

Certificate of Dissolution Declaration of Invalidity of Marriage or Legal Separation

Please Type or Print in Permanent Black Ink

| | | | |
|---|--|---|---|
| | 1. Court File Number | State File Number | |
| 15. Spouse A Social Security Number | Decree – I certify the marriage of the persons named below was ordered as a | | |
| | 2. <input type="checkbox"/> Legal Separation <input type="checkbox"/> Dissolution of Marriage <input type="checkbox"/> Declaration of Invalidity | 3. Date of Decree MM / DD / YYYY | 4. County of Decree |
| | 5. Signature of Superior Court Clerk X | | |
| To be Completed by Petitioner's Attorney or PRO SE | | | |
| 16. Spouse B Social Security Number | Spouse A | | |
| | 6a. Name First Middle Last | 6b. Birth Last Name if Different | 6c. Date of Birth (MM/DD/YYYY) |
| | 6e. Current Residence (Number and Street) | 6f. City | 6g. County |
| | | | 6d. Birth State (If not USA give Country) |
| 16. Spouse B Social Security Number | 7a. Name First Middle Last | 7b. Birth Last Name if Different | 7c. Date of Birth (MM/DD/YYYY) |
| | 7e. Current Residence (Number and Street) | 7f. City | 7g. County |
| | 8. Place of this Marriage - County | 9. State (If not USA give Country) | 10. Date of this Marriage (MM/DD/YYYY) |
| | 11. Number of Children (Born alive of this Marriage) | 12. Petitioner <input type="checkbox"/> Spouse A <input type="checkbox"/> Spouse B <input type="checkbox"/> Both <input type="checkbox"/> Other (Specify) | |
| | 13 Name of Petitioner's Attorney or PRO SE | | |
| 14. Petitioner's Attorney's Address | | | |