

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

APPLICANT A			
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			
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	16a. SIGNATURE (Applicant B)	16b. DATE SIGNED
16c. TELEPHONE NUMBER	16d. 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 _____