


MISSOURI DEPARTMENT OF HEALTH
CERTIFICATE OF DISSOLUTION OF MARRIAGE

	CASE NUMBER	STATE FILE NUMBER
HUSBAND	1. HUSBAND'S NAME <i>(First, Middle, Last)</i>	1a. SOCIAL SECURITY NO.
WIFE	2a. RESIDENCE – CITY, TOWN OR LOCATION	2b. STATE
MARRIAGE	2d. COUNTY	2c. ZIP CODE
ATTORNEY	3. DATE OF BIRTH <i>(Month, Day, Year)</i>	4. BIRTHPLACE <i>(State or Foreign Country)</i>
DECREE	5a. WIFE'S NAME <i>(First, Middle, Last)</i>	5b. MAIDEN SURNAME
MARRIAGE	6a. RESIDENCE – CITY, TOWN OR LOCATION	5c. SOCIAL SECURITY NO.
ATTORNEY	6d. COUNTY	6b. STATE
DECREE	7. DATE OF BIRTH <i>(Month, Day, Year)</i>	6c. ZIP CODE
MARRIAGE	9a. PLACE OF THIS MARRIAGE	8. BIRTHPLACE <i>(State or Foreign Country)</i>
ATTORNEY	9b. COUNTY	9c. STATE FOREIGN COUNTRY
DECREE	11. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD <i>(Month, Day, Year)</i>	10. DATE OF THIS MARRIAGE
MARRIAGE	12. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 11 NUMBER : None	13. PETITIONER 0 <input type="checkbox"/> Husband 1 <input type="checkbox"/> Wife 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> Other <i>(Specify)</i> _____
ATTORNEY	14a. NAME OF PETITIONER'S ATTORNEY Jayne A. Pearman	14b. ADDRESS <i>(Street and Number or Rural Route Number, City or Town, State, ZIP Code)</i> 7007 College Boulevard, Suite 480 Overland Park, Kansas 66211
DECREE	15. I CERTIFY THAT THE MARRIAGE OF THE ABOVE-NAMED PERSONS WAS DISSOLVED ON: <i>(Month, Day, Year)</i>	16. TYPE OF DECREE 0 <input checked="" type="checkbox"/> Dissolution 1 <input type="checkbox"/> Legal Separation 2 <input type="checkbox"/> Annulment
DECREE	17. DATE RECORDED <i>(Month, Day, Year)</i>	18. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO: Husband _____ Wife _____ Joint <i>(Husband & Wife)</i> _____ Other _____ <input type="checkbox"/> No children
DECREE	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
DECREE	21. TITLE OF COURT	22. SIGNATURE OF CERTIFYING OFFICIAL 
DECREE	23. TITLE OF CERTIFYING OFFICIAL	24. NO. OF THIS MARRIAGE –
HUSBAND	25. PREVIOUSLY MARRIED, LAST MARRIAGE ENDED By: _____ Date: <i>(Month, Year)</i>	25a. 2 <input type="checkbox"/> Death 3 <input type="checkbox"/> Divorce, dissolution or annulment
WIFE	25b. 2 <input type="checkbox"/> Death 3 <input type="checkbox"/> Divorce, dissolution or annulment	25c. _____
HUSBAND	26A 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black	26. RACE—America Indian, Black, White, etc. <i>(Specify below)</i> 3 <input type="checkbox"/> American Indian 4 <input type="checkbox"/> Other _____
WIFE	26B 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black	26. RACE—America Indian, Black, White, etc. <i>(Specify below)</i> 3 <input type="checkbox"/> American Indian 4 <input type="checkbox"/> Other _____
HUSBAND	27a. _____	27. EDUCATION <i>(Specify only highest grade completed)</i> Elem/Sec-0/12 College (1,2+)
WIFE	27b. _____	27. EDUCATION <i>(Specify only highest grade completed)</i> Elem/Sec-0/12 College (1,2+)