

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

APPLICANT A				<input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE (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			
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				<input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE (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			
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) <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment <input type="checkbox"/> 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) <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment <input type="checkbox"/> 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. TELEPHONE NUMBER		15d. E-MAIL ADDRESS	
16a. SIGNATURE (Applicant B)		16b. DATE SIGNED	
16c. TELEPHONE NUMBER		16d. 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 _____