

VERMONT LICENSE AND CERTIFICATE OF CIVIL MARRIAGE

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN BLACK INK

PARTY A		BRIDE	GROOM	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)	
PARTY B		BRIDE	GROOM	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)	
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.					
15a. SIGNATURE (Party A)		15b. DATE SIGNED		16a. SIGNATURE (Party B)	
				16b. 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.		
17a. DATE ON WHICH LICENSE WAS ISSUED (Month, Day, Year)			18a. I CERTIFY THAT THE ABOVE PERSONS WERE MARRIED ON (Month, Day, Year)		18b. WHERE MARRIED – CITY OR TOWN
17b. TOWN CLERK (Signature)			18c. SIGNATURE OF PERSON PERFORMING CEREMONY		18d. TITLE
17c. TOWN OR CITY			18e. NAME (Type/Print)		18f. TELEPHONE NUMBER
17d. THIS LICENSE IS VALID FROM _____ DATE _____ TO _____ DATE _____			18g. MAILING ADDRESS OF PERSON PERFORMING CEREMONY (Number and Street, City or Town, State, Zip Code)		
REGISTRATION					
19a. CLERK'S SIGNATURE			19b. DATE RECEIVED BY LOCAL REGISTRAR		
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.

PARTY 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 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 _____
PARTY 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 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 _____

Officiant Instructions

1. The marriage ceremony must take place between the dates specified in item 17d "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 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.