

MISSOURI DEPARTMENT OF HEALTH
CERTIFICATE OF DISSOLUTION OF MARRIAGE

	CASE NUMBER	STATE FILE NUMBER
HUSBAND	1. HUSBAND'S NAME (First, Middle, Last)	1a. SOCIAL SECURITY NO.
VS 800 Rev. 6/97 MO 580-0716 (6/97)	2a. RESIDENCE – CITY, TOWN, OR LOCATION	2b. STATE
	2c. ZIP CODE	
WIFE	2d. COUNTY	3. DATE OF BIRTH (Month, Day, Year)
	4. BIRTHPLACE (State or Foreign Country)	
MARRIAGE	5a. WIFE'S NAME (First, Middle, Last)	5b. MAIDEN SURNAME
	5c. SOCIAL SECURITY NO.	
ATTORNEY	6a. RESIDENCE – CITY, TOWN, OR LOCATION	6b. STATE
	6c. ZIP CODE	
DECREE	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)
ATTORNEY	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
	13. PETITIONER 0 <input type="checkbox"/> Husband 1 <input type="checkbox"/> Wife 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> Other (Specify) _____	
DECREE	14a. NAME OF PETITIONER'S ATTORNEY (Type or Print)	14b. 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 0 <input type="checkbox"/> Dissolution 1 <input type="checkbox"/> Legal Separation 2 <input type="checkbox"/> Annulment
DECREE	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
DECREE	21. TITLE OF COURT 21st Circuit	
	22. SIGNATURE OF CERTIFYING OFFICIAL ▶	23. TITLE OF CERTIFYING OFFICIAL Circuit Clerk
HUSBAND	24. NUMBER OF THIS MARRIAGE – First, Second, etc. (Specify below)	25. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED By: _____ Date: (Month, Year) _____
	24a.	25a. 2 <input type="checkbox"/> Death 3 <input type="checkbox"/> Divorce, dissolution, or annulment
WIFE	24b.	25b. 2 <input type="checkbox"/> Death 3 <input type="checkbox"/> Divorce, dissolution, or annulment
	24c.	25c.
HUSBAND	26a. 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian 4 <input type="checkbox"/> Other (Specify) _____	27a. 27. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)
	26b. 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian 4 <input type="checkbox"/> Other (Specify) _____	27b.