

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) ____ / ____ / _____