

CLERK OF COURT

**MONTANA  
MARRIAGE APPLICATION**

STATE FILE NUMBER

MARRIAGE LICENSE NUMBER

COUNTY

DATE LICENSE ISSUED (Month, Day, Year)

SPOUSE 1-NAME First

Middle

Last

Maiden Name (if applicable)

SOCIAL SECURITY NO.

RESIDENCE - State &amp; Zip Code

COUNTY

STREET &amp; 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 &amp; 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 Name (if applicable)

SOCIAL SECURITY NO.

RESIDENCE - State &amp; Zip Code

COUNTY

STREET &amp; 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 &amp; 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 &amp; NUMBER, CITY, TOWN OR LOCATION

STATE &amp; ZIP CODE

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**

SPOUSE 1 SIGNATURE

SPOUSE 2 SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

CLERK OF COURT

BY \_\_\_\_\_

Deputy

PROOF OF AGE

- BIRTH CERTIFICATE
- DRIVER'S LICENSE
- OTHER (Specify)

PERMISSION GRANTED PURSUANT TO 40-1-213  
M.C.A. (Underage)

Date \_\_\_\_\_, 20\_\_\_\_

District Judge

SPOUSE 1

SPOUSE 2

OFFICIANT

**LEGAL  
FORMATION  
AND  
SIGNATURES**