



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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1a. Name (First, Middle, Last)	1b. Last Name on Birth Certificate	2. Sex	3. Social Security Number
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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)	5c. Age Now
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HUSBAND
 WIFE
 SPOUSE
 PARTNER

B

6a. Name (First, Middle, Last)	6b. Last Name on Birth Certificate	7. Sex	8. Social Security Number
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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
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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: <input type="checkbox"/> Husband/Wife/Spouse/Partner A <input type="checkbox"/> Husband/Wife/Spouse/Partner B <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)
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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 Specify:	26a. <input type="checkbox"/> No <input type="checkbox"/> Yes	HUSBAND/WIFE/ SPOUSE/PARTNER B Specify:	26b. <input type="checkbox"/> No <input type="checkbox"/> Yes
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HUSBAND
 WIFE
 SPOUSE
 PARTNER

B

6a. Name (First, Middle, Last)	6b. Last Name on Birth Certificate		7. Sex	8. Social Security Number
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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: ___ 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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