

Utah County Government Application for License to Marry

Certain personal information are for statistical purposes and approved research studies only.
Access to information on this form is limited and classified as private under the Vital Statistics Act and Rules.

APPLICANT I

Planned Date of Marriage	Planned City of Marriage	Who is doing the ceremony? (pastor, sealer, bishop, priest, judge, etc...)	Applicant's Social Security Number	Applicant's age
Applicant's full legal name			Surname at Birth	Date of Birth
State of Birth / If not USA- Country	Current Address		City	County
State	Zip Code		Local Phone Number	
Have you graduated from high school or received a high school equivalency diploma (GED) <input type="checkbox"/> Yes <input type="checkbox"/> No *If not, circle highest year completed: 1 2 3 4 5 6 7 8 9 10 11 12 College years completed _____ Other _____		Race (For Statistics only)	Gender	
(For statistics only) Check number of Marriages including this one: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd N ^o _____		(For statistics only) If previously Married, last marriage ended by: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <i>Month & Year Ended:</i> /		
Maiden Name of Applicant's Mother (First, Middle, Last)			State of Birth - (If not USA, name Country)	
Applicant's Father name (First, Middle, Last)			State of Birth - (If not USA, name Country)	

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APPLICANT II

Planned Date of Marriage	Planned City of Marriage	Who is doing the ceremony? (pastor, sealer, bishop, priest, judge , etc..)	Applicant's Social Security Number	Applicant's age
Applicant's full legal name			Surname at Birth	Date of Birth
State of Birth	Current Address	City	County	
State	Zip code	Local Phone Number		
Have you graduated from high school or received a high school equivalency diploma (GED) <input type="checkbox"/> Yes <input type="checkbox"/> No *If not, circle highest year completed: 1 2 3 4 5 6 7 8 9 10 11 12 College years completed _____ Other _____		Race (For statistics only)	Gender	
(For statistics only) Check number of marriage including this one: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd N ^o _____		(For statistics only) If previously married, last marriage ended by : <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment Month & Year Ended: /		
Maiden Name of Applicant's Mother (First, Middle, Last)			State of Birth - (If not USA, name Country)	
Applicant's Father name (First, Middle, Last)			State of Birth - (If not USA, name Country)	