

State of Utah - Department of Health

Application for License to Marry

GRAND COUNTY

APPLICATION
NUMBER

STATE FILE NUMBER: _____

Spouse 1:				
NAME: First		Middle		Last
Current Address Street & Number		City, Town or Location		Zip Code
County		State		
State of Birth	Date of Birth Month / Day / Year		Age	Social Security #
Race – Spouse 1	Number This Marriage	If Previously Married		Education
White, Black, Am Indian, Etc	First, Second, Etc.	Last marriage ended by death, divorce, annulment, etc.		Date Ended Month/Year
Through high school = 12 yrs, add one for any additional years				
Father's – Name (First Middle Last)		State of Birth	Mother's – Name (First Middle Maiden)	
State of Birth				

Spouse 2:				
Name: First		Middle		Maiden Name if Different
Last				
Current Residence Street & Number		City, Town or Location		Zip Code
County		State		
State Of Birth	Date of Birth Month / Day / Year		Age	Social Security #
Race – Spouse 2	Number This Marriage	If Previously Married		Education
White, Black, Am Indian, Etc.	First, Second, Etc.	Last marriage ended by death, divorce, annulment, etc.		Date Ended Month/Year
Through high school = 12 yrs, add one for any additional years				
Father's – Name (First Middle Last)		State of Birth	Mother's – Name (First Middle Maiden)	
State of Birth				

SIGNATURES:				
<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>
SPOUSE 1 _____	Signature	Telephone Number		
SPOUSE 2 _____	Signature	Telephone Number		

PARENT(S) OR GUARDIAN(S) IF THE APPLICANT IS UNDER THE AGE OF 16

APPLICANT 1	APPLICANT 2
<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 align="center">_____ Parent or Guardian 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 align="center">_____ Parent or Guardian Signature</p>

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

Date of Marriage	Place of Marriage	County	State UTAH
Name of Official (person performing marriage)	Title of Official	Type of Marriage	
Local Official Making Return to State Health Department		Date Received by Local Official (Month, Day, Year)	