

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

**HOURS: MONDAY - FRIDAY 8:00 AM - 4:30 PM (801) 851-7526  
151 S University Ave Suite 1100 Provo UT 84601**

**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: (Check one)    Wife    Husband    Mother    Father    Sibling    Child    Grandparent    Grandchild

**Reason you need a certificate:** (Check 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% fee applied 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: \_\_\_\_\_

03/2024