



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**

		Name of County		Court File Number		State File Number									
<input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE	<b>A</b>	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	4c. State	5a. Birthplace (State or Foreign Country)		5b. Date of Birth (Mo., Day, Year)	5c. Age Now						
<input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE	<b>B</b>	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 <input type="checkbox"/> Husband/Wife/Spouse A <input type="checkbox"/> Husband/Wife/Spouse B <input type="checkbox"/> 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: <input type="checkbox"/> Husband/Wife/Spouse A <input type="checkbox"/> Husband/Wife/Spouse B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> No Children			17. Legal Representative — Name and Address (Street or R.F.D., City or Town, State, ZIP code)										
<b>FOR COURT CLERK ONLY</b>															
		18. Date of Recording Decree (Mo., Day, Year)			19. Signature of Court Clerk										
INFORMATION FOR STATISTICAL PURPOSES ONLY															
Race		Education (Specify Highest Grade Completed)		Number of this Marriage		If Previously Entered into a Marriage/Civil Union — Last Marriage/Civil Union Ended by Death, Dissolution 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 Type (Marriage or Civil Union)		Specify How		Specify When (Month, Day, Year)		Specify Where (County & State (abbreviated))			
Husband/Wife/Spouse A		20.		21.		22a.		22b.		22c.		22d.		22e.	
Husband/Wife/Spouse B		23.		24.		25a.		25b.		25c.		25d.		25e.	
26. Of Hispanic Origin? Specify No or Yes — If Yes, Specify (e.g. Cuban, Mexican, Puerto Rican)		Husband/Wife/Spouse A		26a. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		Husband/Wife/Spouse B		26b. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:							

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