social Security Numl	oer	
■ PARTNER	4a. Residence — City, Town,	/, Town, Twp. or Road District Number			4b. County		5a. Birthplace (State or Foreign Country)	5b. Date of Birth (Mo., Day, Year)		5c. Age Now	
HUSBAND WIFE SPOUSE	B					6b. Last Na	6b. Last Name on Birth Certificate		8. Social Security Numl	per	
■ PARTNER	9a. Residence — City, Town,	Residence — City, Town, Twp. or Road District Number			9b. County		10a. Birthplace (State or Foreign Country)	r 10b. Date of Birth (Mo., Day, Year) 1		10c. Age Now	
	11a. Date of This Marriage/Civil Union (Mo., Day, Year) 12. Date Couple Last Resided in Same Household (Mo., Day, Year) 13a. Number of Ch. This Marriage				Union — City		11c. County	11d. Stat	11d. State (If Not in U.S., Name Country		
					13b. Children Under 18 in This Household (Specify) 14. Petitioner			'			
	15a. Type of Decree (Specify	ion) 15b. Le	egal Grounds for Decree	(Specify)	1						
	16. Number of Children Under 18 Whose Physical Custody Was Awarded Husband/Wife/Spouse/Partner A Husband/Wife/Spouse/								n, State, ZIP code)		
	Joint	No children									
	FOR COURT CLERK ONLY 18. Date of Recording Decree (Mo., Day, Year) 19. Signature of Court Clerk ▶										
				INFORM Number of this	MATION FOR STATISTI						
	Race Education N (Specify Highest Grade Completed) Man				on	If Previously Entered Into a Marriage/ Ended by Death, Dissolution or		e/Civil Union — <i>Last</i> Marriage/Civil Union 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 Typ (Marriage or Civil	e Union)	Specify How	Specify When (Month, Day, Year,	Specify I (County and State		
HUSBAND/WIFE/ SPOUSE/PARTNER A	20.	21.		22a.	22b.	2	22c.	22d.	22e.		
HUSBAND/WIFE/ SPOUSE/PARTNER B	23.	24.		25a.	25b.	2	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. No Yes Specify: Specify: Specify: Specify: Specify:										
							010N 05 MTAL BE00				

VR-700 (REV. 12/17) IOCI 18-303 ILLINOIS DEPARTMENT OF PUBLIC HEALTH — DIVISION OF VITAL RECORDS

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COUNTY CLERK'S COPY COUNTY OF MARRIAGE

STATE OF ILLINOIS

CERTIFICATE OF DISSOLUTION OF

, INVALIDITY OR LEGAL SEPARATION

PRINT IN RMANENT ACK INK	Name of County		Court File	Number				State File Number		
SBAND FE OUSE	1a. Name (First, Middle, Last)		1b. Last Name on Birth Certificate			3. Social Security Numb	oer			
RTNER	4a. Residence — City, Town, Twp. or Road District I	4b. County		4c. State	5a. Birthplace (State or Foreign Country)	5b. Date	of Birth (Mo., Day, Year)	5c. Age Now		
SBAND FE OUSE	6a. Name (First, Middle, Last)			6b. Last Na	ame on Birth Certificate	7. Sex	8. Social Security Numb	per		
RTNER	9a. Residence — City, Town, Twp. or Road District I	Number	9b. County		9c. State	10a. Birthplace (State or Foreign Country)	10b. Date of Birth (Mo., Day, Year) 10c. Ag		10c. Age Now	
	11a. Date of This Marriage/Civil Union (Mo., Day, Year) 11b. Place of This I			Union — City		11c. County	11d. Stat	e (If Not in U.S., Name Co	ountry)	
	12. Date Couple Last Resided in Same Household (Mo., Day, Year) 13a. Number of Ch This Marriage									
	15a. Type of Decree (Specify: Dissolution, Invalidity	or Legal Separation	egal Grounds for Decree	(Specify)						
	16. Number of Children Under 18 Whose Physical C	Custody Was Awarde	17. Legal Representative — Name and Address (Street or R.F.D., City or Town, State, ZIP code)							
	Husband/Wife/Spouse/Partner A									
	Joint Other	No children								
	FOR COURT CLERK ONLY									
	18. Date of Recording Decree (Mo., Day, Year)		19. Signature	19. Signature of Court Clerk						
				>	>					

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STATE OF ILLINOIS

CERTIFICATE OF DISSOLUTION OF

, INVALIDITY OR LEGAL SEPARATION

/ PRINT IN MANENT ACK INK	Name of County		Court File	Number			State Fi	State File Number		
SBAND E DUSE A	1a. Name (First, Middle, Last)		1b. Last Na	ame on Birth Certificate	2. Sex	3. Social Security Number				
RTNER	4a. Residence — City, Town, Twp. or Road District Number 4b. Co				4c. State 5a. Birthplace (State or Foreign Country)		5b. Date of Birth (Mo., Day, Year) 5c. Age Now			
BUSE RINER	6a. Name (First, Middle, Last)		6b. Last Na	ame on Birth Certificate	7. Sex	8. Social Security Numb	er			
	9a. Residence — City, Town, Twp. or Road District N	9b. County		9c. State	10a. Birthplace (State or Foreign Country)	10b. Date	10b. Date of Birth (Mo., Day, Year) 10c. /			
	11a. Date of This Marriage/Civil Union (Mo., Day, Year)			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 Chil This Marriage/0			13b. Children Under 18 in This Household (Specify) 14. Petitioner						
	15a. Type of Decree (Specify: Dissolution, Invalidity	egal Grounds for Decree	(Specify)							
	16. Number of Children Under 18 Whose Physical C	17. Legal Representative — Name and Address (Street or R.F.D., City or Town, State, ZIP code)								
	Husband/Wife/Spouse/Partner A									
	Joint Other	No children								
	FOR COURT CLERK ONLY									
	18. Date of Recording Decree (Mo., Day, Year)		19. Signature	. Signature of Court Clerk ►						

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PRINT IN MANENT ICK INK	ENT Name of County			File Number				State File Number		
BAND E DUSE A	1a. Name (First, Middle, Last)		1b. Last Na	ame on Birth Certificate	2. Sex	3. Social Security Number				
TNER	4a. Residence — City, Town, Twp. or Road District Number			4b. County		5a. Birthplace (State or Foreign Country)	5b. Date	of Birth (Mo., Day, Year)	5c. Age Now	
BAND E DUSE B	6a. Name (First, Middle, Last)		6b. Last Na	ame on Birth Certificate	7. Sex	8. Social Security Numb	per			
TNER	9a. Residence — City, Town, Twp. or Road District I	Number	9b. County		9c. State	10a. Birthplace (State or Foreign Country)	10b. Date	10b. Date of Birth (Mo., Day, Year) 10c		
	11a. Date of This Marriage/Civil Union (Mo., Day, Year)	Marriage/Civi	Union — City		11c. County	11d. Stat	te (If Not in U.S., Name C	ountry)		
	12. Date Couple Last Resided in Same Household (Mo., Day, Year) 13a. Number of Children of This Marriage/Civil Un			13b. Children Under 1 This Household (
	15a. Type of Decree (Specify: Dissolution, Invalidity	or Legal Separation	egal Grounds for Decre	e (Specify)						
	16. Number of Children Under 18 Whose Physical C Husband/Wife/Spouse/Partner A	Custody Was Awarde Husband/Wife/Spou	17. Legal Representative — Name and Address (Street or R.F.D., City or Town, State, ZIP code)							
	Joint Other	No children								
	FOR COURT CLERK ONLY									
	18. Date of Recording Decree (Mo., Day, Year)	19. Signature of Court Clerk								
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