

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"/> <b>BRIDE</b> <input type="checkbox"/> <b>GROOM</b> <input type="checkbox"/> <b>SPOUSE</b> <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"/> <b>BRIDE</b> <input type="checkbox"/> <b>GROOM</b> <input type="checkbox"/> <b>SPOUSE</b> <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>  |  |                     |  | <input type="checkbox"/> <b>BRIDE</b> <input type="checkbox"/> <b>GROOM</b> <input type="checkbox"/> <b>SPOUSE</b> <b>(check one)</b> |                              |  |                     |
| 20. TOTAL NO. OF MARRIAGES AND CIVIL UNIONS, INCLUDING THIS ONE   |  |                     | 21a. LAST MARRIAGE OR CIVIL UNION ENDED BY (check one)<br>___ Death ___ Divorce ___ Dissolution ___ Annulment ___ Civil union did not end;<br>marrying civil union partner |   |                              | 21b. DATE LAST MARRIAGE OR CIVIL UNION ENDED<br>Month _____ Year _____ |                     |
| <b>APPLICANT B</b>  |  |                     |  | <input type="checkbox"/> <b>BRIDE</b> <input type="checkbox"/> <b>GROOM</b> <input type="checkbox"/> <b>SPOUSE</b> <b>(check one)</b> |                              |  |                     |
| 23. TOTAL NO. OF MARRIAGES AND CIVIL UNIONS, INCLUDING THIS ONE   |  |                     | 24a. LAST MARRIAGE OR CIVIL UNION ENDED BY (check one)<br>___ Death ___ Divorce ___ Dissolution ___ Annulment ___ Civil union did not end;<br>marrying civil union partner |   |                              | 24b. DATE LAST MARRIAGE OR CIVIL UNION ENDED<br>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) _____<br>Officiant name and mailing address _____<br>Your mailing address after wedding _____<br>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