

TYPE/PRINT
IN
PERMANENT
BLACK INK.
FOR
INSTRUCTIONS
SEE HANDBOOK.

MISSOURI DEPARTMENT OF HEALTH
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. 6/97
MO 580-0716
(6/97)

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)			
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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

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.	

WIFE

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.	
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