

1 S.158

2 Introduced by Senator Sears

3 Referred to Committee on

4 Date:

5 Subject: Health; marriage records

6 Statement of purpose: This bill proposes to amend the marriage application to
7 eliminate specific questions regarding the number of prior marriages or civil
8 unions established by the parties and how they ended, and instead inquire
9 whether the person is eligible to marry under the laws of the state.

10 An act relating to marriage records

11 It is hereby enacted by the General Assembly of the State of Vermont:

12 Sec. 1. 18 V.S.A. § 5131(a)(2) is amended to read:

13 (2) The department shall prescribe forms that allow each party to a
14 marriage to be designated “bride,” “groom,” or “spouse,” as he or she chooses,
15 and the application shall be in substantially the following form:

16 VERMONT DEPARTMENT OF HEALTH

17 APPLICATION FOR VERMONT LICENSE OF CIVIL MARRIAGE

18 FEE FOR CIVIL MARRIAGE LICENSE: \$45.00, FEE FOR CERTIFIED

19 COPY \$10.00

1

BRIDE/GROOM/SPOUSE (circle one)

NAME (First) (Middle) (Last)		
SEX	DATE OF BIRTH (e.g., July 1, 2009)	AGE
BIRTHPLACE	EDUCATION (Circle No. Yrs. Completed)	
	GRADES 1-8	GRADES 9-12
		COLLEGE (1-5+)
RESIDENCE (No. and Street)		
CITY OR TOWN	COUNTY	STATE
RACE – White, Black, Native American, Indian, Chinese, Japanese, Hawaiian, Filipino (Specify)		
FATHER'S NAME (First, Middle, Last)		
FATHER'S BIRTHPLACE (State or Foreign Country)	MOTHER'S BIRTHPLACE (State or Foreign Country)	
MOTHER'S MAIDEN NAME (First, Middle, Maiden Surname)		
NO. OF THIS MARRIAGE (1st, 2nd, etc.)	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1. MARRIAGE 2. CIVIL UNION
Date last marriage or civil union ended _____ Month _____ Year		
LAST RELATIONSHIP ENDED BY: 1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT 4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER		
Does either party have a legal guardian _____ Yes _____ No		

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BRIDE/GROOM/SPOUSE (circle one)

NAME (First) (Middle) (Last)			
SEX	DATE OF BIRTH (e.g., July 1, 2009)		AGE
BIRTHPLACE		EDUCATION (Circle No. Yrs. Completed)	
		GRADE	GRADES COLLEGE
		S	9-12 (1-5+)
RESIDENCE (No. and Street)			
CITY OR TOWN		COUNTY	STATE
RACE – White, Black, Native American, Indian, Chinese, Japanese, Hawaiian, Filipino (Specify)			
FATHER'S NAME (First, Middle, Last)			
FATHER'S BIRTHPLACE (State or Foreign Country)		MOTHER'S BIRTHPLACE (State or Foreign Country)	
MOTHER'S MAIDEN NAME (First, Middle, Maiden Surname)			
NO. OF THIS MARRIAGE (1st, 2nd, etc.)	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1. MARRIAGE 2. CIVIL UNION	
Date last marriage or civil union ended _____ Month _____ Year			
LAST RELATIONSHIP ENDED BY:			
1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT			
4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER			
Does either party have a legal guardian _____ Yes _____ No			

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APPLICANTS	
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.	
SIGNATURE _____	SIGNATURE _____
Date signed: _____	Date signed: _____
Planned marriage date _____	Location (City or town) _____
Officiant Name & Address _____	
Your mailing address after wedding _____	
Do you want a certified copy of your Marriage Certificate? (\$10.00)	
____ Yes ____ No	

2 Date License issued _____ Clerk issuing License _____

3 This worksheet may be destroyed after marriage is registered.