

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES CERTIFICATE OF DISSOLUTION OF MARRIAGE

<b>CASE NUMBER</b>		<b>STATE FILE NUMBER</b>	
1. FIRST PARTY'S NAME FIRST		MIDDLE	LAST
3. SOCIAL SECURITY NO.		4. RESIDENCE - CITY, TOWN, OR LOCATION	
7. COUNTY		8. DATE OF BIRTH (Month, Day, Year)	
10. SECOND PARTY'S NAME FIRST		MIDDLE	LAST
12. SOCIAL SECURITY NO.		13. RESIDENCE - CITY, TOWN, OR LOCATION	
16. COUNTY		17. DATE OF BIRTH (Month, Day, Year)	
19. PLACE OF THIS MARRIAGE - CITY, TOWN, OR LOCATION		20. COUNTY	
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 <input type="text"/> <input type="checkbox"/> None	
26. NAME OF PETITIONER'S ATTORNEY (Type or Print)		27. ADDRESS (Street and Number or Rural Route Number, City, or Town, State Zip code)	
28. I CERTIFY THAT THE MARRIAGE OF THE ABOVE-NAMED PERSONS WAS DISSOLVED ON: (Month, Day, Year)		29. TYPE OF DECREE	
31. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO: First Party _____ Second Party _____ Joint (First/Second Parties) _____ Other _____ <input type="checkbox"/> No Children		32. CHILD SUPPORT WAS AWARDED TO: <input type="checkbox"/> First Party <input type="checkbox"/> Second Party <input type="checkbox"/> Other <input type="checkbox"/> No child support awarded	
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: _____ DATE: (Month, Year) _____	
37A.		38A. <input type="checkbox"/> Death <input type="checkbox"/> Divorce, dissolution, or annulment	
37B.		38B. <input type="checkbox"/> Death <input type="checkbox"/> Divorce, dissolution, or annulment	
39. RACE - American Indian, Black, White, Etc. (Specify below)		40. EDUCATION (Specify only highest grade completed)	
39A. <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Other (Specify) _____		40A. <input type="checkbox"/> Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+)	
39B. <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Other (Specify) _____		40B.	

**SECOND PARTY**

**MARRIAGE**

**ATTORNEY**

**DECREE**

**FIRST PARTY**

**SECOND PARTY**