

STATE OF UTAH - DEPARTMENT OF HEALTH

APPLICATION FOR LICENSE TO MARRY

TYPE OR PRINT - USE BLACK INK

APPLICATION NUMBER _____

COUNTY OF ISSUANCE _____

STATE FILE NUMBER _____

SPOUSE 1 1a. First Name		1b. Middle Initial	1c. Maiden Name if applicable		1d. Last		1e. Gender <input type="checkbox"/> M <input type="checkbox"/> F	
2a. USUAL RESIDENCE - Street & Number			2b. CITY, TOWN OR LOCATION		2c. ZIP CODE	2d. COUNTY	2e. STATE	
3. STATE OF BIRTH (if not USA, name Country)				4. DATE OF BIRTH (MM/DD/YY)	5. AGE	6. SOCIAL SECURITY NUMBER		
RACE - SPOUSE 1		NUMBER OF THIS MARRIAGE		IF PREVIOUSLY MARRIED			EDUCATION (Specify highest grade completed)	
7. White, Black, Am. Indian, etc (specify)		8. First, Second, etc. (specify)		9a. Last marriage ended by death, divorce, annulment, etc. (specify)		9ab. DATE ENDED Month/Year	10. Elementary or secondary (0-12) College (13-16) or 17+	
11. Parent 1 of Spouse 1 (Maiden name if applicable)			12. State of Birth-if not USA, name Country	13. Parent 2 of Spouse 1 (Maiden name if applicable)			14. State of Birth-if not USA, name Country	

SPOUSE 2 15a. First Name		15b. Middle Initial	15c. Maiden Name if applicable		15d. Last		15e. Gender <input type="checkbox"/> M <input type="checkbox"/> F	
16a. USUAL RESIDENCE - Street & Number			16b. CITY, TOWN OR LOCATION		16c. ZIP CODE	16d. COUNTY	16e. STATE	
17. STATE OF BIRTH (if not USA, name Country)				18. DATE OF BIRTH (MM/DD/YY)	19. AGE	20. SOCIAL SECURITY NUMBER		
RACE - SPOUSE 2		NUMBER OF THIS MARRIAGE		IF PREVIOUSLY MARRIED			EDUCATION (Specify highest grade completed)	
21. White, Black, Am. Indian, etc (specify)		22. First, Second, etc. (specify)		23a. Last marriage ended by death, divorce, annulment, etc. (specify)		23b. DATE ENDED Month/Year	24. Elementary or secondary (0-12) College (13-16) or 17+	
25. Parent 1 of Spouse 2 (Maiden name if applicable)			26. State of Birth-if not USA, name Country	27. Parent 2 of Spouse 2 (Maiden name if applicable)			28. State of Birth-if not USA, name Country	

29. WE, desiring to procure a license to marry, each do solemnly swear that we are unmarried and may lawfully contract and be joined in marriage; that we are not related to each other within, but not including, the fifth degree of consanguinity (generally means first cousins) and that the above information is true, according to our best knowledge and belief.		30. PLANNED Date of Marriage: _____ Place of Marriage CITY: _____ COUNTY: _____ Name of Person to Perform Marriage: _____	
SPOUSE 1 <u> </u> Signature	<u> </u> Telephone Number		
SPOUSE 2 <u> </u> Signature	<u> </u> Telephone Number		

THIS SECTION MUST BE COMPLETED BY THE PARENT(S) OR GUARDIAN(S) IF THE APPLICANT IS UNDER THE AGE OF 18.

<p>I, _____ do solemnly swear that I am the <input type="checkbox"/> Parent, <input type="checkbox"/> Guardian of the applicant, (in the case of divorced parents <input type="checkbox"/> I am the parent who has legal custody. In the case of divorced parents having joint custody, <input type="checkbox"/> I am the parent who has physical custody of the minor the majority of the time), and do hereby give my consent to <input type="checkbox"/> HIS <input type="checkbox"/> HER marriage.</p> <p style="text-align: right;"><u> </u> Signature</p>	<p>I, _____ do solemnly swear that I am the <input type="checkbox"/> Parent, <input type="checkbox"/> Guardian of the applicant, (in the case of divorced parents <input type="checkbox"/> I am the parent who has legal custody. In the case of divorced parents having joint custody, <input type="checkbox"/> I am the parent who has physical custody of the minor the majority of the time), and do hereby give my consent to <input type="checkbox"/> HIS <input type="checkbox"/> HER marriage.</p> <p style="text-align: right;"><u> </u> Signature</p>
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FOR SPOUSE 1 AND SPOUSE 2	Do you need to re-register to vote because of address or name change due to this marriage? Spouse 1 Yes ___ No ___ Spouse 2 Yes ___ No ___ Would you like to be given a voter registration form here today? Spouse 1 Yes ___ No ___ Spouse 2 Yes ___ No ___
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FOR CLERK ONLY

31. Date subscribed and sworn to me	<input type="checkbox"/> County Clerk <input type="checkbox"/> Deputy Clerk	Clerk Signature
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ACTUAL MARRIAGE TO BE COMPLETED BY PERSON PERFORMING CEREMONY. Officiant must fill out items 32 through 35 as well as the license, and return to clerk

32. Date of Marriage (Month, Day, Year)	33a. Place of Marriage (City)	33b. County	33c. Date
34. Name of Officiant (person performing the marriage & phone number) ()		35. Title of Officiant	36. Type of Marriage (check one) <input type="checkbox"/> Religious <input type="checkbox"/> Civil

FOR CLERK ONLY If application is not sent to officiant, items 32 through 36 are to be completed by county clerk when license is returned.

37. Local Official Making Return to State Health Department	38. Date Received by Local Official (Month, Day, Year)
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