DEPARTMENT OF HEALTH

VE LOCAL FILE NUMBER

RMONT LICENSE AND CERTIFICATE OF CIVIL MARRIAGE	STATE FILE NUMBER

TYPE OR PRINT IN BLACK INK

LOCAL FILE NUMBER				<u>,, , , , , , , , , , , , , , , , , , ,</u>	OF CIVIL WARRIAG	4 <u>-</u>	STATE FILE NUMBER
APPLICANT A	BRIDE	GROOM	SPOUSE	(ch	eck one)		
1a. LEGAL NAME (First, Mi	ddle, Last)				1b. LAST NAME AT BIRTH (Maid	len Surname)	
	[1		
2. SEX	3. DATE OF BIRTH (Month, Day, Year)		4. BIRTHPLACE (S	tate or Fo	oreign Country)		
5a. RESIDENCE ADDRESS	(Number and Street)				5b. CITY OR TOWN OF RESIDENCE	`F	
ou. HEOIDENCE ADDITECT	(Number and officer)				SD. GITT GITTOWN OF TIEGIBER	,_	
5c. STATE OF RESIDENCE					5d. COUNTRY OF RESIDENCE		
6a. FATHER'S OR PARENT	'S NAME (First, Middle, Last Name at Birth))		6b. I	SIRTHPLACE (State or Foreign Coun	try)	
7a. MOTHER'S OR PAREN	T'S NAME (First, Middle, Last Name at Birth	1)		7b. I	BIRTHPLACE (State or Foreign Coun	try)	
	DDIDE	000011	ODOLIOE				
APPLICANT B	BRIDE	GROOM	SPOUSE	(cn	eck one)		
8a. LEGAL NAME (First, Mic	ddle, Last)				8b. LAST NAME AT BIRTH (Maid	len Surname)	
9. SEX	10. DATE OF BIRTH (Month, Day, Year)		11. BIRTHPLACE (Ctata ar I	Egraign Country)		
9. 3EA	10. DATE OF BIRTH (WORKII, Day, Tear)		II. BINTHPLACE (State of f	-oreign Country)		
12a. RESIDENCE ADDRES	S (Number and Street)				12b. CITY OR TOWN OF RESIDEN	ICE	
	- (
12c. STATE OF RESIDENC	E				12d. COUNTRY OF RESIDENCE		
13a. FATHER'S OR PAREN	IT'S NAME (First, Middle, Last Name at Birt	h)		13b.	BIRTHPLACE (State or Foreign Cou	ntry)	
1/2 MOTHED'S OF BARE	NT'S NAME (First, Middle, Last Name at Bir	th)		1/h	BIRTHPLACE (State or Foreign Cou	otn/)	
14a. MOTTEN O OTT AILE	TO THAIRE (First, Middle, East Name at Bill	,		140.	Diffin EAGE (Glade of Foleigh God	nu y)	
We benefit ea					haliaf and that we are free		Ale a levve of Mayore and
	ertify that the information provid					to marry under	
15a. SIGNATURE (Applican	t A)	15b. DATE SIGNED	16a. Si	3NA I UH	E (Applicant B)		16b. DATE SIGNED
CONFIDMATION			OFFICIANT	<i>-</i>			1
CONFIRMATION	I hereby confirm that the parties nai	med above certified to	OFFICIANT		nstructions on back)	V of the chave no	mand marking by any market duly
laws of this State.	ted in the license application and cor	ripiled with the marriage	authorized to perf			Y OF THE ADOVE HA	med parties by any person duly
	ENSE WAS ISSUED (Month, Day, Year)		18a I CERTIFY THA	T THE A	BOVE PERSONS WERE 18b. V	VHERE MARRIED -	CITY OR TOWN
	(, - -, ,,		MARRIED ON (Mont				
			· ·				
17b. TOWN CLERK (Signat	ure)		18c. SIGNATURE OF	PERSO	N PERFORMING CEREMONY	18d. TI	LE
	•						
17c. TOWN OR CITY			18e. NAME (Type/Pri	nt)		18f. TEI	EPHONE NUMBER
17d. THIS LICENSE IS VAL	ID EPOM	то	18g. MAILING ADDR	ESS OF	PERSON PERFORMING CEREMON	Y (Number and Stree	et, City or Town, State, Zip Code)
ITU. ITIIS EIGENSE IS VAL	DATE						
DA	 TE						
REGISTRATION							
19a. CLERK'S SIGNATURE			19b. DATE RECEIVE	D BY LC	CAL REGISTRAR		
SEEMING COMMANDIE	-		I SOLUTION OF THE STATE OF THE				
20a. TRUE COPY - (Clerk's	Signature)		20b. TOWN			20c. DATE	
ATTEST:							

CONFIDENTIAL INFORMATION THE INFORMATION BELOW MUST BE COMPLETED. IT WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.

APPLICANT A								
21. LEGAL NAME (First, Middle, Last)				21a. I FREELY AND VOLUNTARILY AGREE TO DISSOLVE OUR CIVIL UNION CERTIFIED IN VERMONT.				
					SIGNATURE:			
22. TOTAL NO. OF MARRIAGES AND CIVIL UNIONS, INCLUDING	23a. LAST MARRIAGE OR CIVIL UNION ENDED BY (che				ck one) 23b. DATE LAST MARRIAGE OR CIVIL UNION END		CIVIL UNION ENDED	
THIS ONE	Death	Divorce	Dissolution	Annulment	Civil union did not end; marrying civil union partner	Month	Year	
APPLICANT B								
24. LEGAL NAME (First, Middle, Last)					24a. I FREELY AND VOLUNTARILY AGREE TO DISSOLVE OUR CIVIL UNION CERTIFIED IN VERMONT.			
					SIGNATURE:			
25. TOTAL NO. OF MARRIAGES	26a. LAST MARRIAGE OR CIVIL UNION ENDED BY (che				eck one) 26b. DATE LAST MARRIAGE OR CIVIL UNION ENDED			
AND CIVIL UNIONS, INCLUDING THIS ONE	Death	Divorce	Dissolution	Annulment	Civil union did not end; marrying civil union partne		Year	

MINOR'S PERMIT

In order to issue a civil marriage license when either applicant is under eighteen (18) years of age the clerk must have the written consent of one of the minor's parents or the minor's guardian (see form below).

NOTE: Under no circumstance may persons under sixteen (16) years of age marry in Vermont.

___, Vermont (City or Town) (Month, Day, Year) , parent or guardian of (Bride/Groom/Spouse) and/or ______, parent or guardian of _ (Bride/Groom/Spouse) hereby give my/our consent to this marriage. (Signature) (Signature) STATE OF VERMONT The above subscribed and sworn to before me in _____ County, this __ day of ___ (Year) (Signature of Clerk) Officiant Instructions 1. The marriage ceremony must take place between the dates specified in item 17d "This license is valid from Clergy from out of state must obtain authorization from the probate court of the district in which the ceremony will take place before conducting the marriage ceremony.

- 3. After the ceremony, complete the officiant section of the license using BLACK ink. Please write legibly as this is the legal record of the marriage.
- 4. Return the completed license and any accompanying authorizations to the town clerk who issued it, specified in items 17b, 17c, WITHIN 10 DAYS for filing. DO NOT GIVE THE COMPLETED LICENSE BACK TO THE COUPLE.
- 5. For more information, you may call the Vital Records Unit at the Vermont Department of Health at (802) 863-7275 or 1-800-439-5008.