![Utah County Health Department logo](Utah County HEART of UTAH Health Department)

UTAH COUNTY HEALTH DEPARTMENT OFFICE OF VITAL RECORDS
REQUEST FOR A CERTIFIED COPY
OF A MARRIAGE CERTIFICATE

HOURS: MONDAY - FRIDAY 8:00 AM - 4:30 PM   801- 851-7005

INFORMATION

Certificates for marriages that occurred in OTHER counties since 1978 may be issued in this office. They can be issued by counties under the Vital Statistics Act only on the authority of the State Registrar. Utah Code 26-2-26. If there is not a marriage certificate on file in this office, please purchase it from the County Clerk in the County where your license was issued. **It is a violation of Utah State Law for any person to obtain, possess, use, sell, or furnish for any purpose of deception, a marriage certificate or certified copy thereof.**

INSTRUCTIONS

1. The requestor must be the subject, child, parent, sibling, spouse, grandparent, grandchild, grandparent or a designated legal representative. Utah Code 26-2-22. **State Issued ID is required** of the person that signs this request.
2. There is a $18.00 fee for each search of our files. Additional certified copies of this record ordered at the same time are $10.00 (Payable to UCHD).

County where original Marriage License was issued: _____

Date of Marriage _____   Place of Marriage *(City)* _____ *(County)* _____

Wife's Full Maiden Name _____

    State/Place of Birth _____   Date of Birth _____

Husband's Full Name _____

    State/Place of Birth _____   Date of Birth _____

Items requested for the above record: # of Certificates _____

REQUESTOR

Relationship - I am: ☐Wife ☐Husband ☐Father ☐Sibling ☐Child ☐Grandparent ☐Grandchild

Other (specify): _____

Date _____   Printed Name _____   Signature _____

Your Address _____   Telephone Number_____

Comments: _____

Number of Certified Copies Requested

_____ Regular Certificate   _____

_____ Additional Certified Copies ($10 each)   _____

              Total Fee   _____

If this order is to be mailed, please **PRINT** the name of and mailing address below:

_____

_____

_____

For Office Use Only (do not write below this line)

Paid: Cash Check Money Order	**For Credit Card** circle type: VISA MasterCard Discover
Certified Paper # _____	Name on card: _____ Exp. Date _____
Request # _____ Clerk's Initials _____	Card # _____ 3-Digit Code ____
Teller _____ Trans # _____	Signature: _____

Revised 12/2019