



State of Illinois  
Illinois Department of Public Health

ORIGINAL

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

TYPE / PRINT  
IN  
PERMANENT  
BLACK INK

HUSBAND

Name of County		Court File Number			State File Number	
1. Husband - Name First		Middle		Last		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. Wife - Name First		Middle		Last		6b. Maiden Name (If Different)
						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, Both, Other (Specify)
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 _____ <input type="checkbox"/> No Children Joint (Husband/Wife) _____ Other _____				17. Legal Representative — Name and Address (Street, or R.F.D., City or Town, State, ZIP)		

FOR COURT CLERK ONLY

18. Date of Recording Decree (Mo., Day, Year)	19. Signature of Court Clerk

INFORMATION FOR STATISTICAL PURPOSES ONLY

Race Specify (e.g. White, Black, American Indian, etc.)	Education (Specify Highest Grade Completed)		Number of this Marriage First—Second etc. (Specify)	If Previously Entered into a Marriage/Civil Union — Last Marriage/Civil Union Ended by Death, Dissolution or Invalidity of Marriage/Civil Union			
	Elementary or Secondary (0-12)	College (1-4 or 5+)		Specify Type (Marriage or Civil Union)	Specify How	Specify When (Month, Day, Year)	Specify Where (County & State)
20.	21.		22a.	22b.	22c.	22d.	22e.
23.	24.		25a.	25b.	25c.	25d.	25e.
26. Of Hispanic Origin? (Specify No or Yes — If Yes, Specify Cuban, Mexican, Puerto Rican, etc.)			26a. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26b. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		
			HUSBAND		WIFE		

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH — DIVISION OF VITAL RECORDS

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