

CLERK OF COURT	MONTANA MARRIAGE APPLICATION		4. STATE FILE NUMBER
1. MARRIAGE LICENSE NUMBER	2. COUNTY	3. DATE LICENSE ISSUED (Month, Day, Year)	
5a. GROOM'S NAME First	Middle	Last	5b. SOCIAL SECURITY NO.
6a. RESIDENCE—State & Zip Code	6b. COUNTY	6c. STREET & NUMBER, CITY, TOWN OR LOCATION	
7. BIRTHPLACE (City, County and State or Country)		8a. DATE OF BIRTH (Month, Day, Year)	8b. AGE
9a. FATHER'S NAME (First, Middle, Last)		9b. ADDRESS (City & State)	9c. BIRTHPLACE (State or Foreign Country)
10a. MOTHER'S NAME (First, Middle, Maiden Surname)		10b. ADDRESS (If Different)	10c. BIRTHPLACE (State or Foreign Country)
11. RACE—American Indian, Black, White, etc. (Specify)	12. SEX	EDUCATION (Specify only highest grade completed)	
		Elementary — Secondary: (0-12)	College: (1, 2, 3, 4, or 5+)
		13a.	13b.
Number of this marriage First, Second, Etc. (Specify)	Previous Marriage		
14.	Terminated by	Name of Wife (First and Maiden Surname)	Place of dissolution or death (county and state)
	15a.	15b.	15c.
16a. BRIDE'S NAME First	Middle	Last	16b. MAIDEN SURNAME (If Different)
			16c. SOCIAL SECURITY NO.
17a. RESIDENCE—State & Zip Code	17b. COUNTY	17c. STREET & NUMBER, CITY, TOWN OR LOCATION	
18. BIRTHPLACE (City, County and State or Country)		19a. DATE OF BIRTH (Month, Day, Year)	19b. AGE
20a. FATHER'S NAME (First, Middle, Last)		20b. ADDRESS (City & State)	20c. BIRTHPLACE (State or Foreign Country)
21a. MOTHER'S NAME (First, Middle, Maiden Surname)		21b. ADDRESS (If Different)	21c. BIRTHPLACE (State or Foreign Country)
22. RACE—American Indian, Black, White, etc. (Specify)	23. SEX	EDUCATION (Specify only highest grade completed)	
		Elementary — Secondary: (0-12)	College: (1, 2, 3, 4, or 5+)
		24a.	24b.
Number of this marriage First, Second, Etc. (Specify)	Previous Marriage		
25.	Terminated by	Name of Husband	Place of dissolution or death (county and state)
	26a.	26b.	26c.
26d.			
27. DATE OF MARRIAGE (Month, Day, Year)		28. PLACE OF MARRIAGE (County)	
29. OFFICIANT		30. RELIGIOUS OR CIVIL OFFICIAL (Specify)	
31a. LOCAL OFFICIAL MAKING REPORT TO STATE HEALTH DEPARTMENT (Signature and Title)		31b. DATE RECEIVED BY LOCAL OFFICIAL (Month, Day, Year)	
32a. ARE THE PARTIES RELATED?	32b. RELATIONSHIP		34. EITHER PARTY UNDER THE INFLUENCE OF INTOXICATING LIQUOR OR NARCOTIC DRUGS?
33a. PRIOR APPLICATION REJECTED?	33b. REASON AND DATE		
35a. FUTURE ADDRESS—STREET & NUMBER, CITY, TOWN OR LOCATION		35b. STATE & ZIP CODE	35c. TELEPHONE NUMBER
WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE.			
36a. BRIDE'S SIGNATURE		36b. GROOM'S SIGNATURE	
37. SUBSCRIBED AND SWORN TO BEFORE ME THIS: _____ day of _____, 20____ CLERK OF COURT BY _____ Deputy		38. PROOF OF AGE <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> OTHER (Specify) _____	39. PERMISSION GRANTED PURSUANT TO 40-1-213 M.C.A. (Underage) DATE _____, 20____ District Judge _____
Recorded: Book _____ Page _____		ORIGINAL	

GROOM

BRIDE

OFFICIANT

LEGAL INFORMATION AND SIGNATURES