

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

Name of County
Court File Number

State File Number
-------------------

**HUSBAND**

1. Husband - Name <i>First Middle Last</i>				2a. Social Security Number	
2b. Residence - City, Town, Twp., or Road District Number	2c. County	2d. State	3. State of Birth (If Not in U.S. Name Country)	4a. Date of Birth (Mo., Day, Year)	4b. Age Now

**WIFE**

5a. Wife - Name <i>First Middle Last</i>				5b. (MAIDEN) LAST		5c. Social Security Number	
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		

PRINTED BY THE AUTHORITY OF THE STATE OF ILLINOIS

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 Husband _____ Wife _____ <input type="checkbox"/> No children Joint (Husband/Wife) _____ Other _____			15. Legal Representative - Name and Address (Street or R.F.D., City or Town, State, Zip)			

**FOR COURT CLERK ONLY**

16. Date of Recording Decree (Month, Day, Year)	17. Signature of Court Clerk
---	------------------------------

**INFORMATION FOR STATISTICAL PURPOSES ONLY**

**HUSBAND**

Race	Number of This Marriage	If Previously Married, Last Marriage Ended By		Education (Specify Highest Grade Completed)	
18. Specify (a.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 +)
22. Specify (a.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 (1-4 or 5 +)

**WIFE**

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:
--	--	---	---