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

VS 800
Rev. 10/01

MO 580-0716
(10/01)

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

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)*

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 ☐ None
13. PETITIONER
0 ☐ Husband 1 ☐ Wife 2 ☐ Joint
3 ☐ 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)*

DECREE

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:
Husband ☐ Wife ☐
Joint *(Husband/Wife)* ☐ Other ☐
☐ No children
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
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
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
25c.
26a. 1 ☐ White 2 ☐ Black 3 ☐ American Indian 4 ☐ Other *(Specify)*
27a.

WIFE

24b.
25b. 2 ☐ Death 3 ☐ Divorce, dissolution, or annulment
25d.
26b. 1 ☐ White 2 ☐ Black 3 ☐ American Indian 4 ☐ Other *(Specify)*
27b.