

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

APPLICATION NUMBER \_\_\_\_\_

COUNTY OF ISSUANCE \_\_\_\_\_

TYPE OR PRINT - USE BLACK INK

STATE FILE NUMBER \_\_\_\_\_

<b>SPOUSE 1</b>		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	
<b>RACE - SPOUSE 1</b>	<b>NUMBER OF THIS MARRIAGE</b>	<b>IF PREVIOUSLY MARRIED</b>			<b>EDUCATION (Specify highest grade completed)</b>	
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	

<b>SPOUSE 2</b>		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	
<b>RACE - SPOUSE 2</b>	<b>NUMBER OF THIS MARRIAGE</b>	<b>IF PREVIOUSLY MARRIED</b>			<b>EDUCATION (Specify highest grade completed)</b>	
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. <b>PLANNED</b> Date of Marriage: _____ Place of Marriage CITY: _____ COUNTY: _____ Name of Person to Perform Marriage: _____
SPOUSE 1  _____ Signature	( ) _____ Telephone Number	
SPOUSE 2  _____ Signature	( ) _____ 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> _____ 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> _____ Signature</p>
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<b>FOR SPOUSE 1 AND SPOUSE 2</b>	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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<b>FOR CLERK ONLY</b>		
31. Date subscribed and sworn to me	<input type="checkbox"/> County Clerk <input type="checkbox"/> Deputy Clerk	Clerk Signature

<b>ACTUAL MARRIAGE TO BE COMPLETED BY PERSON PERFORMING CEREMONY.</b> 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

<b>FOR CLERK ONLY</b> 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)