

Name on Card

Card #

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									
Iten	ns requested f	or the above re	cord: # o	of Certifico	ates				
REQUESTOR RELATIONSHIP: I am: (Select or	ne) Wife	Husband	Mother	Father	Sibling	Child	Grandparen	t Grandchil	
Reason you need a certificate:	(Select one)	Genealogy	Social	Security	Insurance	Retire	ement Driv	ver's License	
Date:									
Your Signature X	Printed Name								
Value A delegac					—— Telepho	ne Numbe	er		
Fn					•				
Comments:									
OFFICE USE ONLY						OFFICE USE ONLY			
					Telle	r	Transaction#	t	
Paper #'s						TIFICATES			
Paid: Check Cash Money	Order Cre	edit Card				lst copies additional			
Request #'s			Clei	·k:					
If paying with a credit c	ard please c	omplete the in	formation	below.	I of	al Amount			
(2.65% applied to Credit Card p Sianature	payment to be	e paid by cust			.50)		3/20	024	

3-Digit Code:

Exp. Date: