

DEPARTMENT OF HEALTH
VERMONT RECORD OF
CIVIL UNION DISSOLUTION OR ANNULMENT

Docket # _____

| |
|--------------------------|
| Dept. of Health Use ONLY |
| State File # _____ |

| PARTY A | | |
|--------------------------------|------------------|--|
| 1a. Name (First, Middle, Last) | 1b. Sex | 1c. Maiden Surname (If Applicable) |
| 2a. State of Residence | 2b. City or Town | 3. Date of Birth (month, day, year) ____ / ____ / _____ |

| PARTY B | | |
|--------------------------------|------------------|--|
| 4a. Name (First, Middle, Last) | 4b. Sex | 4c. Maiden Surname (If Applicable) |
| 5a. State of Residence | 5b. City or Town | 6. Date of Birth (month, day, year) ____ / ____ / _____ |

| CIVIL UNION | | |
|---|---|---|
| 7a. State or foreign country of this civil union | 7b. City or Town of this civil union | 7c. Date of this civil union (month, day, year) ____ / ____ / _____ |
| 8a. Date couple last resided in same household (month, day, year) ____ / ____ / _____ | 8b. Number of children under 18 in this household as of the date in item 8a. | |
| 9a. Name of Petitioner's Attorney _____ _____ | 9b. Attorney's Address (street, city/town, state, zip) _____ _____ _____ | |
| <input type="checkbox"/> NO ATTORNEY | | |

| DECREE | | |
|--|---|---|
| 10. I certify that this decree became absolute (final) on (month, day, year) ____ / ____ / _____ | 11. Type of decree (check one) <input type="checkbox"/> Absolute Dissolution <input type="checkbox"/> Annulment | 12. County of decree |
| 13. Legal grounds for decree (<i>specify</i>) | 14. Court Manager | 15. Date signed (month, day, year) ____ / ____ / _____ |