

CLERK OF COURT	MONTANA MARRIAGE APPLICATION	STATE FILE NUMBER
MARRIAGE LICENSE NUMBER	COUNTY	DATE LICENSE ISSUED (Month, Day, Year)
SPOUSE 1 SPOUSE 1-NAME First Middle Last	Maiden Name (if applicable)	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 SPOUSE 2-NAME First Middle Last	Maiden Name (if applicable)	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
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____	PROOF OF AGE <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> OTHER (Specify)	PERMISSION GRANTED PURSUANT TO 40-1-213 M.C.A. (Underage) Date _____, 20____
CLERK OF COURT BY _____ Deputy		District Judge

SPOUSE 1

SPOUSE 2

OFFICIANT

LEGAL INFORMATION AND SIGNATURES