

DEPARTMENT OF HEALTH  
**VERMONT LICENSE AND CERTIFICATE OF CIVIL MARRIAGE**

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR  
 PRINT IN  
 BLACK INK

<b>FIRST PERSON:</b>		<input type="checkbox"/> BRIDE		<input type="checkbox"/> GROOM		<input type="checkbox"/> SPOUSE		<b>(check one)</b>	
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/TOWN OF RESIDENCE			
5c. STATE OF RESIDENCE						5d. COUNTY OF RESIDENCE			
6a. FATHER'S OR PARENT'S NAME (First, Middle, Last)					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)				
8. TOTAL NO. OF MARRIAGES AND CIVIL UNIONS, INCLUDING THIS ONE			9a. LAST RELATIONSHIP ENDED BY (check one) ___ Death ___ Divorce ___ Dissolution ___ Annulment ___ Marrying civil union partner				9b. DATE LAST MARRIAGE OR CIVIL UNION ENDED Month _____ Year _____		
<b>SECOND PERSON:</b>		<input type="checkbox"/> BRIDE		<input type="checkbox"/> GROOM		<input type="checkbox"/> SPOUSE		<b>(check one)</b>	
10a. LEGAL NAME (First, Middle, Last)						10b. LAST NAME AT BIRTH (Maiden Surname)			
11. SEX		12. DATE OF BIRTH (Month, Day, Year)			13. BIRTHPLACE (State or Foreign Country)				
14a. RESIDENCE ADDRESS (Number and Street)						14b. CITY/TOWN OF RESIDENCE			
14c. STATE OF RESIDENCE						14d. COUNTY OF RESIDENCE			
15a. FATHER'S OR PARENT'S NAME (First, Middle, Last)					15b. BIRTHPLACE (State or Foreign Country)				
16a. MOTHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth)					16b. BIRTHPLACE (State or Foreign Country)				
17. TOTAL NO. OF MARRIAGES AND CIVIL UNIONS, INCLUDING THIS ONE			18a. LAST RELATIONSHIP ENDED BY (check one) ___ Death ___ Divorce ___ Dissolution ___ Annulment ___ Marrying civil union partner				18b. DATE LAST MARRIAGE OR CIVIL UNION ENDED Month _____ Year _____		
<b>APPLICANTS</b>									
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.									
19a. SIGNATURE (First Person)				19b. DATE SIGNED		19c. SIGNATURE (Second Person)			19d. DATE SIGNED
<b>CERTIFICATION</b>					<b>OFFICIANT (See instructions on back)</b>				
I hereby certify that the above named persons have made oath to the truth of the facts stated in the foregoing declaration of intention of marriage and complied with the marriage laws of the State of Vermont.					This license authorizes the marriage IN VERMONT ONLY of the above named parties by any person duly authorized to perform a marriage.				
20a. DATE ON WHICH LICENSE WAS ISSUED (Month, Day, Year)					21a. I CERTIFY THAT THE ABOVE PERSONS WERE MARRIED ON (Month, Day, Year)			21b. WHERE MARRIED - CITY OR TOWN	
20b. TOWN CLERK (Signature)					21c. SIGNATURE OF PERSON PERFORMING CEREMONY			21d. TITLE	
20c. TOWN OR CITY					21e. NAME (Type/Print)				
20d. THIS LICENSE IS VALID FROM _____ DATE TO _____ DATE UNLESS WAIVED BY A VERMONT COURT.					21f. MAILING ADDRESS OF PERSON PERFORMING CEREMONY (Number and Street, City or Town, State, Zip Code)				
<b>REGISTRATION</b>									
22a. CLERK'S SIGNATURE					22b. DATE RECEIVED BY LOCAL REGISTRAR				
23a. TRUE COPY - (Clerk's Signature) (To be signed by Registrar on copy only)					23b. TOWN			23c. DATE	
Attest:									

## MINOR'S PERMIT

In order to issue a marriage license when either party 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  
(Month, Day, Year) (City or Town)

I, \_\_\_\_\_, 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 \_\_\_\_\_,  
(Month) (Year)

\_\_\_\_\_  
(Signature of Clerk)

### Officiant Instructions

1. The marriage ceremony must take place between the dates specified in item 20d "This license is valid from \_\_\_\_\_ to \_\_\_\_\_" unless one of the couple is in full time military service, or when the license is accompanied by a waiver of the waiting period issued by a Vermont court.
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 waivers and authorizations to the town clerk who issued it, specified in items 20b, 20c, 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.