

**VERMONT DEPARTMENT OF HEALTH  
APPLICATION FOR VERMONT LICENSE OF CIVIL MARRIAGE  
FEE FOR CIVIL MARRIAGE LICENSE \$60.00**

<b>APPLICANT A</b>		<input type="checkbox"/> BRIDE	<input checked="" type="checkbox"/> GROOM	<input type="checkbox"/> SPOUSE	(check one)
1a. LEGAL NAME (First, Middle, Last) Marcus Riedel			1b. LAST NAME AT BIRTH (Maiden Surname) Rosenberg		
2. SEX M	3. DATE OF BIRTH (Month, Day, Year) 10-30-1970		4. BIRTHPLACE (State or Foreign Country) Saskatoon, Saskatchewan, Canada		
5a. RESIDENCE ADDRESS (Number and Street) 200 Union St S.E.			5b. CITY OR TOWN OF RESIDENCE Minneapolis		
5c. STATE OF RESIDENCE MN			5d. COUNTRY OF RESIDENCE USA		
6a. FATHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth) Ivo Rosenberg			6b. BIRTHPLACE (State or Foreign Country) Brno, Czechoslovakia		
7a. MOTHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth) Vlasta Rosenberg			7b. BIRTHPLACE (State or Foreign Country) Olomouc, Czechoslovakia		

<b>APPLICANT B</b>		<input checked="" type="checkbox"/> BRIDE	<input type="checkbox"/> GROOM	<input type="checkbox"/> SPOUSE	(check one)
8a. LEGAL NAME (First, Middle, Last) Emery Kathleen Fall			8b. LAST NAME AT BIRTH (Maiden Surname) Fall		
9. SEX F	10. DATE OF BIRTH (Month, Day, Year) 10-20-1992		11. BIRTHPLACE (State or Foreign Country) Edina, Minnesota		
12a. RESIDENCE ADDRESS (Number and Street) 3036 Island View Dr.			12b. CITY OR TOWN OF RESIDENCE Mound		
12c. STATE OF RESIDENCE MN			12d. COUNTRY OF RESIDENCE USA		
13a. FATHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth) Gregory Hamilton Fall			13b. BIRTHPLACE (State or Foreign Country) Minnesota		
14a. MOTHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth) Kathleen Debroah Ham			14b. BIRTHPLACE (State or Foreign Country) New York		

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

<b>APPLICANT A</b>		
22. TOTAL NO. OF MARRIAGES AND CIVIL UNIONS, INCLUDING THIS ONE 1	23a. LAST MARRIAGE OR CIVIL UNION ENDED BY (check one) <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment <input type="checkbox"/> Civil union did not end; marrying civil union partner	23b. DATE LAST MARRIAGE OR CIVIL UNION ENDED Month _____ Year _____

<b>APPLICANT B</b>		
25. TOTAL NO. OF MARRIAGES AND CIVIL UNIONS, INCLUDING THIS ONE 1	26a. LAST MARRIAGE OR CIVIL UNION ENDED BY (check one) <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment <input type="checkbox"/> Civil union did not end; marrying civil union partner	26b. DATE LAST MARRIAGE OR CIVIL UNION ENDED Month _____ Year _____

**DOES EITHER APPLICANT HAVE A LEGAL GUARDIAN?    YES     NO**

**18 V.S.A. § 5131 (4)(A) provides that "parties to a civil union certified in Vermont may elect to dissolve their civil union upon marrying one another but are not required to do so to form a civil marriage." The option to elect dissolution of the civil union is found in the confidential section of the marriage license and shall become effective upon solemnization of the marriage.**

<b>APPLICANTS</b>			
We/I hereby certify that the information provided is correct to the 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 SIGNED	16a. SIGNATURE (Applicant B)	16b. DATE SIGNED
15c. TELEPHONE NUMBER 612-275-9878	15d. E-MAIL ADDRESS mriedel@umn.edu	16c. TELEPHONE NUMBER 612-581-4698	16d. E-MAIL ADDRESS fall.emery.k@gmail.com
Planned marriage date <u>12/18/17</u>		Location (City or Town) <u>South Hero, VT</u>	
Officiant name and mailing address <u>J.P. Ray Allen, 111 South St, South Hero, VT 05486</u>			
Your mailing address after wedding <u>200 Union St S.E., Minneapolis, MN 55455</u>			
Do you want a certified copy of your Civil Marriage Certificate (\$10.00) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Date license issued \_\_\_\_\_ Clerk issuing license \_\_\_\_\_