



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   |                                     |
| <input type="checkbox"/> HUSBAND<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> SPOUSE<br><input type="checkbox"/> PARTNER  | <b>A</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)  |
| <input type="checkbox"/> HUSBAND<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> SPOUSE<br><input type="checkbox"/> PARTNER  | <b>B</b> | 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) |
|   |          | 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)   |                                     |
|   |          | 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 |   |                                     |
| 15a. Type of Decree (Specify: Dissolution, Invalidity or Legal Separation)  |          |   | 15b. Legal Grounds for Decree (Specify)   |  |                |   |                                     |
| 16. Number of Children Under 18 Whose Physical Custody Was Awarded to:<br>___ Husband/Wife/Spouse/Partner A    ___ Husband/Wife/Spouse/Partner B<br>___ Joint    ___ Other    ___ No children |          |   | 17. Legal Representative — Name and Address (Street or R.F.D., City or Town, State, ZIP code) |  |                |   |                                     |
| <b>FOR COURT CLERK ONLY</b>   |          |   |   |  |                |   |                                     |
| 18. Date of Recording Decree (Mo., Day, Year)   |          |   |   | 19. Signature of Court Clerk   |                |   |                                     |
| INFORMATION FOR STATISTICAL PURPOSES ONLY   |          |   |   |  |                |   |                                     |
| Race  |          | Education (Specify Highest Grade Completed)                     |   | Number of this Marriage/Civil Union                                    |                | If Previously Entered Into a Marriage/Civil Union — Last Marriage/Civil Union Ended by Death, Dissolution or Invalidity of Marriage/Civil Union |                                     |
| Specify (e.g., White, Black, American Indian)   |          | Elementary or Secondary (0-12)                                  |   | College (1-4 or 5+)  |                | Specify Type (Marriage or Civil Union)  |                                     |
|   |          |   |   | First, Second, etc. (Specify)  |                | Specify How   |                                     |
|   |          |   |   |  |                | Specify When (Month, Day, Year)   |                                     |
|   |          |   |   |  |                | Specify Where (County and State [abbreviated])  |                                     |
| HUSBAND/WIFE/SPOUSE/PARTNER A   |          | 20.   | 21.   | 22a.   | 22b.           | 22c.  | 22d.                                |
| HUSBAND/WIFE/SPOUSE/PARTNER B   |          | 23.   | 24.   | 25a.   | 25b.           | 25c.  | 25d.                                |
| 26. Of Hispanic Origin? Specify No or Yes — If Yes, Specify (e.g., Cuban, Mexican, Puerto Rican)  |          | 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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 PARTNER

**A**

|   |  |   |  |  |                           |   |
|---|--|---|--|--|---------------------------|---|
| Name of County  |  | Court File Number   |  |  | State File Number         |   |
| 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)        |
| 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)       |
| 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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| 16. Number of Children Under 18 Whose Physical Custody Was Awarded to:<br><input type="checkbox"/> Husband/Wife/Spouse/Partner A <input type="checkbox"/> Husband/Wife/Spouse/Partner B<br><input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> No children |  | 17. Legal Representative — Name and Address (Street or R.F.D., City or Town, State, ZIP code) |  |  |                           |   |
| <b>FOR COURT CLERK ONLY</b>   |  |   |  |  |                           |   |
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HUSBAND  
 WIFE  
 SPOUSE  
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| 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)  |
| 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) |
| 9c. State   |  | 10a. Birthplace (State or Foreign Country)         |   | 10b. Date of Birth (Mo., Day, Year)        | 10c. Age Now                              |                                     |
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