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.							
N	umber & Street	City			State	ZIP	
Primary telephone	(Will only call if there is a problem mailing your copy)						
IF KNOWN	Planned Marriage Date:		(License is only valid for 32 days from date issued)				
City:	County:	_ (The license i	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	r ceremony.	Yes 🗆	No 🗆		
SPOUSE 1	Choose Your Preferred Title:	☐ Spouse	□ Bride	☐ Gro	om		
Legal Name Toda	y: First	Middle		Maiden		Last	
Address Today: _	Number & Street	City		County	State	ZIP	
State of Birth:		•	of Rirth	•	Olalo	Age:	
Otate of Birth.	If not USA, name Country	Date	, or birtin	Month / Day	/ Year	Ago	
Social Security Nu	ımber:		Race:		Ger	nder:	
Number of This M	arriage: How Did La	ast Marriage E	End?	ce/Annulled	Date Ended: _	Month/Year	
Parent 1: Legal Name First	Maiden	Last	Gende	er:	State of Birth:	ot USA, name Country	
Parent 2:			Gende	ər:	State of Birth:		
Legal Name First	Maiden	Last	= 5 · ·	—		ot USA, name Country	
SPOUSE 2	Choose Your Preferred Title:	☐ Spouse	□ Bride	☐ Gro	om		
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	e of Birth:	Month / Day /	/ Vear	Age:	
Social Security Nu	ımber:					nder:	
Number of This M	arriage: How Did La	ast Marriage E			Date Ended: _		
.			Death/Divor		0.4.4.50.0	Month/Year	
Parent 1: Legal Name First	Maiden	Last	Gende	ər:	State of Birth:	ot USA, name Country	
Parent 2: Legal Name First	Maiden	Last	Gende	ər:	State of Birth:	ot USA, name Country	
	Maidon	Lact			11 110	Jor , name country	