

CLERK OF
COURTMONTANA
MARRIAGE APPLICATION

4. STATE FILE NUMBER

1. MARRIAGE LICENSE NUMBER	2. COUNTY	3. DATE LICENSE ISSUED (Month, Day, Year)
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5a. GROOM'S NAME First	Middle	Last	5b. SOCIAL SECURITY NO.
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6a. RESIDENCE—State & Zip Code	6b. COUNTY	6c. STREET & NUMBER, CITY, TOWN OR LOCATION
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7. BIRTHPLACE (City, County and State or Country)	8a. DATE OF BIRTH (Month, Day, Year)	8b. AGE
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9a. FATHER'S NAME (First, Middle, Last)	9b. ADDRESS (City & State)	9c. BIRTHPLACE (State or Foreign Country)
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GROOM

10a. MOTHER'S NAME (First, Middle, Maiden Surname)	10b. ADDRESS (If Different)	10c. BIRTHPLACE (State or Foreign Country)
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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)	Date dissolution or death (Month, Day, Year)
15a.	15b.	15c.	15d.	

16a. BRIDE'S NAME First	Middle	Last	16b. MAIDEN SURNAME (If Different)	16c. SOCIAL SECURITY NO.
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17a. RESIDENCE—State & Zip Code	17b. COUNTY	17c. STREET & NUMBER, CITY, TOWN OR LOCATION
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18. BIRTHPLACE (City, County and State or Country)	19a. DATE OF BIRTH (Month, Day, Year)	19b. AGE
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20a. FATHER'S NAME (First, Middle, Last)	20b. ADDRESS (City & State)	20c. BIRTHPLACE (State or Foreign Country)
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BRIDE

21a. MOTHER'S NAME (First, Middle, Maiden Surname)	21b. ADDRESS (If Different)	21c. BIRTHPLACE (State or Foreign Country)
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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. Etc. (Specify)		Previous Marriage		
25.	Terminated by	Name of Husband	Place of dissolution or death (county and state)	Date of dissolution or death (Month, Day, Year)
26a.	26b.	26c.	26d.	

27. DATE OF MARRIAGE (Month, Day, Year)	28. PLACE OF MARRIAGE (County)
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OFFICANT

29. OFFICANT	30. RELIGIOUS OR CIVIL OFFICIAL (Specify)
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31a. LOCAL OFFICIAL MAKING REPORT TO STATE HEALTH DEPARTMENT (Signature and Title)	31b. DATE RECEIVED BY LOCAL OFFICIAL (Month, Day, Year)
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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
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LEGAL
INFORMATION
AND
SIGNATURESWE 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
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37. SUBSCRIBED AND SWORN TO BEFORE ME THIS: day of _____, 19_____	38. PROOF OF AGE	39. PERMISSION GRANTED PURSUANT TO 40-1-213 M.C.A. (Underage)
	<input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> OTHER (Specify)	DATE _____, 19_____

CLERK OF COURT BY _____ Deputy _____	District Judge
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