

State of Utah - Department of Health Application for License to Marry

Applicant #1

First Name		Middle		Last	
Usual Residence Street & Number		City, Town or Location		Zip Code	County State
State of Birth		Date of Birth Month Day Year		Age	Social Security #
Race		Number This Marriage		If Previously Married	
White, Black, Am Indian, Etc		First, Second, Etc.		Last marriage ended by death, divorce, annulment, etc.	
				Date Ended Month/Year	
				Elementary or Secondary	
Father - Full Name		State of Birth		Mother - Full Name at Birth	
				State of Birth	

Applicant #2

First Name		Middle		Maiden (if different)		Last	
Usual Residence Street & Number		City, Town or Location		Zip Code	County	State	
State Of Birth		Date Of Birth Month Day Year		Age	Social Security Number		
Race		Number This Marriage		If Previously Married		Education	
White, Black, Am Indian, Etc.		First, Second, Etc.		Last marriage ended by death, divorce, annulment, etc.		Elementary or Secondary	
				Date Ended Month/Year			
Father - Full Name		State of Birth		Mother - Full Name at Birth		State of Birth	

<p>We, desiring to procure a license to marry, 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.</p>				<p>Planned Date of Marriage: _____ Place of Marriage- _____ COUNTY- _____ Name of Person to Perform Marriage: _____</p>	
GROOM _____ Telephone Number _____		BRIDE _____ Telephone Number _____			

THIS SECTION MUST BE COMPLETED BY THE PARENT(S) OR GUARDIAN(S) IF THE APPLICANT IS UNDER THE AGE OF 16

<p>I, _____ do solemnly swear that I am the <input type="checkbox"/> Father, <input type="checkbox"/> Mother, <input type="checkbox"/> Guardian of the applicant</p> <p>(In the case of divorced parents <input type="checkbox"/> I am the person 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;">_____ Signature</p>	<p>I, _____ do solemnly swear that I am the <input type="checkbox"/> Father, <input type="checkbox"/> Mother, <input type="checkbox"/> Guardian of the applicant</p> <p>(In the case of divorced parents <input type="checkbox"/> I am the person 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;">_____ Signature</p>
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FOR CLERK ONLY

Date subscribed and sworn to me	___ County Clerk <input checked="" type="checkbox"/> Deputy Clerk	Clerk Signature
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ACTUAL MARRIAGE

Date of Marriage	Place of Marriage	County	State UTAH
Name of Official (person performing marriage)		Title of Official	Type of Marriage

FOR CLERK ONLY

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