

STATE OF ILLINOIS CERTIFICATE OF DISSOLUTION OF

, INVALIDITY OR LEGAL SEPARATION

TYPE / PRINT IN PERMANENT BLACK INK	Name of County				Court File Number				State File Number		
HUSBAND WIFE SPOUSE	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		5a. Birthplace (State or Foreign Country)			5c. Age Now	
HUSBAND WIFE SPOUSE	6a. Name (First, Middle, Last)				6b. Last Na		ame on Birth Certificate	7. Sex	8. Social Security Num	ber	
PARTNER	9a. Residence — City, Town, Twp. or Road District Number					9c. State	10a. Birthplace (State or Foreign Country)	10b. Date of Birth (Mo., Day, Year) 10c. A			
	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,			Country)	
	12. Date Couple Last Resided in Same Household 13a. Number of Cl (Mo., Day, Year) This Marriage				13b. Children Under 18 This Household (S		14. Petitioner				
	15a. Type of Decree (Specify: Dissolution, Invalidity or Legal Separation) 15b. Legal Grounds for Decree (Specify)										
	16. Number of Children Unde	use/Partner A	ustody Was Award Husband/Wife/Spor No children								
	FOR COURT CLERK ONLY										
	18. Date of Recording Decree (Mo., Day, Year) 19. Signature of Court Clerk Image: Signature of Court Clerk Image: Signature of Court Clerk										
	INFORMATION FOR STATISTICAL PURPOSES ONLY Education Number of this If Previously Entered Into a Marriage/Civil Union — Last Marriage/Civil Union										
	Race	Education (Specify Highest Grad		Number of this rriage/Civil Union		If Previously Entered Into a Marriage/Civil Unio Ended by Death, Dissolution or Invalidity					
	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		Specify How	Specify When (Month, Day, Year	r) (County and Stat		
HUSBAND/WIFE/ SPOUSE/PARTNER A	20.	21.	22	a.	22b.	2	22c.	22d.	22e.		
HUSBAND/WIFE/ SPOUSE/PARTNER B	23.	24.	25	a.	25b.	2	25c.	25d.	25e.		
	26. Of Hispanic Origin? HUSBAND/WIFE/ 26a. No Yes Specify No or Yes If Yes, Specify Specify: Specify: (e.g., Cuban, Mexican, Puerto Rican) A Yes										
	(R-700 (REV. 12/17) ILLINOIS DEPARTMENT OF PUBLIC HEALTH — DIVISION OF VITAL RECORDS										

IOCI 18-303

NOIS DEPARTMENT OF PUBLIC HEALTH — DIVISION OF VITAL RECORD Printed by Authority of the State of Illinois



CERTIFICATE OF DISSOLUTION OF

COUNTY CLERK'S COPY COUNTY OF MARRIAGE

STATE OF ILLINOIS

, INVALIDITY OR LEGAL SEPARATION

TYPE / PRINT IN PERMANENT BLACK INK	Name of County	Court File Number				State F	State File Number				
■ HUSBAND ■ WIFE ■ SPOUSE A	1a. Name (First, Middle, Last)		1b. Last Name on Birth Certificate		2. Sex	3. Social Security Number					
PARTNER	4a. Residence — City, Town, Twp. or Road District N	4b. County		4c. State	5a. Birthplace (State or Foreign Country)	5b. Date	5b. Date of Birth (Mo., Day, Year) 5c. Age				
	6a. Name (First, Middle, Last)		6b. Last Name on Birth Certificate			8. Social Security Num	ber				
	9a. Residence — City, Town, Twp. or Road District N	9b. County		9c. State	10a. Birthplace (State or Foreign Country)	10b. Dat	10b. Date of Birth (Mo., Day, Year) 10c. A				
	11a. Date of This Marriage/Civil Union 11b. Place of This Marriage/Civil Union (Mo., Day, Year) 11b. Place of This Marriage/Civil Union			Aarriage/Civil Union — City		11c. County	11d. State (If Not in U.S., Name Country)		ountry)		
	12. Date Couple Last Resided in Same Household (Mo., Day, Year)	hildren of e/Civil Union 13b. Children Under 18 This Household (S									
	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: 17. Leg Husband/Wife/Spouse/Partner A Husband/Wife/Spouse/Partner B Joint Other No children				agal Representative — Name and Address (Street or R.F.D., City or Town, State, ZIP code)						
	FOR COURT CLERK ONLY										
					9. Signature of Court Clerk						
	VR-700 (REV. 12/17) ILLINOIS DEPARTMENT OF PUBLIC HEALTH — DIVISION OF VITAL RECORDS										
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, INVALIDITY OR LEGAL SEPARATION

STATE OF ILLINOIS CERTIFICATE OF DISSOLUTION OF , I

TYPE / PRINT IN PERMANENT BLACK INK	Name of County	Court File Number				State File Number					
HUSBAND WIFE SPOUSE	1a. Name (First, Middle, Last)		1b. Last Name on Birth Certificate		2. Sex	3. Social Security Numb	per				
■ PARTNER	4a. Residence — City, Town, Twp. or Road District №	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 Numb	ber			
	9a. Residence — City, Town, Twp. or Road District Number			9b. County		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)			ountry)		
	12. Date Couple Last Resided in Same Household (Mo., Day, Year)										
	15a. Type of Decree (Specify: Dissolution, Invalidity	egal Grounds for Decree	I Grounds for Decree (Specify)								
	16. Number of Children Under 18 Whose Physical C Husband/Wife/Spouse/Partner A	17. Legal Representative — Name and Address (Street or R.F.D., City or Town, State, ZIP code)									
	JointOtherNo children										
	FOR COURT CLERK ONLY										
	18. Date of Recording Decree (Mo., Day, Year)				19. Signature of Court Clerk ►						
	VR-700 (REV. 12/17) ILLINOIS DEPARTMENT OF PUBLIC HEALTH — DIVISION OF VITAL RECORDS										
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CERTIFICATE OF DISSOLUTION OF

, INVALIDITY OR LEGAL SEPARATION TYPE / PRINT IN PERMANENT BLACK INK Court File Number State File Number Name of County HUSBAND 1b. Last Name on Birth Certificate 1a. Name (First, Middle, Last) 2. Sex 3. Social Security Number WIFE SPOUSE A PARTNER 4a. Residence - City, Town, Twp. or Road District Number 5a. Birthplace (State or Foreign Country) 4b. County 4c. State 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 В OUSE 10a. Birthplace (State or Foreign Country) 9a. Residence - City, Town, Twp. or Road District Number 9b. County 9c. State 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) 13b. Children Under 18 in This Household (Specify) 13a. Number of Children of This Marriage/Civil Union 12. Date Couple Last Resided in Same Household 14. Petitioner (Mo., Day, Year) 15b. Legal Grounds for Decree (Specify) 15a. Type of Decree (Specify: Dissolution, Invalidity or Legal Separation) 16. Number of Children Under 18 Whose Physical Custody Was Awarded to: 17. Legal Representative - Name and Address (Street or R.F.D., City or Town, State, ZIP code) _____ Husband/Wife/Spouse/Partner A Husband/Wife/Spouse/Partner B No children Joint Other FOR COURT CLERK ONLY 18. Date of Recording Decree (Mo., Day, Year) 19. Signature of Court Clerk VR-700 (REV. 12/17) ILLINOIS DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS IOCI 18-303 Printed by Authority of the State of Illinois

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