DH-PHS-MARAPP-2016

VERMONT DEPARTMENT OF HEALTH

APPLICATION FOR VERMONT LICENSE OF CIVIL MARRIAGE

FEE FOR CIVIL MARRIAGE LICENSE $60.00

APPLICANT A ☐ BRIDE ☐ GROOM ☐ 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 ☐ BRIDE ☐ GROOM ☐ 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) ___ 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**	**16a. SIGNATURE** (Applicant B)	**16b. DATE SIGNED**
15c. TELEPHONE NUMBER	**15d. E-MAIL ADDRESS**	**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 _____

THIS WORKSHEET MAY BE DESTROYED AFTER CIVIL MARRIAGE IS REGISTERED