



STATE OF ILLINOIS

CERTIFICATE OF DISSOLUTION OF , INVALIDITY OR LEGAL SEPARATION

TYPE / PRINT IN  
PERMANENT  
BLACK INK

HUSBAND  
 WIFE  
 SPOUSE  
 PARTNER

**A**

Name of County	Court File Number	State File Number	
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HUSBAND  
 WIFE  
 SPOUSE  
 PARTNER

**B**

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

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)
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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
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15a. Type of Decree (Specify: Dissolution, Invalidity or Legal Separation)	15b. Legal Grounds for Decree (Specify)
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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)
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FOR COURT CLERK ONLY

18. Date of Recording Decree (Mo., Day, Year)	19. Signature of Court Clerk
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INFORMATION FOR STATISTICAL PURPOSES ONLY

Race <i>Specify (e.g., White, Black, American Indian)</i>	Education <i>(Specify Highest Grade Completed)</i>		Number of this Marriage/Civil Union <i>First, Second, etc. (Specify)</i>	If Previously Entered Into a Marriage/Civil Union — Last Marriage/Civil Union Ended by Death, Dissolution or Invalidity of Marriage/Civil Union			
	<i>Elementary or Secondary (0-12)</i>	<i>College (1-4 or 5+)</i>		<i>Specify Type (Marriage or Civil Union)</i>	<i>Specify How</i>	<i>Specify When (Month, Day, Year)</i>	<i>Specify Where (County and State [abbreviated])</i>
20.	21.		22a.	22b.	22c.	22d.	22e.
23.	24.		25a.	25b.	25c.	25d.	25e.

HUSBAND/WIFE/  
SPOUSE/PARTNER A

HUSBAND/WIFE/  
SPOUSE/PARTNER B

26. Of Hispanic Origin? <i>Specify No or Yes — If Yes, Specify (e.g., Cuban, Mexican, Puerto Rican)</i>	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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6a. Name (First, Middle, Last)		6b. Last Name on Birth Certificate		7. Sex	8. Social Security Number	
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