

STATE OF UTAH - DEPARTMENT OF HEALTH OFFICE OF VITAL RECORDS AND STATISTICS

AFFIDAVIT TO AMEND A RECORD - APPLICATION FOR LICENSE TO MARRY

APPLICATION NUMBER _____

Cache County

COUNTY OF ISSUANCE _____

STATE FILE NUMBER _____

COUNTY CLERKS INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED MARRIAGE APPLICATION	1a. SPOUSE ONE - FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
	2a. SPOUSE TWO - FIRST NAME	2b. MIDDLE NAME	2c. LAST NAME
	3a. DATE OF MARRIAGE	3b. PLACE OF MARRIAGE (City)	3c. COUNTY OF MARRIAGE

MAKE NO CORRECTIONS ABOVE THIS LINE

STATEMENT OF AMENDMENTS	4. ITEM NUMBER	5a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD	5b. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL AT THE TIME OF OCCURRENCE
	1		
	2		
	3		
	4		
	5		
	6		
WHY IS CHANGE NECESSARY	6.		
OATH OF SPOUSE ONE OR FIRST WITNESS	I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given above is true and correct.		S E A L
	7. SIGNATURE		
	8. DATE SIGNED	9. AGE	
	10. RELATIONSHIP TO THE PERSON WHOSE RECORD IS BEING AMENDED		
11. ADDRESS (Street, City, State, Zip)			
OATH OF SPOUSE TWO OR SECOND WITNESS	I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given above is true and correct.		S E A L
	12. SIGNATURE		
	13. DATE SIGNED	14. AGE	
	15. RELATIONSHIP TO THE PERSON WHOSE RECORD IS BEING AMENDED		
16. ADDRESS (Street, City, State, Zip)			
FOR USE OF COUNTY CLERK	17. DATE ACCEPTED	18. LOCAL OFFICIAL MAKING RETURN TO STATE HEALTH DEPARTMENT	
FOR USE OF STATE REGISTRAR	19. DATE ACCEPTED	20. OFFICE OF THE STATE REGISTRAR	