



MARRIAGE LICENSE CERTIFICATE REQUEST FORM

(please print legibly)

Spouse 1 Name (at time of marriage):

Spouse 2 Name (at time of marriage):

Date of marriage:

Requested by:

Phone number:

Email:

Address:

City/Town:

Zip Code:

Please note: Marriage license/certificates are confidential for 30 years. If you are one of the parties, please submit a copy of your identification with this request form.

Copy of marriage license/certificate: \$5.00 each

Certification/court seal: \$2.00 each

Total enclosed: _____ (money order or cashier's check only)

Please mail **request form, payment & self-addressed stamped envelope** to:

Carly Jay Anderson
Clerk of District Court
Beaverhead County
2 S. Pacific St., #5
Dillon, MT 59725

Requests are normally processed within one day.