

**APPLICATION FOR VERMONT LICENSE OF CIVIL UNION**

FEE FOR CIVIL UNION LICENSE: \$20

COST OF CERTIFIED COPY: \$7

|   |   |   |
|---|---|---|
| <b>PARTY A</b>                          |   |   |
| 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. USUA: 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)         |

|  |  |  |
|--|--|--|
| <b>PARTY B</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.**

|  |   |  |  |
|--|---|--|--|
| <b>PARTY A</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 | <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION<br><input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT | MONTH YEAR                                       |
|  |   | 23a.   | 23b.    24.                                      |

|  |   |  |  |
|--|---|--|--|
| <b>PARTY B</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   |  |
| 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<br><input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT | MONTH YEAR                                       |
|  |   | 28a.   | 28b.    29.                                      |

**DOES EITHER PARTY HAVE A LEGAL GUARDIAN? \_\_\_ YES \_\_\_ NO**

|  |                  |                |                  |
|--|------------------|----------------|------------------|
| <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 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 \_\_\_\_\_

**THIS WORKSHEET MAY BE DESTROYED AFTER CIVIL UNION IS REGISTERED**