

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

|   |                                     |  |  |   |                                |                                 |                    |
|---|-------------------------------------|--|--|---|--------------------------------|---------------------------------|--------------------|
| <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. 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) |                                |                                 |                    |

|  |                                      |  |   |  |                                |                                 |                    |
|--|--------------------------------------|--|---|--|--------------------------------|---------------------------------|--------------------|
| <b>APPLICANT B</b>   |                                      |  |   | <input type="checkbox"/> BRIDE             | <input type="checkbox"/> GROOM | <input type="checkbox"/> SPOUSE | <b>(check one)</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.**

|   |  |  |
|---|--|--|
| <b>APPLICANT A</b>  |  |  |
| 22. TOTAL NO. OF MARRIAGES AND CIVIL UNIONS, INCLUDING THIS ONE | 23a. LAST MARRIAGE OR CIVIL UNION ENDED BY (check one)<br>___ Death ___ Divorce ___ Dissolution ___ Annulment ___ Civil union did not end;<br>marrying civil union partner | 23b. DATE LAST MARRIAGE OR CIVIL UNION ENDED<br>Month _____ Year _____ |

|   |  |  |
|---|--|--|
| <b>APPLICANT B</b>  |  |  |
| 25. TOTAL NO. OF MARRIAGES AND CIVIL UNIONS, INCLUDING THIS ONE | 26a. LAST MARRIAGE OR CIVIL UNION ENDED BY (check one)<br>___ Death ___ Divorce ___ Dissolution ___ Annulment ___ Civil union did not end;<br>marrying civil union partner | 26b. DATE LAST MARRIAGE OR CIVIL UNION ENDED<br>Month _____ Year _____ |

**DOES EITHER APPLICANT HAVE A LEGAL GUARDIAN OR IS EITHER APPLICANT UNDER AGE 18?    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.**

|   |                     |                              |                     |
|---|---------------------|------------------------------|---------------------|
| <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. |                     |                              |                     |
| 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 \_\_\_\_\_