

MISSOURI DEPARTMENT OF HEALTH  
**CERTIFICATE OF DISSOLUTION OF MARRIAGE**

Case Number

State File Number

	1. HUSBAND'S NAME (First, Middle, Last) <b>John Ray Doe</b>			1a. SOCIAL SECURITY NUMBER: <b>111-11-1111</b>		
<b>HUSBAND</b>	2. RESIDENCE - CITY, TOWN, OR LOCATION <b>Kahoka</b>		2.b. STATE <b>MO</b>	2.c. ZIP CODE <b>11111</b>		
	2.d. COUNTY <b>Clark</b>		3. DATE OF BIRTH (Month, Day, Year) <b>February 2, 1970</b>		4. BIRTHPLACE (State or Foreign Country) <b>IL</b>	
	5.a. WIFE'S NAME (First, Middle, Last) <b>Jane Sue Doe</b>		5.b. MAIDEN SURNAME <b>Roe</b>		5c. SOCIAL SECURITY NUMBER: <b>222-22-2222</b>	
<b>WIFE</b>	6.a. RESIDENCE - CITY, TOWN, OR LOCATION <b>Kahoka</b>		6.b. STATE <b>MO</b>		6.c. ZIP CODE <b>11111</b>	
	6.d. COUNTY <b>Clark</b>		7. DATE OF BIRTH (Month, Day, Year) <b>April 4, 1970</b>		8. BIRTHPLACE (State or Foreign Country) <b>IA</b>	
<b>MARRIAGE</b>	9.a. PLACE OF THIS MARRIAGE - CITY, TOWN, OR LOCATION <b>St. Louis</b>		9.b. COUNTY <b>St. Louis</b>	9.c. STATE OR FOREIGN COUNTRY <b>MO</b>	10. DATE OF THIS MARRIAGE (Month, Day, Year) <b>June 10, 2003</b>	
	11. DATE COUPLE LAST RESIDED IN SAME HOME (Month, Day, Year) <b>January 1, 2008</b>		12. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 11 <b>2</b>	13. PETITIONER <b>Husband</b>		
<b>ATTORNEY</b>	14.a. NAME OF PETITIONER'S ATTORNEY (Type or Print)		14.b. Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
	15. I CERTIFY THAT THE MARRIAGE OF THE ABOVE-NAMED PERSONS WAS DISSOLVED ON: (Month, Day, Year)		16. TYPE OF DECREE <input type="checkbox"/> Dissolution <input type="checkbox"/> Legal Separation <input type="checkbox"/> Annulment		17. DATE RECORDED (Month, Day, Year)	
<b>DECREE</b>	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: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other <input type="checkbox"/> No child support was awarded		20. COUNTY OF DECREE	21. TITLE OF COURT
	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 _____		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+) _____	
<b>HUSBAND</b>	24.a. <b>First</b>	25.a.	25.c.	26.a. <b>White</b>	27.a. <b>12</b>	<b>2</b>
<b>WIFE</b>	24.b. <b>2</b>	25.b. <b>Death</b>	25.d. <b>August 8, 2004</b>	26.b. <b>White</b>	27.b. <b>12</b>	<b>1</b>