

TYPE/PRINT IN
PERMANENT
BLACK INK. FOR
INSTRUCTIONS, SEE
HANDBOOK.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
CERTIFICATE OF DISSOLUTION OF MARRIAGE

CASE NUMBER

STATE FILE NUMBER

FIRST PARTY	1. FIRST PARTY'S NAME FIRST MIDDLE LAST			2. LAST NAME PRIOR TO FIRST MARRIAGE (If different)		
	3. SOCIAL SECURITY NO.	4. RESIDENCE - CITY, TOWN, OR LOCATION			5. STATE	6. ZIP CODE
	7. COUNTY			8. DATE OF BIRTH (Month, Day, Year)	9. BIRTHPLACE (State or Foreign Country)	
SECOND PARTY	10. SECOND PARTY'S NAME FIRST MIDDLE LAST			11. LAST NAME PRIOR TO FIRST MARRIAGE (If different)		
	12. SOCIAL SECURITY NO.	13. RESIDENCE - CITY, TOWN, OR LOCATION			14. STATE	15. ZIP CODE
	16. COUNTY			17. DATE OF BIRTH (Month, Day, Year)	18. BIRTHPLACE (State or Foreign Country)	
MARRIAGE	19. PLACE OF THIS MARRIAGE - CITY, TOWN, OR LOCATION		20. COUNTY	21. STATE OR FOREIGN COUNTRY		22. DATE OF THIS MARRIAGE
	23. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (MONTH, DAY, YEAR)	24. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 23 Number <input type="text"/> <input type="checkbox"/> None		25. PETITIONER 0 <input type="checkbox"/> First Party 1 <input type="checkbox"/> Second Party 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> Other (Specify) <input type="text"/>		
ATTORNEY	26. NAME OF PETITIONER'S ATTORNEY (Type or Print)		27. ADDRESS (Street and Number or Rural Route Number, City, or Town, State Zip code)			
	28. I CERTIFY THAT THE MARRIAGE OF THE ABOVE-NAMED PERSONS WAS DISSOLVED ON: (Month, Day, Year)		29. TYPE OF DECREE 0 <input type="checkbox"/> Dissolution 1 <input type="checkbox"/> Legal Separation 2 <input type="checkbox"/> Annulment		30. DATE RECORDED (Month, Day, Year)	
DECREE	31. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO: First Party _____ Second Party _____ Joint (First/Second Parties) _____ Other _____ <input type="checkbox"/> No Children		32. CHILD SUPPORT WAS AWARDED TO: 1 <input type="checkbox"/> First Party 2 <input type="checkbox"/> Second Party 3 <input type="checkbox"/> Other 4 <input type="checkbox"/> No child support awarded		33. COUNTY OF DECREE	
	34. TITLE OF COURT		35. SIGNATURE OF CERTIFYING OFFICIAL			
FIRST PARTY	36. TITLE OF CERTIFYING OFFICE		37. NUMBER OF THIS MARRIAGE - FIRST, SECOND, ETC. (SPECIFY BELOW)			
	38. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED BY: DATE: (Month, Year)		39. RACE - American Indian, Black, White, Etc. (Specify below)		40. EDUCATION (Specify only highest grade completed)	
	38A. 2 <input type="checkbox"/> Death 3 <input type="checkbox"/> Divorce, dissolution, or or annulment		38B. 2 <input type="checkbox"/> Death 3 <input type="checkbox"/> Divorce, dissolution, or or annulment		38C. 2 <input type="checkbox"/> Death 3 <input type="checkbox"/> Divorce, dissolution, or or annulment	
SECOND PARTY	37A.		37B.		37C.	
	37A. 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian 4 <input type="checkbox"/> Other (Specify) _____		37B. 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian 4 <input type="checkbox"/> Other (Specify) _____		37C. 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian 4 <input type="checkbox"/> Other (Specify) _____	