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SAMPLE

ORIGINAL

STATE OF ILLINOIS  
CERTIFICATE OF DISSOLUTION  
INVALIDITY OF MARRIAGE OR LEGAL SEPARATION

Name of County  
Cook  
Court File Number

State File Number

HUSBAND	1. Husband - Name First Middle Last John E. Smith				2a. Social Security Number 123-45-6789	
	2b. Residence - City, Town, Twp., or Road District Number Chicago		2c. County Cook	2d. State IL	3. State of Birth (If Not in U.S. Name Country) IL	4b. Age Now 29
WIFE	5a. Wife - Name First Middle Last June E. Smith				5b. (MAIDEN) LAST JONES	
	5a. Residence - City, Town, Twp., or Road District Number Chicago		5b. County Cook	5c. State IL	5d. Date of Birth (Mo., Day, Year) 11-3-83	5e. Social Security Number 987-65-4321
6a. Date of This Marriage (Mo., Day, Year) 12-4-03		6b. Place of This Marriage - City Chicago		6c. County Cook		
7a. Date Couple Last Resided in Same Household (Month, Day, Year) 11-25-00		7b. Number of Children Born Alive of This Marriage 2		7c. Children Under 18 in This Household (Specify) 2		
8a. Type of Decree (Specify: Dissolution, Invalidity, or Legal Separation) Dissolution				8b. Legal Grounds for Decree (Specify) Irreconcilable Differences		
9. Number of Children Under 18 Whose Physical Custody Was Awarded To Husband _____ Wife _____ Joint (Husband/Wife) _____ Other _____ <input type="checkbox"/> No children				10. Legal Representative - Name and Address (Street or R.F.D., City or Town, State, Zip) Dwayne Copper 101 COLG 340 N. Milwaukee Avenue Chicago, Illinois 60642		

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FOR COURT CLERK ONLY

16. Date of Recording Decree (Month, Day, Year)	17. Signature of Court Clerk
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INFORMATION FOR STATISTICAL PURPOSES ONLY

Race	Number of This Marriage	If Previously Married, Last Marriage Ended By		Education (Specify Highest Grade Completed)	
18. Specify (e.g. White, Black, American Indian, etc.)	19. First, Second, etc.	20a. By Death, Dissolution, or Invalidity? Specify:	20b. Date (Month, Day, Year)	21a. Elementary or Secondary (0-12)	21b. College (1-4 or 5+)
22. Specify (e.g. White, Black, American Indian, etc.)	23. First, Second, etc.	24a. By Death, Dissolution, or Invalidity? Specify:	24b. Date (Month, Day, Year)	25a. Elementary or Secondary (0-12)	25b. College (1-4 or 5+)
26. Of Hispanic Origin? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)		26a. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26b. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	