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

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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

CERTIFICATE OF DISSOLUTION OF MARRIAGE

CASE NUMBER

STATE FILE NUMBER

FIRST PARTY

1. FIRST PARTY'S NAME — FIRST | MIDDLE | LAST
2. LAST NAME PRIOR TO FIRST MARRIAGE (*If different*)
3. SOCIAL SECURITY NO.
4. RESIDENCE - CITY, TOWN, OR LOCATION
5. STATE
6. ZIP CODE
7. COUNTY
8. DATE OF BIRTH (*Month, Day, Year*)
9. BIRTHPLACE (*State or Foreign Country*)

SECOND PARTY

10. SECOND PARTY'S NAME — FIRST | MIDDLE | LAST
11. LAST NAME PRIOR TO FIRST MARRIAGE (*If different*)
12. SOCIAL SECURITY NO.
13. RESIDENCE - CITY, TOWN, OR LOCATION
14. STATE
15. ZIP CODE
16. COUNTY
17. DATE OF BIRTH (*Month, Day, Year*)
18. BIRTHPLACE (*State or Foreign Country*)

MARRIAGE

19. PLACE OF THIS MARRIAGE - CITY, TOWN, OR LOCATION
20. COUNTY
21. STATE OR FOREIGN COUNTRY
22. DATE OF THIS MARRIAGE
23. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (MONTH, DAY, YEAR)
24. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 23
Number _____ ☐ None
25. PETITIONER
0 ☐ First Party 1 ☐ Second Party 2 ☐ Joint
3 ☐ Other (Specify) _____

ATTORNEY

26. NAME OF PETITIONER'S ATTORNEY (*Type or Print*)
27. ADDRESS (*Street and Number or Rural Route Number, City, or Town, State Zip code*)

DECREE

28. I CERTIFY THAT THE MARRIAGE OF THE ABOVE-NAMED PERSONS WAS DISSOLVED ON: (*Month, Day, Year*)
29. TYPE OF DECREE
0 ☐ Dissolution 1 ☐ Legal Separation 2 ☐ Annulment
30. DATE RECORDED (*Month, Day, Year*)
31. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO:
First Party _____ Second Party _____
Joint (First/Second Parties) _____ Other _____
☐ No Children
32. CHILD SUPPORT WAS AWARDED TO:
1 ☐ First Party
2 ☐ Second Party
3 ☐ Other
4 ☐ No child support awarded
33. COUNTY OF DECREE
34. TITLE OF COURT
35. SIGNATURE OF CERTIFYING OFFICIAL
36. TITLE OF CERTIFYING OFFICE

	37. NUMBER OF THIS MARRIAGE - FIRST, SECOND, ETC. (SPECIFY BELOW)	38. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED — BY:	38. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED — DATE: (*Month, Year*)	39. RACE - American Indian, Black, White, Etc. (*Specify below*)	40. EDUCATION (*Specify only highest grade completed*) — Elementary/Secondary (0-12)	40. EDUCATION (*Specify only highest grade completed*) — College (1-4 or 5+)
FIRST PARTY	37A.	38A. 2 ☐ Death 3 ☐ Divorce, dissolution, or or annulment	38C.	39A. 1 ☐ White 2 ☐ Black 3 ☐ American Indian 4 ☐ Other (Specify) _____	40A.	
SECOND PARTY	37B.	38B. 2 ☐ Death 3 ☐ Divorce, dissolution, or or annulment	38D.	39B. 1 ☐ White 2 ☐ Black 3 ☐ American Indian 4 ☐ Other (Specify) _____	40B.	