

TYPEPRINT  
IN  
PERMANENT  
BLACK INK.  
FOR  
INSTRUCTIONS  
SEE HANDBOOK.

MISSOURI DEPARTMENT OF HEALTH  
**CERTIFICATE OF DISSOLUTION OF MARRIAGE**

CASE NUMBER \_\_\_\_\_

STATE FILE NUMBER \_\_\_\_\_

1. HUSBAND'S NAME (First, Middle, Last)

1a. SOCIAL SECURITY NO.

2a. RESIDENCE - CITY, TOWN, OR LOCATION

2b. STATE

2c. ZIP CODE

2d. COUNTY

3. DATE OF BIRTH (Month, Day, Year)

4. BIRTHPLACE (State or Foreign Country)

5a. WIFE'S NAME (First, Middle, Last)

5b. MAIDEN SURNAME

5c. SOCIAL SECURITY NO.

6a. RESIDENCE - CITY, TOWN, OR LOCATION

6b. STATE

6c. ZIP CODE

6d. COUNTY

7. DATE OF BIRTH (Month, Day, Year)

8. BIRTHPLACE (State or Foreign Country)

9a. PLACE OF THIS MARRIAGE - CITY, TOWN OR LOCATION

9b. COUNTY

9c. STATE OR FOREIGN COUNTRY

10. DATE OF THIS MARRIAGE (Month, Day, Year)

11. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (Month, Day, Year)

12. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 11  
Number \_\_\_\_\_  None

13. PETITIONER  
0  Husband 1  Wife 2  Joint  
3  Other (Specify) \_\_\_\_\_

14a. NAME OF PETITIONER'S ATTORNEY (Type or Print)

14b. ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip code)

**ATTORNEY**

15. I CERTIFY THAT THE MARRIAGE OF THE ABOVE-NAMED PERSONS WAS DISSOLVED ON: (Month, Day, Year)

16. TYPE OF DECREE  
0  Dissolution 1  Legal Separation 2  Annulment

17. DATE RECORDED (Month, Day, Year)

18. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO:  
Husband \_\_\_\_\_ Wife \_\_\_\_\_  
Joint (Husband/Wife) \_\_\_\_\_ Other \_\_\_\_\_  
 No children

19. CHILD SUPPORT WAS AWARDED TO:  
1  Husband  
2  Wife  
3  Other  
4  No child support awarded

20. COUNTY OF DECREE

21. TITLE OF COURT

**DECREE**

22. SIGNATURE OF CERTIFYING OFFICIAL

23. TITLE OF CERTIFYING OFFICIAL

24. NUMBER OF THIS MARRIAGE - First, Second, etc. (Specify below)

25. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED BY: \_\_\_\_\_ Date: (Month, Year)

26. RACE - American Indian, Black, White, etc. (Specify below)  
28a. 1  White  
2  Black  
3  American Indian  
4  Other (Specify) \_\_\_\_\_

27. EDUCATION (Specify only highest grade completed)  
Elementary/Secondary (9-12) \_\_\_\_\_ College (1-4 or 5+) \_\_\_\_\_

**HUSBAND**

24a.

25a. 2  Death  
3  Divorce, dissolution, or annulment

25c.

28a. 1  White  
2  Black  
3  American Indian  
4  Other (Specify) \_\_\_\_\_

27a.

**WIFE**

24b.

25b. 2  Death  
3  Divorce, dissolution, or annulment

25d.

28b. 1  White  
2  Black  
3  American Indian  
4  Other (Specify) \_\_\_\_\_

27b.