

LOCAL FILE NUMBER

VERMONT LICENSE AND CERTIFICATE OF CIVIL MARRIAGE

TYPE OR
PRINT IN
BLACK INK

| | | | |
|--|--|---|-----------------------------------|
| PARTY A | | | |
| 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) | |
| PARTY 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) | |
| 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 (Party A) | | 13b. DATE SIGNED | 14a. SIGNATURE (Party B) |
| | | | 14b. DATE SIGNED |
| CONFIRMATION I hereby confirm that the parties named above certified to the truth of the facts stated in the license application and complied with the marriage laws of this State. | | OFFICIANT (See instructions on back) This license authorizes the marriage IN VERMONT ONLY of the above named parties by any person duly authorized to perform a marriage. | |
| 15a. DATE ON WHICH LICENSE WAS ISSUED (Month, Day, Year) | | 16a. I CERTIFY THAT THE ABOVE PERSONS WERE MARRIED ON (Month, Day, Year) | 16b. WHERE MARRIED – CITY OR TOWN |
| 15b. TOWN CLERK (Signature) | | 16c. SIGNATURE OF PERSON PERFORMING CEREMONY | 16d. TITLE |
| 15c. TOWN OR CITY | | 16e. NAME (Type/Print) | 16f. TELEPHONE NUMBER |
| 15d. THIS LICENSE IS VALID FROM _____ DATE _____ TO _____ DATE _____ | | 16g. MAILING ADDRESS OF PERSON PERFORMING CEREMONY (Number and Street, City or Town, State, Zip Code) | |
| REGISTRATION | | | |
| 17a. CLERK'S SIGNATURE | | 17b. DATE RECEIVED BY LOCAL REGISTRAR | |
| 18a. TRUE COPY – (Clerk's Signature) | | 18b. TOWN | 18c. DATE |
| ATTEST: | | | |

CONFIDENTIAL INFORMATION

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

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| PARTY A | | | |
| 19. LEGAL NAME (First, Middle, Last) | | 19a. I FREELY AND VOLUNTARILY AGREE TO DISSOLVE OUR CIVIL UNION CERTIFIED IN VERMONT. SIGNATURE: | |
| 20. TOTAL NO. OF MARRIAGES AND CIVIL UNIONS, INCLUDING THIS ONE | | 21a. LAST MARRIAGE OR CIVIL UNION ENDED BY (check one) Death Divorce Dissolution Annulment Civil union did not end; marrying civil union partner | 21b. DATE LAST MARRIAGE OR CIVIL UNION ENDED Month _____ Year _____ |
| PARTY B | | | |
| 22. LEGAL NAME (First, Middle, Last) | | 22a. I FREELY AND VOLUNTARILY AGREE TO DISSOLVE OUR CIVIL UNION CERTIFIED IN VERMONT. SIGNATURE: | |
| 23. TOTAL NO. OF MARRIAGES AND CIVIL UNIONS, INCLUDING THIS ONE | | 24a. LAST MARRIAGE OR CIVIL UNION ENDED BY (check one) Death Divorce Dissolution Annulment Civil union did not end; marrying civil union partner | 25b. DATE LAST MARRIAGE OR CIVIL UNION ENDED Month _____ Year _____ |

Officiant Instructions

1. The marriage ceremony must take place between the dates specified in item 15d "This license is valid from _____ to _____".
2. 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 15b, 15c, 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.