

<b>CLERK OF COURT</b>	<b>MONTANA</b>			STATE FILE NUMBER
<b>MARRIAGE APPLICATION</b>				
MARRIAGE LICENSE NUMBER		COUNTY	DATE LICENSE ISSUED (Month, Day, Year)	
SPOUSE 1-NAME First Middle Last		MAIDEN SURNAME (if Different)	SOCIAL SECURITY NO.	
RESIDENCE – State & Zip Code		COUNTY	STREET & NUMBER, CITY, TOWN OR LOCATION	
BIRTHPLACE (City, County and State or Country)		DATE OF BIRTH (Month, Day, Year)	AGE	
FATHER'S NAME (First, Middle, Last)		ADDRESS (City & State)	BIRTHPLACE (State or Foreign Country)	
MOTHER'S NAME (First, Middle, Maiden Surname)		ADDRESS (If Different)	BIRTHPLACE (State or Foreign Country)	
RACE-American Indian, Black, White, etc. (Specify)		SEX	EDUCATION (Specify only highest Grade completed)	
			Elementary – Secondary: (0-12)	College: (1,2,3,4, or 5+)
Number of this marriage First, Second, Etc. (Specify)		Previous Marriage		
		Terminated by	Name of Spouse (First and Original Surname)	Place of dissolution or death (County and State)
				Date of dissolution or death (Month, Day, Year)
SPOUSE 2-NAME First Middle Last		MAIDEN SURNAME (if Different)	SOCIAL SECURITY NO.	
RESIDENCE – State & Zip Code		COUNTY	STREET & NUMBER, CITY, TOWN OR LOCATION	
BIRTHPLACE (City, County and State or Country)		DATE OF BIRTH (Month, Day, Year)	AGE	
FATHER'S NAME (First, Middle, Last)		ADDRESS (City & State)	BIRTHPLACE (State or Foreign Country)	
MOTHER'S NAME (First, Middle, Maiden Surname)		ADDRESS (If Different)	BIRTHPLACE (State or Foreign Country)	
RACE-American Indian, Black, White, etc. (Specify)		SEX	EDUCATION (Specify only highest Grade completed)	
			Elementary – Secondary: (0-12)	College: (1,2,3,4, or 5+)
Number of this marriage First, Second, Etc. (Specify)		Previous Marriage		
		Terminated by	Name of Spouse (First and Original Surname)	Place of dissolution or death (County and State)
				Date of dissolution or death (Month, Day, Year)
DATE OF MARRIAGE (Month, Day, Year)			PLACE OF MARRIAGE (County)	
OFFICIANT			RELIGIOUS OR CIVIL OFFICIAL (Specify)	
LOCAL OFFICIAL MAKING REPORT TO STATE HEALTH DEPARTMENT (Signature and Title)			DATE RECEIVED BY LOCAL OFFICIAL (Month, Day, Year)	
ARE THE PARTIES RELATED?		RELATIONSHIP	EITHER PARTY UNDER THE INFLUENCE OF INTOXICATING LIQUOR OR NARCOTIC DRUGS?	
PRIOR APPLICATION REJECTED?		REASON AND DATE		
FUTURE ADDRESS – STREET & NUMBER, CITY, TOWN OR LOCATION		STATE & ZIP CODE	TELEPHONE NUMBER	
<b>LEGAL INFORMATION AND SIGNATURES</b>				
<b>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</b>				
SPOUSE 1 SIGNATURE			SPOUSE 2 SIGNATURE	
SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ day of _____, 20____		PROOF OF AGE	PERMISSION GRANTED PURSUANT TO 40-1-213 M.C.A. (Underage)	
_____ CLERK OF COURT		<input type="checkbox"/> BIRTH CERTIFICATE	Date _____, 20____	
BY _____ Deputy		<input type="checkbox"/> DRIVER'S LICENSE		
		<input type="checkbox"/> OTHER (Specify)	_____ District Judge	