

VERMONT DEPARTMENT OF HEALTH
APPLICATION FOR VERMONT LICENSE OF CIVIL MARRIAGE
 FEE FOR CIVIL MARRIAGE LICENSE \$80.00

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. DATE OF BIRTH (Month, Day, Year)		3. BIRTHPLACE (State or Foreign Country)			
4a. RESIDENCE ADDRESS (Number and Street)			4b. CITY OR TOWN OF RESIDENCE		
4c. STATE OF RESIDENCE			4d. COUNTRY OF RESIDENCE		
5a. FATHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth)			5b. BIRTHPLACE (State or Foreign Country)		
6a. MOTHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth)			6b. BIRTHPLACE (State or Foreign Country)		

APPLICANT B		<input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE		(check one)	
7a. LEGAL NAME (First, Middle, Last)			7b. LAST NAME AT BIRTH (Maiden Surname)		
8. DATE OF BIRTH (Month, Day, Year)		9. BIRTHPLACE (State or Foreign Country)			
10a. RESIDENCE ADDRESS (Number and Street)			10b. CITY OR TOWN OF RESIDENCE		
10c. STATE OF RESIDENCE			10d. COUNTRY OF RESIDENCE		
11a. FATHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth)			11b. BIRTHPLACE (State or Foreign Country)		
12a. MOTHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth)			12b. BIRTHPLACE (State or Foreign Country)		

THE CONFIDENTIAL INFORMATION BELOW MUST BE COMPLETED. IT WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.

APPLICANT A		20. TOTAL NO. OF MARRIAGES AND CIVIL UNIONS, INCLUDING THIS ONE		21a. LAST MARRIAGE OR CIVIL UNION ENDED BY (check one) ___ Death ___ Divorce ___ Dissolution ___ Annulment ___ Civil union did not end; marrying civil union partner		21b. DATE LAST MARRIAGE OR CIVIL UNION ENDED Month _____ Year _____	
APPLICANT B		23. TOTAL NO. OF MARRIAGES AND CIVIL UNIONS, INCLUDING THIS ONE		24a. LAST MARRIAGE OR CIVIL UNION ENDED BY (check one) ___ Death ___ Divorce ___ Dissolution ___ Annulment ___ Civil union did not end; marrying civil union partner		24b. 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 hereby certify that the information provided is correct to the best of our knowledge and belief and that we are free to marry under the laws of Vermont.			
13a. SIGNATURE (Applicant A)		13b. DATE SIGNED	
13c. TELEPHONE NUMBER		13d. E-MAIL ADDRESS	
14a. SIGNATURE (Applicant B)		14b. DATE SIGNED	
14c. TELEPHONE NUMBER		14d. 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