

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

HUSBAND

| | | | |
|---|-------------------------------------|--|--------------|
| 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) | |

VS 800
Rev. 10/01
MO 580-0716
(10/01)

WIFE

| | | | | | |
|---|-------------------------------------|--|--|-------------------------|--|
| 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) | | | |

MARRIAGE

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| 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 _____ <input type="checkbox"/> None | | 13. PETITIONER 0 <input type="checkbox"/> Husband 1 <input type="checkbox"/> Wife 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> Other (Specify) _____ | | | |

ATTORNEY

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| 14a. NAME OF PETITIONER'S ATTORNEY (Type or Print) | | 14b. ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip code) | | | | | |
|--|--|---|--|--|--|--|--|

DECREE

| | | | | | | | |
|--|--|---|--|--------------------------------------|--|--------------------|--|
| 15. I CERTIFY THAT THE MARRIAGE OF THE ABOVE-NAMED PERSONS WAS DISSOLVED ON: (Month, Day, Year) | | 16. TYPE OF DECREE 0 <input type="checkbox"/> Dissolution 1 <input type="checkbox"/> Legal Separation 2 <input type="checkbox"/> 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 _____ <input type="checkbox"/> No children | | 19. CHILD SUPPORT WAS AWARDED TO: 1 <input type="checkbox"/> Husband 2 <input type="checkbox"/> Wife 4 <input type="checkbox"/> Other 3 <input type="checkbox"/> No child support awarded | | 20. COUNTY OF DECREE | | 21. TITLE OF COURT | |
| 22. SIGNATURE OF CERTIFYING OFFICIAL | | | | 23. TITLE OF CERTIFYING OFFICIAL | | | |

HUSBAND

WIFE

| | | | | | |
|---|---|---------------------|---|--|---------------------|
| 24. NUMBER OF THIS MARRIAGE - First, Second, etc. (Specify below) | 25. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED | | 26. RACE - American Indian, Black, White, etc. (Specify below) | 27. EDUCATION (Specify only highest grade completed) | |
| | By: | Date: (Month, Year) | | Elementary/Secondary (0-12) | College (1-4 or 5+) |
| 24a. | 25a. 2 <input type="checkbox"/> Death 3 <input type="checkbox"/> Divorce, dissolution, or annulment | 25c. | 26a. 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian 4 <input type="checkbox"/> Other (Specify) _____ | 27a. | |
| 24b. | 25b. 2 <input type="checkbox"/> Death 3 <input type="checkbox"/> Divorce, dissolution, or annulment | 25d. | 26b. 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian 4 <input type="checkbox"/> Other (Specify) _____ | 27b. | |