

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

MISSOURI DEPARTMENT OF HEALTH  
CERTIFICATE OF DISSOLUTION OF MARRIAGE

CASE NUMBER

STATE FILE NUMBER

**HUSBAND**

VS 800  
Rev. 6/97  
MO 580-0716  
(6/97)

**WIFE**

**MARRIAGE**

**ATTORNEY**

**DECREE**

**HUSBAND**

**WIFE**

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)	
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)	
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) _____	
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)
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	
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	25c.	26. RACE - American Indian, Black, White, etc. (Specify below)
24b.	25b. 2 <input type="checkbox"/> Death 3 <input type="checkbox"/> Divorce, dissolution, or annulment	25d.	27. EDUCATION (Specify only highest grade completed)
		26a. 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian 4 <input type="checkbox"/> Other (Specify) _____	Elementary/Secondary (0 -12)
		26b. 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian 4 <input type="checkbox"/> Other (Specify) _____	College (1 - 4 or 5+)
		27a.	
		27b.	