



State of Illinois  
Illinois Department of Public Health

STATE OF ILLINOIS  
CERTIFICATE OF DISSOLUTION OF MARRIAGE, INVALIDITY OR LEGAL SEPARATION

TYPE / PRINT  
IN  
PERMANENT  
BLACK INK

HUSBAND  
 WIFE  
 SPOUSE

**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

HUSBAND  
 WIFE  
 SPOUSE

**B**

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 (Mo., Day, Year)		11b. Place of This Marriage — 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		13b. Children Under 18 in This Household (Specify)		14. Petitioner ___ Husband/Wife/Spouse A ___ Husband/Wife/Spouse B ___ Both	
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 A ___ Husband/Wife/Spouse 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
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INFORMATION FOR STATISTICAL PURPOSES ONLY

Husband/Wife/Spouse A

Husband/Wife/Spouse B

Race <i>Specify (e.g. White, Black, American Indian)</i>	Education <i>(Specify Highest Grade Completed)</i>		Number of this Marriage <i>First, Second etc. (Specify)</i>	If Previously Entered Into a Marriage/Civil Union — Last Marriage/Civil Union Ended by Death, Dissolution or Invalidity of Marriage/Civil Union			
	<i>Elementary or Secondary (0-12)</i>	<i>College (1-4 or 5+)</i>		<i>Specify Type (Marriage or Civil Union)</i>	<i>Specify How</i>	<i>Specify When (Month, Day, Year)</i>	<i>Specify Where (County &amp; State (abbreviated))</i>
20.	21.		22a.	22b.	22c.	22d.	22e.
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>			26a. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26b. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH — DIVISION OF VITAL RECORDS

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