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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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)