

# MARRIAGE LICENSE APPLICATION INFORMATION

Spouse #1

Spouse #2

Label  None  Spouse  Bride  Groom

Label  None  Spouse  Bride  Groom

<b>LEGAL NAME:</b>		
First	Middle	Last
<b>BIRTH LAST NAME:</b>		<b>TELEPHONE #:</b>
<b>ADDRESS #1:</b>		
<b>ADDRESS #2:</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>COUNTY</b>	<b>STATE/COUNTRY</b>	<b>CITY OF BIRTH</b>
<b>COUNTY OF BIRTH</b>	<b>BIRTH STATE OR COUNTRY</b>	<b>DATE OF BIRTH</b>
<b>AGE</b>	<b>SSN</b>	<b>RACE</b>
<b># OF THIS MARRIAGE</b> (first, second, etc.)	<b>DATE LAST MARRIAGE END:</b> Month/Day/Year	<b>EDUCATION</b>
<b>LAST MARRIAGE ENDED BY:</b> (mark only one)		
<input type="checkbox"/> DIVORCE <input type="checkbox"/> DEATH <input type="checkbox"/> ANNULMENT		
<b>1<sup>ST</sup> PARENT AT BIRTH NAME:</b> FIRST/MIDDLE/LAST	<b>1<sup>ST</sup> PARENT AT BIRTH:</b> CITY/COUNTY/STATE OR COUNTRY	
<b>2<sup>ND</sup> PARENT BIRTH NAME:</b> FIRST/MIDDLE/LAST	<b>2<sup>ND</sup> PARENT AT BIRTH:</b> CITY/COUNTY/STATE OR COUNTRY	

<b>LEGAL NAME:</b>		
First	Middle	Last
<b>BIRTH LAST NAME:</b>		<b>TELEPHONE #:</b>
<b>ADDRESS #1:</b>		
<b>ADDRESS #2:</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>COUNTY</b>	<b>STATE/COUNTRY</b>	<b>CITY OF BIRTH</b>
<b>COUNTY OF BIRTH</b>	<b>BIRTH STATE OR COUNTRY</b>	<b>DATE OF BIRTH</b>
<b>AGE</b>	<b>SSN</b>	<b>RACE</b>
<b># OF THIS MARRIAGE</b> (first, second, etc.)	<b>DATE LAST MARRIAGE END:</b> Month/Day/Year	<b>EDUCATION</b>
<b>LAST MARRIAGE ENDED BY:</b> (mark only one)		
<input type="checkbox"/> DIVORCE <input type="checkbox"/> DEATH <input type="checkbox"/> ANNULMENT		
<b>1<sup>ST</sup> PARENT BIRTH NAME:</b> FIRST/MIDDLE/LAST	<b>1<sup>ST</sup> PARENT AT BIRTH:</b> CITY/COUNTY/STATE OR COUNTRY	
<b>2<sup>ND</sup> PARENT BIRTH NAME:</b> FIRST/MIDDLE/LAST	<b>2<sup>ND</sup> PARENT AT BIRTH:</b> CITY/COUNTY/STATE OR COUNTRY	

PLANNED MARRIAGE INFORMATION	
<b>Date of marriage:</b>	<b>Type of Marriage: (Mark One)</b> <input type="checkbox"/> Civil <input type="checkbox"/> Religious
<b>Place of marriage: City -</b>	<b>County -</b>
<b>Name of Officiant (person to perform service):</b>	<b>Title-</b>
<b>Officiant Phone#</b>	<b>Officiant Affiliation-</b>
<b>Mailing Address for Certified Copy of Marriage License:</b>	

**\*\*OPTIONAL** – \$10 Contribution on behalf of the Division of Child & Family Services for the operation of shelters for victims of domestic violence (UCA §62A-4a-105)     NO     YES