

**MARRIAGE LICENSE
INFORMATION FORM**



IMPORTANT INFO

To what address should we mail your completed certified copy of your marriage license.

Number & Street _____ City _____ State _____ ZIP _____

Primary telephone of one Spouse: _____ (So we can call you if there is a problem mailing a copy.)

Planned Marriage Date: _____ (The license is valid for 30 days from date issued.)

IF KNOWN

City: _____ County: _____ (The license is good throughout Utah.)

We currently have an officiator for our ceremony.

We would like information on how to contact an officiator for our ceremony.

SPOUSE 1

Choose Your Preferred Title: Spouse Bride Groom

Legal Name Today: _____
First Middle Maiden Last

Address Today: _____
Number & Street City County State ZIP

State of Birth: _____ Date of Birth: _____ Age: _____
If not USA, name Country Month / Day / Year

Social Security Number: _____ - _____ - _____ Race: _____ Gender: _____

Number of This Marriage: _____ How Did Last Marriage End? _____ Date Ended: _____
Death/Divorce/Annulled Month/Year

Parent 1: _____ Gender: _____ State of Birth: _____
Legal Name First Maiden Last If not USA, name Country

Parent 2: _____ Gender: _____ State of Birth: _____
Legal Name First Maiden Last If not USA, name Country

SPOUSE 2

Choose Your Preferred Title: Spouse Bride Groom

Legal Name Today: _____
First Middle Maiden Last

Address Today: _____
Number & Street City County State ZIP

State of Birth: _____ Date of Birth: _____ Age: _____
If not USA, name Country Month / Day / Year

Social Security Number: _____ - _____ - _____ Race: _____ Gender: _____

Number of This Marriage: _____ How Did Last Marriage End? _____ Date Ended: _____
Death/Divorce/Annulled Month/Year

Parent 1: _____ Gender: _____ State of Birth: _____
Legal Name First Maiden Last If not USA, name Country

Parent 2: _____ Gender: _____ State of Birth: _____
Legal Name First Maiden Last If not USA, name Country