



State of Illinois
 Illinois Department of Public Health

STATE OF ILLINOIS
CERTIFICATE OF DISSOLUTION OF CIVIL UNION, INVALIDITY OR LEGAL SEPARATION

Name of County			Court File Number			State File Number		
1a. Partner A – Name First Middle Last			1b. Last Name on Birth Certificate			2. Sex	3. Social Security Number X X X – X X –	
4a. Residence – City, Town, Twp., or Road District Number		4b. County	4c. State	5a. Birthplace (State or Foreign Country)		5b. Date of Birth		5c. Age Now
6a. Partner B – Name First Middle Last			6b. Last Name of Birth Certificate			7. Sex	8. Social Security Number X X X – X X –	
9a. Residence – City, Town, Twp., or Road District Number		9b. County	9c. State	10a. Birthplace (State or Foreign Country)		10b. Date of Birth		10c. Age Now
11a. Date of this Civil Union		11b. Place of This Civil Union		11c. County		11d. State (If Not U.S. Name Country)		
12. Date Couple Last Resided in Same Household		13a. Number of Children of This Civil Union		13b. Children Under 18 In This Household (Specify)	14. Petitioner – Partner A, Partner B, Both, Other (Specify)			
15a. Type of Decree (Specify: Dissolution, Invalidity, or Legal Separation)				15b. Legal Grounds for Decree				
16. Number of Children Under 18 Whose Physical Custody Was Awarded To Partner A _____ Partner B _____ No Children Joint (Partner A/Partner B) _____ Other _____				17. Legal Representative – Name and Address (Street, or R.F.D., City or Town, State, Zip)				

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	Education		Number of this Civil Union	If Previously Entered Into a Civil Union/Marriage – Last Civil Union/Marriage Ended by Death, Dissolution or Invalidity of Civil Union/Marriage			
	Primary (0-12)	College (1-4 or 5+)		Specify Type (Civil Union or Marriage)	Specify How	Specify When (Month, Day, Year)	Specify Where (Country & State)
Specify (e.g. White, Black, American Indian, etc.)			First – Second etc. (Specify)				
Partner A 20.	21.		22a.	22b.	22c.	22d.	22e.
Partner B 23.	24.		25a.	25b.	25c.	25d.	25e.
26. Of Hispanic Origin? (Specify No or Yes – If Yes, Specify Cuban, Mexican, Puerto Rican, etc.)	PARTNER A		26a.		PARTNER B		26b.
			No	Yes			No
			Specify:				Specify:

ILLINOIS DEPARTMENT OF PUBLIC HEALTH – DIVISION OF VITAL RECORDS

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