

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)<br>___ Death ___ Divorce ___ Dissolution ___ Annulment ___ Civil union did not end; 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; marrying civil union partner | 26b. DATE LAST MARRIAGE OR CIVIL UNION ENDED<br>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 \_\_\_\_\_