Ricky Hatch, CPA Weber County Clerk/Auditor 2380 Washington Blvd., Suite 320 Ogden, UT 84401-1456 Phone: (801) 399-8400

MARRIAGE LICENSE INFORMATION FORM



| IMPORTANT INFO To what address should we mail your completed certified copy of your marriage license. | | | | | | | |
|--|---------------------------------|-------------------|--|-----------------|--------------------------|---------------------|--|
| Nu | umber & Street | City | | | State | ZIP | |
| Primary telephone of one Spouse: | | | (Will only call if there is a problem mailing your copy) | | | | |
| IF KNOWN | Planned Marriage Date: | | (License is only valid for 30 days from date issued) | | | | |
| City: | County: | _ (The license is | (The license is good throughout Utah.) | | | | |
| Name of Officiator: Title of Officiator: We would like information on how to contact an officiator for our ceremony. Yes \(\Bar{\text{No}} \) | | | | | | | |
| We would like info | rmation on how to contact an of | ficiator for our | ceremony. | Yes L | No 🗆 | | |
| SPOUSE 1 | Choose Your Preferred Title: | ☐ Spouse | ☐ Bride | ☐ Groor | m | | |
| Legal Name Toda | y: First | Middle | | Maiden | | Last | |
| Address Today: | | | | | | | |
| , | Number & Street | City | | County | State | ZIP | |
| State of Birth: | If not USA, name Country | Date | of Birth: | Month / Day / \ | Year | Age: | |
| Social Security Nu | ımber: | | | | Gen | der: | |
| Number of This Marriage: How Did Last Marriage End? Death/Divorce/Annulled Date Ended: Month/Year | | | | | | | |
| Parent 1: Legal Name First | Maiden | Last | Gende | er: S | State of Birth: If no | t USA, name Country | |
| Parent 2: | Maiden | Last | Gende | er: S | State of Birth: | | |
| Legal Name First | | | = | | | t USA, name Country | |
| SPOUSE 2 | Choose Your Preferred Title: | ☐ Spouse | ☐ Bride | ☐ Groor | m | | |
| Legal Name Toda | y: First | Middle | | Maiden | | Last | |
| Address Today: | Number & Street | City | | County | State | ZIP | |
| State of Birth: | | • | of Birth: | · | | Age: | |
| | If not USA, name Country | | | Month / Day / \ | Year | | |
| Social Security Nu | ımber: | | Race: | | Gen | der: | |
| Number of This Ma | arriage: How Did La | ast Marriage E | End? Death/Divorce | | Date Ended: | Month/Year | |
| Parent 1: | | | | | State of Birth: | | |
| Legal Name First | Maiden | Last | | | | t USA, name Country | |
| Parent 2: Legal Name First | Maiden | Last | Gende | er: S | State of Birth: If no | t USA, name Country | |