



STATE OF ILLINOIS

CERTIFICATE OF DISSOLUTION OF MARRIAGE, INVALIDITY OR LEGAL SEPARATION

HUSBAND  
 WIFE  
 SPOUSE

**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)		5c. Age Now

HUSBAND  
 WIFE  
 SPOUSE

**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)		10c. Age Now
11a. Date of This Marriage (Mo., Day, Year)			11b. Place of This Marriage - 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			13b. Children Under 18 in This Household (Specify)		14. Petitioner ____ Husband/Wife/Spouse A ____ Husband/Wife/Spouse B -----Both		
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: ____ Husband/Wife/Spouse A ____ Husband/Wife/Spouse B ____ Joint ____ Other ____ No Children						17. Legal Representative - Name and Address (Street or R.F.D., City or Town, State, ZIP Code)				

FOR COURT CLERK ONLY

18. Date of Recording Decree (Mo., Day, Year)			19. Signature of Court Clerk		
---	--	--	------------------------------	--	--

INFORMATION FOR STATISTICAL PURPOSES ONLY

Husband/Wife Spouse A  
Husband/Wife Spouse B

Race	Education (Specify Highest Grade Completed)		Number of This Marriage	If previously Entered into a Marriage/Civil Union - Last Marriage/Civil Union Ended by Death, Dissolution or Invalidity of Marriage/Civil Union						
	Elementary or Secondary (0-12)	College (1-4 or 5+)		Specify Type (Marriage or Civil Union)	Specify How	Specify When (Month, Day, Year)	Specify Where (County & State (abbreviated))			
Specify (e.g. White, Black, American Indian)			First, Second etc. (Specify)							
20.	21.		22a.	22b.	22c.	22d.	22e.			
23.	24.		25a.	25b.	25c.	25d.	25e.			
26. Of Hispanic Origin? Specify No or Yes - If Yes, Specify (e.g. Cuban, Mexican, Puerto Rican)			Husband/Wife Spouse A		26a. No Yes		Husband/Wife Spouse B		26b. No Yes	
			Specify:				Specify:			



STATE OF ILLINOIS

**CERTIFICATE OF DISSOLUTION OF MARRIAGE, INVALIDITY OR LEGAL SEPARATION**

HUSBAND  
 WIFE  
 SPOUSE

**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)	5c. Age Now

HUSBAND  
 WIFE  
 SPOUSE

**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)	10c. Age Now
11a. Date of This Marriage (Mo., Day, Year)	11b. Place of This Marriage - 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		13b. Children Under 18 in This Household (Specify)	14. Petitioner ____ Husband/Wife/Spouse A ____ Husband/Wife/Spouse B -----Both	
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: ____ Husband/Wife/Spouse A ____ Husband/Wife/Spouse B ____ Joint ____ Other ____ No Children			17. Legal Representative - Name and Address (Street or R.F.D., City or Town, State, ZIP Code)		

**FOR COURT CLERK ONLY**

18. Date of Recording Decree (Mo., Day, Year)	19. Signature of Court Clerk →
---	-----------------------------------

*IN ACCORDANCE WITH 750 ILCS 5/413, THE CIRCUIT CLERK SHALL GIVE NOTICE OF THE ENTRY OF A JUDGMENT OF DISSOLUTION OF MARRIAGE, LEGAL SEPARATION OR DECLARATION OF INVALIDITY OF MARRIAGE TO THE COUNTY CLERK WHERE THE MARRIAGE IS REGISTERED, WHO SHALL MAKE AN ENTRY IN THE MARRIAGE REGISTRY. IF THE MARRIAGE IS REGISTERED IN A STATE OTHER THAN ILLINOIS, THE CIRCUIT CLERK SHALL GIVE NOTICE TO THE APPROPRIATE OFFICIAL WITH A REQUEST THAT THEY MAKE AN ENTRY IN THE APPROPRIATE RECORD.*



STATE OF ILLINOIS

**CERTIFICATE OF DISSOLUTION OF MARRIAGE, INVALIDITY OR LEGAL SEPARATION**

HUSBAND  
 WIFE  
 SPOUSE

**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

HUSBAND  
 WIFE  
 SPOUSE

**B**

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
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)	10c. Age Now

11a. Date of This Marriage (Mo., Day, Year)		11b. Place of This Marriage - 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		13b. Children Under 18 in This Household (Specify)		14. Petitioner ____ Husband/Wife/Spouse A ____ Husband/Wife/Spouse B -----Both	
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: ____ Husband/Wife/Spouse A ____ Husband/Wife/Spouse B ____ Joint ____ Other ____ No Children				17. Legal Representative - Name and Address (Street or R.F.D., City or Town, State, ZIP Code)			

**FOR COURT CLERK ONLY**

18. Date of Recording Decree (Mo., Day, Year)	19. Signature of Court Clerk →
---	-----------------------------------



STATE OF ILLINOIS

**CERTIFICATE OF DISSOLUTION OF MARRIAGE, INVALIDITY OR LEGAL SEPARATION**

HUSBAND  
 WIFE  
 SPOUSE

**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	

HUSBAND  
 WIFE  
 SPOUSE

**B**

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
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)	10c. Age Now

11a. Date of This Marriage (Mo., Day, Year)		11b. Place of This Marriage - 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		13b. Children Under 18 in This Household (Specify)		14. Petitioner ___ Husband/Wife/Spouse A ___ Husband/Wife/Spouse B -----Both	
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: ___ Husband/Wife/Spouse A ___ Husband/Wife/Spouse B ___ Joint ___ Other ___ No Children				17. Legal Representative - Name and Address (Street or R.F.D., City or Town, State, ZIP Code)			

**FOR COURT CLERK ONLY**

18. Date of Recording Decree (Mo., Day, Year)		19. Signature of Court Clerk →
---	--	-----------------------------------