



Certificate of Dissolution Declaration of Invalidity of Marriage or Legal Separation

Please Type or Print in Permanent Black Ink

	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		6b. Birth Last Name if Different	6c. Date of Birth	6d. Birth State
	First Middle Last			(MM/DD/YYYY)	(If not USA give Country)
	6e. Current Residence (Number and Street)		6f. City	6g. County	6h. State
	Spouse B				
7a. Name		7b. Birth Last Name if Different	7c. Date of Birth	7d. Birth State	
First Middle Last			(MM/DD/YYYY)	(If not USA give Country)	
7e. Current Residence (Number and Street)		7f. City	7g. County	7h. State	
8. Place of this Marriage - County		9. State	10. Date of this Marriage	11. Number of Children	
		(If not USA give Country)	(MM/DD/YYYY)	(Born alive of this Marriage)	
12. Petitioner		13. Name of Petitioner's Attorney or PRO SE			
<input type="checkbox"/> Spouse A <input type="checkbox"/> Spouse B <input type="checkbox"/> Both <input type="checkbox"/> Other (Specify)					
14. Petitioner's Attorney's Address					