



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

Hours: 8 a.m. to 4:30 p.m. Monday thru Friday  
151 S University Ave Suite 1100 Provo UT 84601

**INFORMATION**

Certificates for divorces that occurred in the state of Utah 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 divorce certificate on file in this office please purchase it from the District Court in the County where your decree 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**)

Date of Divorce \_\_\_\_\_ County of Divorce \_\_\_\_\_ Marriage Date \_\_\_\_\_

Wife's Full Married Name \_\_\_\_\_

Husband's Full Name \_\_\_\_\_

Items requested for the above record: # of Certificates \_\_\_\_\_

**REQUESTOR**

**RELATIONSHIP:** I am: (Select one)    Wife    Husband    Mother    Father    Sibling    Child    Grandparent    Grandchild

**Reason you need a certificate:** (Select one)    Genealogy    Social Security    Insurance    Retirement    Driver's License

Date: \_\_\_\_\_

Your Signature     \_\_\_\_\_    Printed Name \_\_\_\_\_

Your Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email address: \_\_\_\_\_

Comments:

**OFFICE USE ONLY**

**Paper #'s** \_\_\_\_\_

**Paid:**    Check    Cash    Money Order    Credit Card

**Request #'s** \_\_\_\_\_    **Clerk:** \_\_\_\_\_

**If paying with a credit card, please complete the information below:**  
*(2.65% applied to Credit Card payment to be paid by customer, minimum of \$1.50)*

Signature \_\_\_\_\_

Name on Card \_\_\_\_\_    3-Digit Code: \_\_\_\_\_

Card # \_\_\_\_\_    Exp. Date: \_\_\_\_\_

**OFFICE USE ONLY**

Teller \_\_\_\_\_    Transaction# \_\_\_\_\_

**CERTIFICATES**

# of 1st copies    \_\_\_\_\_    \_\_\_\_\_

# of additional    \_\_\_\_\_    \_\_\_\_\_

Total Amount: \_\_\_\_\_