

**VERMONT DEPARTMENT OF HEALTH
APPLICATION FOR VERMONT LICENSE OF CIVIL MARRIAGE
FEE FOR CIVIL MARRIAGE LICENSE \$45.00**

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. 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			
<input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE (check one)			
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) ___ Death ___ Divorce ___ Dissolution ___ Annulment ___ 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) ___ Death ___ Divorce ___ Dissolution ___ Annulment ___ 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

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
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 _____