

TYPE/PRINT IN  
PERMANENT  
BLACK INK. FOR  
INSTRUCTIONS, SEE  
HANDBOOK.

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES CERTIFICATE OF DISSOLUTION OF MARRIAGE

CASE NUMBER

STATE FILE NUMBER

**FIRST  
PARTY**

1. FIRST PARTY'S NAME FIRST _____ MIDDLE _____ LAST _____			2. LAST NAME PRIOR TO FIRST MARRIAGE <i>(If different)</i>		
3. SOCIAL SECURITY NO.	4. RESIDENCE - CITY, TOWN, OR LOCATION			5. STATE	6. ZIP CODE
7. COUNTY			8. DATE OF BIRTH <i>(Month, Day, Year)</i>	9. BIRTHPLACE <i>(State or Foreign Country)</i>	

**SECOND  
PARTY**

10. SECOND PARTY'S NAME FIRST _____ MIDDLE _____ LAST _____			11. LAST NAME PRIOR TO FIRST MARRIAGE <i>(If different)</i>		
12. SOCIAL SECURITY NO.	13. RESIDENCE - CITY, TOWN, OR LOCATION			14. STATE	15. ZIP CODE
16. COUNTY			17. DATE OF BIRTH <i>(Month, Day, Year)</i>	18. BIRTHPLACE <i>(State or Foreign Country)</i>	

**MARRIAGE**

19. PLACE OF THIS MARRIAGE - CITY, TOWN, OR LOCATION		20. COUNTY	21. STATE OR FOREIGN COUNTRY		22. DATE OF THIS MARRIAGE
23. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (MONTH, DAY, YEAR)	24. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 23 Number _____ <input type="checkbox"/> None		25. PETITIONER 0 <input type="checkbox"/> First Party    1 <input type="checkbox"/> Second Party    2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> Other (Specify) _____		

**ATTORNEY**

26. NAME OF PETITIONER'S ATTORNEY <i>(Type or Print)</i>	27. ADDRESS <i>(Street and Number or Rural Route Number, City, or Town, State Zip code)</i>				
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**DECREE**

28. I CERTIFY THAT THE MARRIAGE OF THE ABOVE-NAMED PERSONS WAS DISSOLVED ON: <i>(Month, Day, Year)</i>		29. TYPE OF DECREE 0 <input type="checkbox"/> Dissolution    1 <input type="checkbox"/> Legal Separation    2 <input type="checkbox"/> Annulment		30. DATE RECORDED <i>(Month, Day, Year)</i>	
31. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO: First Party _____ Second Party _____ Joint (First/Second Parties) _____ Other _____ <input type="checkbox"/> No Children		32. CHILD SUPPORT WAS AWARDED TO: 1 <input type="checkbox"/> First Party 2 <input type="checkbox"/> Second Party 3 <input type="checkbox"/> Other 4 <input type="checkbox"/> No child support awarded	33. COUNTY OF DECREE	34. TITLE OF COURT	

**FIRST  
PARTY**

35. SIGNATURE OF CERTIFYING OFFICIAL			36. TITLE OF CERTIFYING OFFICE		
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**SECOND  
PARTY**

37. NUMBER OF THIS MARRIAGE - FIRST, SECOND, ETC. (SPECIFY BELOW)	38. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		39. RACE - American Indian, Black, White, Etc. <i>(Specify below)</i>	40. EDUCATION <i>(Specify only highest grade completed)</i>	
	BY:	DATE: <i>(Month, Year)</i>		Elementary/Secondary (0-12)	College (1-4 or 5+)
37A.	38A. 2 <input type="checkbox"/> Death 3 <input type="checkbox"/> Divorce, dissolution, or or annulment	38C.	39A. 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian 4 <input type="checkbox"/> Other (Specify) _____	40A.	
37B.	38B. 2 <input type="checkbox"/> Death 3 <input type="checkbox"/> Divorce, dissolution, or or annulment	38D.	39B. 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian 4 <input type="checkbox"/> Other (Specify) _____	40B.	