

TYPEWRIT
IN
PERMANENT
BLACK INK.
FOR
INSTRUCTIONS
SEE HANDBOOK.

MISSOURI DEPARTMENT OF HEALTH
CERTIFICATE OF DISSOLUTION OF MARRIAGE

CASE NUMBER

STATE FILE NUMBER

1 HUSBAND'S NAME (First, Middle, Last)

1a. SOCIAL SECURITY NO.

HUSBAND

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)

5a. WIFE'S NAME (First, Middle, Last)

5b. MAIDEN SURNAME

5c. SOCIAL SECURITY NO.

VS. R00
Rev. 6/37
MO 580-6716
(6-571)

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)

9a. PLACE OF THIS MARRIAGE - CITY, TOWN OR LOCATION

9b. COUNTY

9c. STATE OR FOREIGN COUNTRY

10. DATE OF THIS MARRIAGE
(Month, Day, Year)

MARRIAGE

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

13. PETITIONER

0 ☐ Husband 1 ☐ Wife 2 ☐ Joint
3 ☐ Other (Specify) _____

14a. NAME OF PETITIONER'S ATTORNEY (Type or Print)

Number _____

☐ None

14b. ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip code)

ATTORNEY

15. I CERTIFY THAT THE MARRIAGE OF THE ABOVE-NAMED
PERSONS WAS DISSOLVED ON:
(Month, Day, Year)

16. TYPE OF DECREE

0 ☐ Dissolution 1 ☐ Legal Separation 2 ☐ Annulment

17. DATE RECORDED (Month, Day, Year)

18. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS
AWARDED TO:

19. CHILD SUPPORT WAS AWARDED TO:
1 ☐ Husband
2 ☐ Wife
4 ☐ Other
3 ☐ No child support awarded

20. COUNTY OF DECREE

21. TITLE OF COURT

DECREE

Husband _____ Wife _____
Joint (Husband/Wife) _____ Other _____
☐ No children

22. SIGNATURE OF CERTIFYING OFFICIAL

23. TITLE OF CERTIFYING OFFICIAL

24. NUMBER OF THIS
MARRIAGE -
First, Second, etc.
(Specify below)

25. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED
By: _____ Date: (Month, Year)

26. RACE - American Indian, Black, White, etc.
(Specify below)

27. EDUCATION
(Specify only highest grade completed)
Elementary/Secondary (0-12) College (1-4 or 5+)

24a.

25a. 2 ☐ Death
3 ☐ Divorce, dissolution,
or annulment

25b.

26a. 1 ☐ White
2 ☐ Black
3 ☐ American Indian
4 ☐ Other (Specify)

27a.

HUSBAND

24b.

25b. 2 ☐ Death
3 ☐ Divorce, dissolution,
or annulment

25d.

26b. 1 ☐ White
2 ☐ Black
3 ☐ American Indian
4 ☐ Other (Specify)

27b.

WIFE