



# Application for Certified Copy of Vermont Marriage or Divorce or Civil Union Dissolution Certificate

Vital Records Office  
280 State Drive  
Waterbury, VT 05671-8370

**USE THIS FORM FOR EVENTS OCCURRING FROM 2023 – PRESENT ONLY\***

*\*Civil Union Dissolutions Certificates for all years.*

CERTIFICATES PRIOR TO 2023 CAN BE ORDERED FROM  
THE VERMONT STATE ARCHIVES AND RECORDS ADMINISTRATION (VSARA)

### INDIVIDUAL REQUESTING THE CERTIFICATE:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship to person named on certificate: \_\_\_\_\_

Purpose of request:  Social Security     School Enrollment     Passport     Driver's License

Family History     Other (specify): \_\_\_\_\_

### CIVIL MARRIAGE CERTIFICATE

Number of Copies Requested \_\_\_\_\_ x \$10 each

Name of Party A: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Name of Party B: \_\_\_\_\_

### DIVORCE/DISSOLUTION CERTIFICATE

Number of Copies Requested \_\_\_\_\_ x \$10 each

Name of Party A: \_\_\_\_\_ Date of Divorce/Dissolution: \_\_\_\_\_

Name of Party B: \_\_\_\_\_

Total Number of Certificates Ordered: _____	Cost Each: <u>\$10.00</u>	Order Total: \$ _____
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Make checks or money orders (U.S. funds) payable to the *Vermont Department of Health* and mail your payment with this form and a self-addressed envelope to the address shown above.

### FOR OFFICIAL USE ONLY:

CID: \_\_\_\_\_ CPA-B: \_\_\_\_\_ CPA-E: \_\_\_\_\_