

APPLICATION FOR VERMONT LICENSE OF MARRIAGE

FEE FOR MARRIAGE LICENSE: \$23

COST OF CERTIFIED COPY: \$7

GROOM			
1. NAME (First, Middle, Last)			2. DATE OF BIRTH (Month, Day, Year)
3. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
4a. USUAL RESIDENCE - STATE	4b. CITY OR TOWN		5. BIRTHPLACE (State or Foreign Country)
6a. FATHER'S NAME (First, Middle, Last)	6b. BIRTHPLACE (State or Foreign Country)	7a. MOTHER'S NAME (First, Middle, Maiden Surname)	7b. BIRTHPLACE (State or Foreign Country)

BRIDE				
8a. NAME (First, Middle, Last)			8b. MAIDEN SURNAME	9. DATE OF BIRTH (Month, Day, Year)
10. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)				
11a. USUAL RESIDENCE - STATE	11b. CITY OR TOWN		12. BIRTHPLACE (State or Foreign Country)	
13a. FATHER'S NAME (First, Middle, Last)	13b. BIRTHPLACE (State or Foreign Country)	14a. MOTHER'S NAME (First, Middle, Maiden Surname)	14b. BIRTHPLACE (State or Foreign Country)	

THE INFORMATION BELOW IS CONFIDENTIAL AND WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.

GROOM					
20. NAME		IF PREVIOUSLY MARRIED		EDUCATION (Specify only highest grade completed)	
21. RACE - White, Black, American Indian, etc. (Specify)		LAST MARRIAGE ENDED BY		DATE	
		<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT		MONTH YEAR	
22. NO. OF THIS MARRIAGE (1st, 2nd, etc.)		23a.	23b.	24.	

BRIDE					
25. NAME		IF PREVIOUSLY MARRIED		EDUCATION (Specify only highest grade completed)	
26. RACE - White, Black, American Indian, etc. (Specify)		LAST MARRIAGE ENDED BY		DATE	
		<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT		MONTH YEAR	
27. NO. OF THIS MARRIAGE (1st, 2nd, etc.)		28a.	28b.	29.	

IF YOU ARE NOT FROM VERMONT, IS THERE A REASON YOU CANNOT MARRY IN YOUR STATE? YES NO

DOES EITHER PARTY HAVE A LEGAL GUARDIAN? YES NO

APPLICANTS			
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	15b. DATE SIGNED	15c. SIGNATURE	15d. DATE SIGNED

Planned marriage date _____ Location (City or Town) _____
Officiant Name & Address _____
Your mailing address after wedding _____
Do you want a certified copy of your Marriage Certificate? (\$7.00) <input type="checkbox"/> Yes <input type="checkbox"/> No

Date License issued _____ Clerk issuing License _____