**Section 500.APPENDIX D Certificate of Dissolution, Invalidity of Marriage or Legal Separation**

|  |  |  |
| --- | --- | --- |
| TYPE OR PRINT IN PERMAMENT INK |  | ORIGINAL |
|  |  |
|  | Name of County | **STATE OF ILLINOIS****CERTIFICATE OF DISSOLUTION****INVALIDITY OF MARRIAGE OR LEGAL SEPARATION** | State File Number |
|  |  |  |  |
|  | Court File Number |  |  |
|  | 1. | Husband – Name | *First* | *Middle* |  |  | *Last* |
| **HUSBAND** |  |
|  | 2a. | Residence – *City, Town, Twp., or Road District Number* | 2b. County | 2c. State | 3. State of Birth *(If Not in U.S., Name Country)* | 4a. Date of Birth *(Mo., Day, Year)* | 4b. Age Now |
|  |  |  |  |  |  |  |
|  | 5a. | Wife – Name | *First* | *Middle* | *Last* | 5b. Maiden Name |
| **WIFE** |  |  |
| PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS | 6a. | Residence – *City, Town, Twp., or Road District Number* | 6b. County | 6c. State | 7. State of Birth *(If Not in U.S*., *Name Country*) | 8a. Date of Birth (*Mo., Day, Year*) | 8b. Age Now |
|  |  |  |  |  |  |  |
|  | 9a. | Date of This Marriage *(Mo., Day, Year*) | 9b. Place of This Marriage – City | 9c. County | 9d. State *(If Not in U.S., Name Country*) |
|  | 10. | Date Couple Last Resided in Same Household *(Month, Day, Year)* | 11a. Number of Children Born Alive of This Marriage | 11b. | Children Under 18 in This Household *(Specify)* | 12. | Petitioner-Husband, Wife, Both, Other *(Specify)* |
|  |  |  |  |  |  |  |  |
|  | 13a. | Type of Decree *(Specify: Dissolution, Invalidity, or Legal Separation)* | 13b. | Legal Grounds for Decree  | *(Specify*) |
|  |  |  |
|  | 14. | Number of Children Under 18 Whose Physical Custody Was Awarded To: | 15. | Legal Representative-Name and Address *(Street or R.F.D., City or Town, State, Zip)* |
|  |  |  |  |
|  | Husband \_\_\_\_\_\_\_\_\_\_\_ | Wife \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  No Children |  |
|  | Joint (Husband/Wife) \_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | FOR COURT CLERK ONLY |
|  | 16. | Date of Recording Decree *(Month, Day, Year)* | 17. | Signature of Court Clerk |
|  |  | ► |
|  | INFORMATION FOR STATISTICAL PURPOSES ONLY |
|  | Race | Number of This Marriage | If Previously Married, Last Marriage Ended By | Education *(Specify Highest Grade Completed)* |
| **HUSBAND** | 18. | Specify *(e.g. White, Black, American Indian, etc.)* | 19. First, Second, etc. | 20a. By Death, Dissolution, or Invalidity? *Specify*: | 20b. Date *(Month, Day, Year*) | 21a. Elementary or Secondary (0-12) | 21b.. College (1-4 or 5+) |
|  |  |  |  |  |  |  |  |
| **WIFE** | 22. | Specify *(e.g. White, Black*, *American Indian, etc.)* | 23. First, Second, etc. | 24a. By Death, Dissolution, or Invalidity? *Specify*: | 24b*.* Date *(Month, Day, Year)* | 25a. Elementary or Secondary(0-12) | 25b.. College (1-4or 5+) |
|  |  |  |  |  |  |  |  |
|  | 26. | Of Hispanic Origin? |  |  | 27a. | [ ]  No [ ]  Yes |  | 27b. | [ ]  No [ ] Yes |
|  |  | *(Specify No or Yes – If yes, specify Cuban, Mexican, Puerto Rican, etc.)* | **HUSBAND** | *Specify*: | **WIFE** | *Specify:* |
|  |  |  |  |  |  |  |
| VR700 (1989) | Illinois Department of Public Health – Office of Vital Records | BASED ON 1989 US STANDARD CERT. |

(Source: Added at 15 Ill. Reg. 11706, effective August 1, 1991)