

Illinois Department of Public Health

STATE OF ILLINOIS

CERTIFICATE OF DISSOLUTION OF MARRIAGE, INVALIDITY OR LEGAL SEPARATION

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	Name of County	Court File N	umber			State File Number							
HUSBAND WIFE SPOUSE	1a. Name First Middle Li					1b. Last Name on Bi Certificate	1b. Last Name on Birth Certificate		3. Social So	3. Social Security Number			
	4a. Residence – City, Town, Twp. or Road Distri	4a. Residence – City, Town, Twp. or Road District Number			5a. Birthp	olace (State or Foreign Country)		5b. Date of Birth (Mo., Day, Year)		'ear) 5	c. Age Now		
HUSBAND WIFE SPOUSE	6a. Name First	Middle	ast	6b. Last Name on Birth Certificate			7. Sex	8. Social Se	ecurity Num	ber			
	9a. Residence – City, Town, Twp. or Road Distri	9b. County	9c. State	10a. Birth	nplace (State or Foreign Country	10b. Date of Birth (Mo., Day, Year) 10c. Age Now			Oc. Age Now				
	11a. Date of This Marriage (Mo., Day, Year)	ice of This Marriage - Cit	у		11c. County	11c. County			11d. State (If Not in U.S., Name Country)				
	12. Date Couple Last Resided in Same Househo (Mo., Day, Year)	ld 1	of This Marriag	ge	13b. Children Under 18 in This Household (Specify)	Husband/W	/ife/Spouse B						
	15a. Type of Decree (Specify: Dissolution, Invali	Both 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												
	FOR COURT CLERK ONLY												
	18. Date of Recording Decree (Mo., Day, Year)			19. Signature of Court Clerk	(
			→										
			INFO	PURPOSES ONLY									
	Race		ducation est Grade Completed)		mber of This arriage			arriage/Civil Union – Last Marriage/Civil Union ution or Invalidity of Marriage/Civil Union					
	Specify (e.g. White, Black, American Indian)	Elementary or Secondary (0-12)	College (1-4 or 5+)		, Second (Specify)	Specify Type (Marriage or Civil Union)			Specify When (Month, Day, Year)		y Where y & State eviated))		
lusband/Wife pouse A	20.	21.		22a.		22b.	22c.		22d.	22e.			
lusband/Wife pouse 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. Specify:	No	Yes	Husband/W Spouse B		No No Decify:	Yes			

VR-700 (REV. 2/14) IOCI 14-579 ILLINOIS DEPARTMENT OF PUBLIC HEALTH – DIVISION OF VITAL RECORDS



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HUSBAND WIFE SPOUSE	1a. Name First Middle			ast		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. Birthplac	e (State or Foreign Country)		5b. Date of Birth (Mo., Day, Year)		5c. Age Now		
HUSBAND WIFE SPOUSE	6a. Name First Middle Last	•		6b. Last Name on Birth Certificate			8. Social Security Number				
	9a. Residence – City, Town, Twp. or Road District Number	9b. County	9c. State	10a. Birthpla	ace (State or Foreign Country	y)	10b. Date of Birth (Mo., Day, Year)		10c. Age Now		
	11a. Date of This Marriage (Mo., Day, Year)	of This Marriage - City			11c. County		11d. State (If Not in U.S., Name Country)				
	Date Couple Last Resided in Same Household (Mo., Day, Year)	of This Marriag		13b. Children Under 18 in This Household (Specify)	14. Petitioner Husband/Wife/Spouse A Husband/Wife/Spouse A Husband/Wife/Spouse A			nd/Wife/Spouse B			
	15a. Type of Decree (Specify: Dissolution, Invalidity or Legal So		15b. Legal Grounds for Decree (Specify)								
	16. Number of Children Under 18 Whose Physical Custody Wa Husband/Wife/Spouse A Husband/Wife/Spou Joint Other No Children		17. Legal Representative – Name and Address (Street or R.F.D., City or Town, State, ZIP Code)								
				RT CLERK	K ONLY						
	18. Date of Recording Decree (Mo., Day, Year)		19. Signature of Court Clerk								

IN ACCORDANCE WITH 750 ILCS 5/413, THE CIRCUIT CLERK SHALL GIVE NOTICE OF THE ENTRY OF A JUDGMENT OF DISSOLUTION OF MARRIAGE, LEGAL SEPARATION OR DECLARATION OF INVALIDITY OF MARRIAGE TO THE COUNTY CLERK WHERE THE MARRIAGE IS REGISTERED, WHO SHALL MAKE AN ENTRY IN THE MARRIAGE REGISTRY. IF THE MARRIAGE IS REGISTERED IN A STATE OTHER THAN ILLINOIS, THE CIRCUIT CLERK SHALL GIVE NOTICE TO THE APPROPRIATE OFFICIAL WITH A REQUEST THAT THEY MAKE AN ENTRY IN THE APPROPRIATE RECORD.

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HUSBAND WIFE SPOUSE	6a. Name First Middle Last			6b. Last Name on Birth Certificate			8. Social Security Number			
	9a. Residence – City, Town, Twp. or Road District Number		9b. County	9c. State	10a. Birthpla	lace (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 M.			у		11c. County		11d. State (If Not in U.S., Name Country)		
	12. Date Couple Last Resided in Same Household (Mo., Day, Year)	of This Marriag		13b. Children Under 18 in This Household (Specify)				nd/Wife/Spouse B		
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	FOR COURT CLERK ONLY									
	18. Date of Recording Decree (Mo., Day, Year)		19. Signature of Court Clerk							
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	12. Date Couple Last Resided in Same Household (Mo., Day, Year)	of This Marriag		13b. Children Under 18 in This Household (Specify)	14. Petitioner	14. Petitioner Husband/Wife/Spouse AHusband/Wife/Spouse BHusband/Wife/Spouse B					
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