

**CLIENT INFORMATION SHEET FOR DISSOLUTION OF MARRIAGE**

**TODAY'S DATE:** \_\_\_\_\_, 20\_\_.

**CLIENT'S NAME:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**RACE** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**(MAIDEN NAME:** \_\_\_\_\_ **) DATE OF BIRTH:** \_\_\_\_\_

**(RESTORED? YES** \_\_\_ **NO** \_\_\_ **PLACE OF BIRTH:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**HOME PHONE #** \_\_\_\_\_

**PAGER #** \_\_\_\_\_ **CELL PHONE #** \_\_\_\_\_

**NAME & ADDRESS OF EMPLOYER:** \_\_\_\_\_

**WORK PHONE #** \_\_\_\_\_

**LENGTH OF RESIDENCE IN MISSOURI:** \_\_\_\_\_

**NUMBER OF THIS MARRIAGE:** \_\_\_\_\_

**If previously married, how many ended in death? \_\_\_ dissolution? \_\_\_**

**Month and year of each prior decree of dissolution of marriage:** \_\_\_\_\_

**SPOUSES NAME:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**RACE** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**(MAIDEN NAME:** \_\_\_\_\_ **) DATE OF BIRTH:** \_\_\_\_\_

**(RESTORED? YES** \_\_\_ **NO** \_\_\_ **PLACE OF BIRTH:** \_\_\_\_\_

**HOME ADDRESS (if different):** \_\_\_\_\_

**HOME PHONE #** \_\_\_\_\_

**PAGER #** \_\_\_\_\_ **CELL PHONE #** \_\_\_\_\_

**NAME & ADDRESS OF EMPLOYER:** \_\_\_\_\_

**WORK PHONE #** \_\_\_\_\_

**LENGTH OF RESIDENCE IN MISSOURI:** \_\_\_\_\_

**NUMBER OF THIS MARRIAGE:** \_\_\_\_\_

**If previously married, how many ended in death? \_\_\_ dissolution? \_\_\_**

**Month and year of each prior decree of dissolution of marriage:** \_\_\_\_\_

**DATE OF THIS MARRIAGE:** \_\_\_\_\_

**County & state where marriage license was issued:** \_\_\_\_\_

**Place of marriage: City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Date husband and wife last resided in same household:** \_\_\_\_\_

**Date of cessation of marital relations (if still residing in same household):** \_\_\_\_\_

**EDUCATION: Wife** \_\_\_\_\_ **Husband:** \_\_\_\_\_

**(Highest grade completed)**

**ALL CHILDREN OF MARRIAGE:**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

**RESIDENCE ADDRESS OF EACH CHILD(REN) FOR LAST SIX MONTHS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAMES AND ADDRESS OF EACH PERSON CHILD(REN) HAS RESIDED WITH DURING LAST SIX MONTHS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_