

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) _____	Number _____ <input type="checkbox"/> None	
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)	
	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)
DECREE	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 St. Louis
			21. TITLE OF COURT 21st Circuit
HUSBAND	22. SIGNATURE OF CERTIFYING OFFICIAL ▶		23. TITLE OF CERTIFYING OFFICIAL Circuit Clerk
	24. NUMBER OF THIS MARRIAGE – First, Second, etc. (Specify below)	25. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED By: _____ Date: (Month, Year) _____	26. RACE – American Indian, Black, White, etc. (Specify below)
HUSBAND	24a.	25a. 2 <input type="checkbox"/> Death 3 <input type="checkbox"/> Divorce, dissolution, or annulment	25c.
	24b.	25b. 2 <input type="checkbox"/> Death 3 <input type="checkbox"/> Divorce, dissolution, or annulment	25d.
WIFE	26a. 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian 4 <input type="checkbox"/> Other (Specify) _____	27a.	
	26b. 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian 4 <input type="checkbox"/> Other (Specify) _____	27b.	
		27. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	