

VERMONT DEPARTMENT OF HEALTH
APPLICATION FOR VERMONT LICENSE OF CIVIL MARRIAGE
 FEE FOR CIVIL MARRIAGE LICENSE \$60.00

| | | | | | |
|--|--------------------------------------|---|--|--|--|
| APPLICANT A | | | | (check one) | |
| 1a. LEGAL NAME (First, Middle, Last) | | 1b. LAST NAME AT BIRTH (Maiden Surname) | | | |
| 2. SEX | 3. DATE OF BIRTH (Month, Day, Year) | 4. BIRTHPLACE (State or Foreign Country) | | | |
| 5a. RESIDENCE ADDRESS (Number and Street) | | 5b. CITY OR TOWN OF RESIDENCE | | 5d. COUNTRY OF RESIDENCE | |
| 5c. STATE OF RESIDENCE | | 5d. COUNTRY OF RESIDENCE | | | |
| 6a. FATHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth) | | 6b. BIRTHPLACE (State or Foreign Country) | | | |
| 7a. MOTHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth) | | 7b. BIRTHPLACE (State or Foreign Country) | | | |
| APPLICANT B | | | | (check one) | |
| 8a. LEGAL NAME (First, Middle, Last) | | 8b. LAST NAME AT BIRTH (Maiden Surname) | | | |
| 9. SEX | 10. DATE OF BIRTH (Month, Day, Year) | 11. BIRTHPLACE (State or Foreign Country) | | | |
| 12a. RESIDENCE ADDRESS (Number and Street) | | 12b. CITY OR TOWN OF RESIDENCE | | 12d. COUNTRY OF RESIDENCE | |
| 12c. STATE OF RESIDENCE | | 12d. COUNTRY OF RESIDENCE | | | |
| 13a. FATHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth) | | 13b. BIRTHPLACE (State or Foreign Country) | | | |
| 14a. MOTHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth) | | 14b. BIRTHPLACE (State or Foreign Country) | | | |
| THE CONFIDENTIAL INFORMATION BELOW MUST BE COMPLETED. IT WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD. | | | | | |
| APPLICANT A | | | | | |
| 22. TOTAL NO. OF MARRIAGES AND CIVIL UNIONS, INCLUDING THIS ONE | | 23a. LAST MARRIAGE OR CIVIL UNION ENDED BY (check one) ___ Death ___ Divorce ___ Dissolution ___ Annulment ___ Civil union did not end; marrying civil union partner | | 23b. DATE LAST MARRIAGE OR CIVIL UNION ENDED Month _____ Year _____ | |
| APPLICANT B | | | | | |
| 25. TOTAL NO. OF MARRIAGES AND CIVIL UNIONS, INCLUDING THIS ONE | | 26a. LAST MARRIAGE OR CIVIL UNION ENDED BY (check one) ___ Death ___ Divorce ___ Dissolution ___ Annulment ___ Civil union did not end; marrying civil union partner | | 26b. DATE LAST MARRIAGE OR CIVIL UNION ENDED Month _____ Year _____ | |
| DOES EITHER APPLICANT HAVE A LEGAL GUARDIAN? YES NO | | | | | |
| 18 V.S.A. § 5131 (4)(A) provides that "parties to a civil union certified in Vermont may elect to dissolve their civil union upon marrying one another but are not required to do so to form a civil marriage." The option to elect dissolution of the civil union is found in the confidential section of the marriage license and shall become effective upon solemnization of the marriage. | | | | | |
| APPLICANTS | | | | | |
| We/I hereby certify that the information provided is correct to the best of our/my knowledge and belief and that we are free to marry under the laws of Vermont. | | | | | |
| 15a. SIGNATURE (Applicant A) | | 15b. DATE SIGNED | | 15c. SIGNATURE (Applicant B) | |
| 15d. TELEPHONE NUMBER | | 15e. E-MAIL ADDRESS | | 15f. DATE SIGNED | |
| 15c. TELEPHONE NUMBER | | 16a. TELEPHONE NUMBER | | 16d. E-MAIL ADDRESS | |
| 15d. E-MAIL ADDRESS | | 16b. TELEPHONE NUMBER | | 16e. E-MAIL ADDRESS | |
| Planned marriage date _____ Location (City or Town) _____ | | | | | |
| Officiant name and mailing address _____ | | | | | |
| Your mailing address after wedding _____ | | | | | |
| Do you want a certified copy of your Civil Marriage Certificate (\$10.00) _____ Yes _____ No _____ | | | | | |
| Date license issued _____ Clerk issuing license _____ | | | | | |

THIS WORKSHEET MAY BE DESTROYED AFTER CIVIL MARRIAGE IS REGISTERED