

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

<b>APPLICANT A</b>		<input type="checkbox"/> BRIDE		<input type="checkbox"/> GROOM		<input type="checkbox"/> SPOUSE		<b>(check one)</b>	
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)					
<b>APPLICANT B</b>		<input type="checkbox"/> BRIDE		<input type="checkbox"/> GROOM		<input type="checkbox"/> SPOUSE		<b>(check one)</b>	
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)					
<b>THE CONFIDENTIAL INFORMATION BELOW MUST BE COMPLETED. IT WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.</b>									
<b>APPLICANT A</b>									
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 _____			
<b>APPLICANT B</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 _____			
<b>DOES EITHER APPLICANT HAVE A LEGAL GUARDIAN?    YES    NO</b>									
<b>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.</b>									
<b>APPLICANTS</b>									
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		14a. SIGNATURE (Applicant B)			14b. DATE SIGNED	
13c. TELEPHONE NUMBER		13d. E-MAIL ADDRESS			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