

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		
HUSBAND WIFE SPOUSE	1a. Name (First, Middle, Last)					1b. Last Na	1b. Last Name on Birth Certificate		3. Social Security Numb	er	
4a. Residence — City, Town, Twp. or Road District Number 4			4b. County	4b. County		5a. Birthplace (State or Foreign Country)	5b. Date of Birth (Mo., Day, Year) 5c.		5c. Age Now		
HUSBAND WIFE SPOUSE	6a. Name (First, Middle, Last	t)			6b. Last Na	6b. Last Name on Birth Certificate		8. Social Security Numb	er		
PARTNER	9a. Residence — City, Town,	9b. County		9c. State	10a. Birthplace (State or Foreign Country)	r 10b. Date of Birth (Mo., Day, Year) 10c		10c. Age Now			
	11a. Date of This Marriage/Civil Union 11b. Place of This I (Mo., Day, Year)				nion — 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 Ch This Marriage			Children of age/Civil Union	13b. Children Under 18 This Household (S		14. Petitioner	1			
	15a. Type of Decree (Specify	ion) 15b. Leg	gal Grounds for Decree	Decree (Specify)							
	16. Number of Children Under 18 Whose Physical Custody Was Awarded Husband/Wife/Spouse/Partner A Husband/Wife/Spouse Joint Other No children										
					FOR COURT CLERK ONLY						
	18. Date of Recording Decre	e (Mo., Day, Year)			19. Signature	of Court Cler	k				
				INFORM	ATION FOR STATISTI	CAL PURPO	SES ONLY				
					lumber of this riage/Civil Union		ly Entered Into a Marriage/ed by Death, Dissolution or	to a Marriage/Civil Union — <i>Last</i> Marriage/Civil Union 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 Typ (Marriage or Civil	e ! Union)	Specify How	Specify When (Month, Day, Year)	Specify V (County and State		
HUSBAND/WIFE/ SPOUSE/PARTNER A	20.	21.		22a.	22b.	2	22c.	22d.	22e.		
HUSBAND/WIFE/ SPOUSE/PARTNER B	23.	24.		25a.	25b.	2	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.										
	NO 700 (PEN 40/47) ILLINOIS PERARTMENT OF BURLIC HEALTH DIVISION OF VITAL RECORDS										

VR-700 (REV. 12/17) IOCI 18-303 ILLINOIS DEPARTMENT OF PUBLIC HEALTH — DIVISION OF VITAL RECORDS

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COUNTY CLERK'S COPY COUNTY OF MARRIAGE

STATE OF ILLINOIS

CERTIFICATE OF DISSOLUTION OF

, INVALIDITY OR LEGAL SEPARATION

TYPE / PRINT IN	E / PRINT IN Name of County Court File Number								State File Number			
PERMANENT BLACK INK	name of County	Court File Nui					State File Number					
HUSBAND WIFE SPOUSE					1b. Last Name on Birth Certificate		2. Sex	3. Social Security Numb	per			
■ PARTNER				4b. County		5a. Birthplace (State or Foreign Country)	5b. Date	of Birth (Mo., Day, Year)	5c. Age Now			
HUSBAND WIFE SPOUSE	6a. Name (First, Middle, Last)				6b. Last Name on Birth Certificate		7. Sex	8. Social Security Numb	per			
■ PARTNER	9a. Residence — City, Town, Twp. or Road District I	9b. County		9c. State	10a. Birthplace (State or Foreign Country)	10b. Date of Birth (Mo., Day, Year) 10c. A		10c. Age Now				
	11a. Date of This Marriage/Civil Union (Mo., Day, Year)	Union — City		11c. County		11d. State (If Not in U.S., Name Country)						
	12. Date Couple Last Resided in Same Household (Mo., Day, Year)	nildren of drivil Union	13b. Children Under 18 This Household (3		14. Petitioner							
	15a. Type of Decree (Specify: Dissolution, Invalidity	or Legal Separation)) 15b. Le	egal Grounds for Decree (Specify)								
	16. Number of Children Under 18 Whose Physical 0	Custody Was Awarde	d to:	17. Legal Representative — Name and Address (Street or R.F.D., City or Town, State, ZIP code)								
	Husband/Wife/Spouse/Partner A	se/Partner B										
	Joint Other	No children										
	FOR COURT CLERK ONLY											
	18. Date of Recording Decree (Mo., Day, Year)	19. Signature	19. Signature of Court Clerk									
	L											

VR-700 (REV. 12/17) IOCI 18-303 ILLINOIS DEPARTMENT OF PUBLIC HEALTH — DIVISION OF VITAL RECORDS

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STATE OF ILLINOIS

CERTIFICATE OF DISSOLUTION OF

, INVALIDITY OR LEGAL SEPARATION

	·										
PRINT IN MANENT ICK INK	Name of County		Court File N	umber				State File Number			
BAND E DUSE	1a. Name (First, Middle, Last)			1b. Last Na	ame on Birth Certificate	2. Sex	3. Social Security Numb	oer			
TNER	4a. Residence — City, Town, Twp. or Road District N	4b. County		4c. State	5a. Birthplace (State or Foreign Country)	5b. Date	of Birth (Mo., Day, Year)	5c. Age Now			
BAND E DUSE ETNER	6a. Name (First, Middle, Last)		6b. Last Name on Birth Certificate			7. Sex	8. Social Security Numb	per			
TNER	9a. Residence — City, Town, Twp. or Road District N	9b. County		9c. State	10a. Birthplace (State or Foreign Country)	10b. Date	10b. Date of Birth (Mo., Day, Year) 10c. A				
	11a. Date of This Marriage/Civil Union (Mo., Day, Year)	Marriage/Civil U	nion — City		11c. County	11d. Stat	e (If Not in U.S., Name C	ountry)			
	12. Date Couple Last Resided in Same Household (Mo., Day, Year)	nildren of de/Civil Union									
	15a. Type of Decree (Specify: Dissolution, Invalidity	or Legal Separation) 15b. Leg	gal Grounds for Decree	e (Specify)						
	· —	ustody Was Awarde Husband/Wife/Spou 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	19. Signature of Court Clerk							
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PRINT IN MANENT CK INK	Name of County Court			Number		State Fil	State File Number			
BAND E DUSE A	1a. Name (First, Middle, Last)				1b. Last Na	ame on Birth Certificate	2. Sex	Sex 3. Social Security Number		
TNER	4a. Residence — City, Town, Twp. or Road District N	4b. County		4c. State	5a. Birthplace (State or Foreign Country)	5b. Date	of Birth (Mo., Day, Year)	5c. Age Now		
BBAND E DUSE ETNER	6a. Name (First, Middle, Last)				6b. Last Na	ame on Birth Certificate	7. Sex	8. Social Security Numb	per	
RTNER	9a. Residence — City, Town, Twp. or Road District N	9b. County		9c. State	10a. Birthplace (State or Foreign Country)	10b. Date	10b. Date of Birth (Mo., Day, Year) 10c.			
	11a. Date of This Marriage/Civil Union (Mo., Day, Year) 11b. Place of This Marriage/Ci			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 Chil This Marriage/0			13b. Children Under 18 in This Household (Specify) 14. Petitioner						
	15a. Type of Decree (Specify: Dissolution, Invalidity	or Legal Separation	egal Grounds for Decree	e (Specify)						
	16. Number of Children Under 18 Whose Physical C Husband/Wife/Spouse/Partner A Joint Other	17. Legal Representa	tive — Name	and Address (Street or R.F.D., City	or Town, State	e, ZIP code)				
	FOR COURT CLERK ONLY									
	18. Date of Recording Decree (Mo., Day, Year)		19. Signature	19. Signature of Court Clerk						

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