



STATE OF ILLINOIS

CERTIFICATE OF DISSOLUTION OF , 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 <input type="checkbox"/> PARTNER | A | 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 <input type="checkbox"/> PARTNER | 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/Civil Union (Mo., Day, Year) | | 11b. Place of This Marriage/Civil Union — 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/Civil Union | | 13b. Children Under 18 in This Household (Specify) | | 14. Petitioner | | | | | |
| 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: ___ Husband/Wife/Spouse/Partner A ___ Husband/Wife/Spouse/Partner B ___ Joint ___ Other ___ No children | | | | 17. Legal Representative — Name and Address (Street or R.F.D., City or Town, State, ZIP code) | | | | | | | | | |
| FOR COURT CLERK ONLY | | | | | | | | | | | | | |
| 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/Civil Union | | 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 and State [abbreviated]) | | |
| HUSBAND/WIFE/SPOUSE/PARTNER A | | 20. | 21. | 22a. | | 22b. | | 22c. | | 22d. | 22e. | | |
| HUSBAND/WIFE/SPOUSE/PARTNER 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/PARTNER A | | | | 26a. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: | | HUSBAND/WIFE/SPOUSE/PARTNER B | | | |
| | | | | | | | | 26b. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: | | | | | |





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HUSBAND
 WIFE
 SPOUSE
 PARTNER

A

HUSBAND
 WIFE
 SPOUSE
 PARTNER

B

| | | | | | | |
|---|--|---|--|--|---------------------------|---|
| Name of County | | Court File Number | | | State File Number | |
| 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) |
| 6a. Name (First, Middle, Last) | | 6b. Last Name on Birth Certificate | | 7. Sex | 8. Social Security Number | |
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 WIFE
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| ___ Joint | | ___ Other | | ___ No children | | |
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