

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

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)	

VS 800  
Rev. 10/01  
MO 580-0716  
(10/01)

**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 _____ <input type="checkbox"/> None		13. PETITIONER 0 <input type="checkbox"/> Husband 1 <input type="checkbox"/> Wife 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> 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)					
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**DECREE**

15. I CERTIFY THAT THE MARRIAGE OF THE ABOVE-NAMED PERSONS WAS DISSOLVED ON: (Month, Day, Year)		16. TYPE OF DECREE 0 <input type="checkbox"/> Dissolution 1 <input type="checkbox"/> Legal Separation 2 <input type="checkbox"/> 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 _____ <input type="checkbox"/> No children		19. CHILD SUPPORT WAS AWARDED TO: 1 <input type="checkbox"/> Husband 2 <input type="checkbox"/> Wife 4 <input type="checkbox"/> Other 3 <input type="checkbox"/> No child support awarded		20. COUNTY OF DECREE		21. TITLE OF COURT	
22. SIGNATURE OF CERTIFYING OFFICIAL				23. TITLE OF CERTIFYING OFFICIAL			

**HUSBAND**

**WIFE**

24. NUMBER OF THIS MARRIAGE - First, Second, etc. (Specify below)	25. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		26. RACE - American Indian, Black, White, etc. (Specify below)	27. EDUCATION (Specify only highest grade completed)	
	By:	Date: (Month, Year)		Elementary/Secondary (0-12)	College (1-4 or 5+)
24a.	25a. 2 <input type="checkbox"/> Death 3 <input type="checkbox"/> Divorce, dissolution, or annulment	25c.	26a. 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian 4 <input type="checkbox"/> Other (Specify) _____	27a.	
24b.	25b. 2 <input type="checkbox"/> Death 3 <input type="checkbox"/> Divorce, dissolution, or annulment	25d.	26b. 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian 4 <input type="checkbox"/> Other (Specify) _____	27b.	