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

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

# CERTIFICATE OF DISSOLUTION OF MARRIAGE

VS 800
Rev. 10/01

MO 580-0716
(10/01)

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

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

| | 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+) |
| HUSBAND | 24a. | 25a. 2 ☐ Death<br>3 ☐ Divorce, dissolution, or annulment | 25c. | 26a. 1 ☐ White<br>2 ☐ Black<br>3 ☐ American Indian<br>4 ☐ Other *(Specify)* _____ | 27a. | |
| WIFE | 24b. | 25b. 2 ☐ Death<br>3 ☐ Divorce, dissolution, or annulment | 25d. | 26b. 1 ☐ White<br>2 ☐ Black<br>3 ☐ American Indian<br>4 ☐ Other *(Specify)* _____ | 27b. | |