

APPLICATION FOR VERMONT LICENSE OF CIVIL UNION

FEE FOR CIVIL UNION LICENSE: \$20

COST OF CERTIFIED COPY: \$7

PARTY A		
1. NAME (First, Middle, Last)	1b. MAIDEN SURNAME (If Applicable)	1c. DATE OF BIRTH (Month, Day, Year)
2. SEX	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)

PARTY B		
8a. NAME (First, Middle, Last)	8b. MAIDEN SURNAME (If Applicable)	8c. DATE OF BIRTH (Month, Day, Year)
9. SEX	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.

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	Elementary or Secondary (0-12)	College (1-4 OR 5+)
21. RACE - White, Black, American Indian, etc. (Specify)	22. TOTAL NO. OF CIVIL UNIONS OR MARRIAGES INCLUDING THIS ONE	<input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT	MONTH	YEAR
		23a.	23b.	24.

PARTY B				
25. NAME	IF PREVIOUSLY MARRIED OR IN A CIVIL UNION		EDUCATION (Specify only highest grade completed)	
	LAST MARRIAGE OR CIVIL UNION ENDED BY	DATE	Elementary or Secondary (0-12)	College (1-4 OR 5+)
26. RACE - White, Black, American Indian, etc. (Specify)	27. TOTAL NO. OF CIVIL UNIONS OR MARRIAGES INCLUDING THIS ONE	<input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT	MONTH	YEAR
		28a.	28b.	29.

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 Vermont.			
15a. SIGNATURE	15b. DATE SIGNED	15c. SIGNATURE	15d. 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) Yes No

Date License issued _____ Clerk issuing License _____