

STATE OF UTAH - DEPARTMENT OF HEALTH APPLICATION FOR LICENSE TO MARRY

APPLICATION NUMBER _____

COUNTY OF ISSUANCE _____

STATE FILE NUMBER _____

SPOUSE 1									
1a. FIRST NAME		1b. MIDDLE		1c. LAST		2. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
3a. USUAL RESIDENCE - Street & Number		3b. CITY, TOWN OR LOCATION		3c. ZIP CODE		3d. COUNTY		3e. STATE	
4. STATE OF BIRTH (if not USA, name Country)			5a. DATE OF BIRTH (MM/DD/YYYY)		5b. AGE		6. SOCIAL SECURITY NUMBER		
7. RACE (Specify-White, Black, Am Indian, Etc.)		8. NUMBER OF THIS MARRIAGE (Specify - First, Second, Etc.)		9a. IF PREVIOUSLY MARRIED LAST MARRIAGE ENDED BY (Specify-death, divorce, annulment, etc.)			9b. DATE ENDED (MM/YYYY)		
10a. PARENT 1 - NAME (Maiden name if applicable)			10b. STATE OF BIRTH (If not in USA, name Country)		11a. PARENT 2 - NAME (Maiden name if applicable)			11b. STATE OF BIRTH (If not in USA, name Country)	

SPOUSE 2									
12a. FIRST NAME		12b. MIDDLE		12c. LAST		13. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
14a. USUAL RESIDENCE - Street & Number		14b. CITY, TOWN OR LOCATION		14c. ZIP CODE		14d. COUNTY		14e. STATE	
15. STATE OF BIRTH (if not USA, name Country)			16a. DATE OF BIRTH (MM/DD/YYYY)		16b. AGE		17. SOCIAL SECURITY NUMBER		
18. RACE (Specify-White, Black, Am Indian, Etc.)		19. NUMBER OF THIS MARRIAGE (Specify - First, Second, Etc.)		20a. IF PREVIOUSLY MARRIED LAST MARRIAGE ENDED BY (Specify-death, divorce, annulment, etc.)			20b. DATE ENDED (MM/YYYY)		
21a. PARENT 1 - NAME (Maiden name if applicable)			21b. STATE OF BIRTH (If not in USA, name Country)		22a. PARENT 2 - NAME (Maiden name if applicable)			22b. STATE OF BIRTH (If not in USA, name Country)	

<p>23. 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.</p> <p>Spouse 1 _____ Signature _____ Phone Number _____</p> <p>Spouse 2 _____ Signature _____ Phone Number _____</p>	<p>24. PLANNED</p> <p>DATE OF MARRIAGE _____</p> <p>PLACE OF MARRIAGE (City) _____</p> <p>COUNTY _____</p> <p>NAME OF PERSON TO PERFORM MARRIAGE _____</p>
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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 _____ Father _____ Mother, _____ Guardian of the applicant (In the case of divorced parents having joint custody, _____ I am the parent who has physical custody of the minor the majority of the time) and do hereby give my consent to _____ his/_____her marriage.</p> <p>_____ Signature</p>	<p>I, _____ do solemnly swear that I am the _____ Father _____ Mother, _____ Guardian of the applicant (In the case of divorced parents having joint custody, _____ I am the parent who has physical custody of the minor the majority of the time) and do hereby give my consent to _____ his/_____her marriage.</p> <p>_____ Signature</p>
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FOR APPLICANTS

Do you need to re-register to vote because of address or name change due to this marriage?	SPOUSE 1 <input type="checkbox"/> YES <input type="checkbox"/> NO	SPOUSE 2 <input type="checkbox"/> YES <input type="checkbox"/> NO
Would you like to be given a voter registration form here today?	SPOUSE 1 <input type="checkbox"/> YES <input type="checkbox"/> NO	SPOUSE 2 <input type="checkbox"/> YES <input type="checkbox"/> NO

FOR CLERK ONLY

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 25 - 29, as well as the license, and return to clerk.)

25. DATE OF MARRIAGE (MM/DD/YYYY)		26a. PLACE OF MARRIAGE (City)		26b. COUNTY		26c. STATE	
27. NAME OF OFFICIANT (person performing marriage)				28. TITLE OF OFFICIANT		29. TYPE OF MARRIAGE (check one) <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> CIVIL	

FOR CLERK ONLY (If application is not sent to officiant, item 25 - 29 are to be completed by county clerk when license is returned.)

30. LOCAL OFFICIAL MAKING RETURN TO STATE HEALTH DEPARTMENT	31. DATE RECEIVED BY LOCAL OFFICIAL (MM/DD/YYYY)
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