

VERMONT DEPARTMENT OF HEALTH
APPLICATION FOR VERMONT LICENSE OF CIVIL UNION
 FEE FOR CIVIL UNION LICENSE: \$23
 COST OF CERTIFIED COPY: \$7

PARTY A			
1. NAME (First, Middle, Last)	1b. MAIDEN NAME (If Applicable)	1c. DATE OF BIRTH (Month, Day, Year)	
2. SEX	3. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 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)

PARTY B			
8. NAME (First, Middle, Last)	8b. MAIDEN NAME (If Applicable)		
9. SEX	10. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 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.

PARTY A					
20. NAME	IF PREVIOUSLY MARRIED OR IN A CIVIL UNION			EDUCATION (Specify only highest grade completed)	
	LAST MARRIAGE OR CIVIL UNION ENDED BY	DATE			
21. RACE – White, Black, American Indian, etc. (Specify)	22. TOTAL NO. OF CIVIL UNIONS OR MARRIAGES INCLUDING THIS ONE	DEATH DIVORCE	DISSOLUTION ANNULMENT	MONTH YEAR	Elementary or Secondary (0-12) College (1-4 or 5+)
		23a.		23b.	24.

PARTY B					
20. NAME	IF PREVIOUSLY MARRIED OR IN A CIVIL UNION			EDUCATION (Specify only highest grade completed)	
	LAST MARRIAGE OR CIVIL UNION ENDED BY	DATE			
21. RACE – White, Black, American Indian, etc. (Specify)	22. TOTAL NO. OF CIVIL UNIONS OR MARRIAGES INCLUDING THIS ONE	DEATH DIVORCE	DISSOLUTION ANNULMENT	MONTH YEAR	Elementary or Secondary (0-12) College (1-4 or 5+)
		23a.		23b.	24.

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 form a civil union under the laws of the State of Vermont.			
15a. SIGNATURE	15b. DATE SIGNED	16a. SIGNATURE	16b. DATE SIGNED

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

Date License Issued _____ Clerk Issuing License _____

THIS WORKSHEET MAY BE DESTROYED AFTER CIVIL UNION REGISTERED