

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

Application Number _____



Type or Print – Use Black Ink

Access to information on this form is limited under the
Vital Statistics Act and Rules

**This License is valid in the
State of Utah for 30 days**

SPOUSE 1	First Name		Middle Name		Current Last Name		Gender Male Female		
	Current Address				City		County	State	Zip
	Phone	State or Country of Birth		Date of Birth ____/____/____		Age	Social Security Number		
	Race		Number of this marriage		Specify reason last marriage ended		Date ended		Education
	White, Black, Indian etc.		First, second, etc.		Death, Divorce, Annulment, etc.		Month/Year		HS (0-12) College (13-16) or 17+
	Father – Name (First Middle Last)				State of Birth	Mother – Name (First Middle Maiden)			State of Birth

SPOUSE 2	First Name		Middle Name		Last Name		Gender Male Female		
	Current Address				City		County	State	Zip
	Phone	State or Country of Birth		Date of Birth ____/____/____		Age	Social Security Number		
	Race		Number of this marriage		Specify reason last marriage ended		Date ended		Education
	White, Black, Indian etc.		First, second, etc.		Death, Divorce, Annulment, etc.		Month/Year		HS (0-12) College (13-16) or 17+
	Father – Name (First Middle Last)				State of Birth	Mother - Name (First Middle Maiden)			State of Birth

BOTH SPOUSES	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.						Wedding Plans		
							Date of marriage		
							City		
							County		
	_____ (Spouse 1 Signature) _____ (Spouse 2 Signature)				Name of officiate				

Would you like to be given a voter registration form? Yes No

Legal Guardian(s) of minor(s) 16 or 17 years of age

SPOUSE 1 GUARDIAN	I, _____, do solemnly swear that I am the <input type="checkbox"/> Father, <input type="checkbox"/> Mother, <input type="checkbox"/> Guardian of the spouse listed above and do hereby give my consent to marriage.
	In the case of divorced parents: <input type="checkbox"/> I am the parent that has legal custody. <input type="checkbox"/> I have joint custody of the minor and physical custody of the minor the majority of the time.
	_____ (Signature)

SPOUSE 2 GUARDIAN	I, _____, do solemnly swear that I am the <input type="checkbox"/> Father, <input type="checkbox"/> Mother, <input type="checkbox"/> Guardian of the spouse listed above and do hereby give my consent to marriage.
	In the case of divorced parents: <input type="checkbox"/> I am the parent that has legal custody. <input type="checkbox"/> I have joint custody of the minor and physical custody of the minor the majority of the time.
	_____ (Signature)

CLERK	Date Subscribed and sworn to me		<input type="checkbox"/> County Clerk <input type="checkbox"/> Deputy Clerk		Signature: _____			
	Date of Marriage	City	County	State UTAH	Name of Officiate	Title of Officiate	Type of Marriage <input type="checkbox"/> Religious <input type="checkbox"/> Civil	
	Date returned to Clerk: _____			Date submitted to State Health Department: _____				