

S.158

An act relating to marriage records

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

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

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

VERMONT DEPARTMENT OF HEALTH

APPLICATION FOR VERMONT LICENSE OF CIVIL MARRIAGE

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

COPY \$10.00

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)		
<b>The confidential information below relating to previous marriages and civil unions is optional. It will not appear on certified copies of the record.</b>		
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		

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 — <del>White, Black, Native American, Indian, Chinese, Japanese, Hawaiian, Filipino</del> (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)		
<b><u>The confidential information below relating to previous marriages and civil unions is optional. It will not appear on certified copies of the record.</u></b>		
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		

<p>APPLICANTS</p> <p><del>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</del> <b><u>WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF</u></b></p>
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<u>OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF VERMONT .</u>	
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	

Date License issued \_\_\_\_\_ Clerk issuing License \_\_\_\_\_

This worksheet may be destroyed after marriage is registered.