DEPARTMENT OF HEALTH

	DEI ATTIMENT OF TIEAETTI		
ERMONT LICENSE	AND CERTIFICATE OF CIVIL	MARRIAG	

STAT	FEI	F MI	MARER

TYPE OR PRINT IN BLACK INK

LOCAL FILE NUMBER VERMONT LICENSI	AND CERTIFICATE OF CIVIL MARRIAGE STATE FILE NUMBER		
APPLICANT A 1a. LEGAL NAME (First, Middle, Last)	SPOUSE (check one) 1b. LAST NAME AT BIRTH (Maiden Surname)		
18. LEGAL MUNIC (1134, MIGUIE, LGS)	ID. EAST WHILE AT SHITT, MASSIVE STREET,		
2. SEX 3. DATE OF BIRTH (Month, Day, Year)	4. BIRTHPLACE (State or Foreign Country)		
5a. RESIDENCE ADDRESS (Number and Street)	5b. CITY OR TOWN OF RESIDENCE		
5c. STATE OF RESIDENCE	5d. COUNTRY OF RESIDENCE		
Ga. FATHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth)	6b. BIRTHPLACE (State or Foreign Country)		
A .			
7a. MOTHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth)	7b. BIRTHPLACE (State or Foreign Country)		
APPLICANT B BRIDE GROOM 8a. LEGAL NAME (First, Middle, Last)	SPOUSE (check one)		
9. SEX 10. DATE OF BIRTH (Month, Day, Year)	11. BIRTHPLACE (State or Foreign Country)		
12a. RESIDENCE ADDRESS (Number and Street)	12b. CITY OR TOWN OF RESIDENCE		
12c. STATE OF RESIDENCE	12d. COUNTRY OF RESIDENCE		
13a. FATHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth)	13b. BIRTHPLACE (State or Foreign Country)		
14a. MOTHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth)	14b. BIRTHPLACE (State or Foreign Country)		
We/I hereby certify that the information provided is correct to th	e best of our/my knowledge and belief and that we are free to marry under the laws of Vermont.		
15a. SIGNATURE (Applicant A) 15b. DATE SI			
CERTIFICATION I hereby certify that the above named persons have may oath to the truth of the facts stated in the foregoing declaration of intention of	de OFFICIANT (See instructions on back) This license authorizes the marriage IN VERMONT ONLY of the above named parties by any person duly		
oath to the truth of the facts stated in the foregoing declaration of internior of marriage and complied with the marriage laws of the State of Vermont. 17a. DATE ON WHICH LICENSE WAS ISSUED (Month, Day, Year)	authorized to perform a marriage 18s. I CERTIFY THAT THE ABOVE PERSONS WERE 18b. WHERE MARRIED – CITY OR TOWN		
Tra. Date on which License was issued (worth, bay, fear)	MARRIED ON (Month, Day, Year)		
17b. TOWN CLERK (Signature)	18c. SIGNATURE OF PERSON PERFORMING CEREMONY 18d. TITLE		
17c. TOWN OR CITY	18e. NAME (Type/Print) 18f. TELEPHONE NUMBER		
THE THE LEGISLE IN VALUE FROM	18g. MAILING ADDRESS OF PERSON PERFORMING CEREMONY (Number and Street, City or Town, State, Zip Code)		
17d. THIS LICENSE IS VALID FROM DATE			
DATE REGISTRATION			
9a. CLERK'S SIGNATURE	19b. DATE RECEIVED BY LOCAL REGISTRAR		
0a. TRUE COPY – (Clerk's Signature)	20b. TOWN 20c. DATE		
TTEST:			

CONFIDENTIAL INFORMATION THE INFORMATION BELOW MUST BE COMPLETED. IT WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.

APPLICANT A							
21. LEGAL NAME (First, Middle, Last)		21a. I FREELY AND VOLUNTARILY AGREE TO DISSOLVE OUR CIVIL UNION CERTIFIED IN VERMONT. SIGNATURE:					
22. TOTAL NO. OF MARRIAGES AND CIVIL UNIONS, INCLUDING	23a. LAST MARRIAGE OR CIVIL UNION ENDED BY (che	eck one)	23b. DATE LAST MARRIAGE OR CIVIL UNION ENDED				
THIS ONE	Death Divorce Dissolution Annulment	Civil union did not end; marrying civil union partner	Month	Year			
APPLICANT B							
24. LEGAL NAME (First, Middle, Last)		24a. I FREELY AND VOLUNTARILY AGREE TO DISSOLVE OUR CIVIL UNION CERTIFIED IN VERMONT.					
		SIGNATURE:					
25. TOTAL NO. OF MARRIAGES AND CIVIL UNIONS, INCLUDING	26a. LAST MARRIAGE OR CIVIL UNION ENDED BY (check one)		26b. DATE LAST MARRIAGE OR CIVIL UNION ENDED				
THIS ONE	Death Divorce Dissolution Annulment	Civil union did not end; marrying civil union partner	Month	Year			