

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

<b>APPLICANT A</b>				<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)		

<b>APPLICANT B</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.**

<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) ___ Death ___ Divorce ___ Dissolution ___ Annulment ___ Civil union did not end; marrying civil union partner	23b. DATE LAST MARRIAGE OR CIVIL UNION ENDED 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) ___ 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**

<b>APPLICANTS</b>			
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 \_\_\_\_\_