	CLERK OF COURT	MONTANA ARRIAGE APPLICATION				STATE FILE NUMBER							
	MARRIAGE LICENSE NUMBER	COUNTY					DATE LICEN	E LICENSE ISSUED (Month, Day, Year)					
SPOUSE 1	SPOUSE 1-NAME First	Middle			Last			Maiden Name (if applicabl		le) SOCIAL SECURITY NO.			
	RESIDENCE – State & Zip Code			<u>(</u>		STREET & NUMBER, CITY, TOWN OR LO			VN OR LOCA	CATION			
	BIRTHPLACE (City, County and State or Country)					DATE OF BIRTH (Month, Day, Year)				AGE			
	FATHER'S NAME (First, Middle, Last)					ADDRESS (City & State)			Į.	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)			Elementa	y – Seco	EDUCATION (Specify only h Secondary: (0-12)				College: (1,2,3,4, or 5+)			
	Number of this marriage					Previous Marriage			riage				
	First, Second, Etc. (Specify)  Terminate					of Spouse and Original Surname)			Place of dissoluti (County and Stat		ath	Date of dissolution or dea (Month, Day, Year)	<mark>ith</mark>
SPOUSE 2	SPOUSE 2-NAME First	Middle	•		Last			Maiden Name (if		le)	SOCIAL SECURITY NO.		
	RESIDENCE – State & Zip Code COUNTY					STREET & NUMBER, CITY, TOWN OR LO				CATION			
	BIRTHPLACE (City, County and State or Country)					DATE OF BIRTH (Month, Day, Year)			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)			ı	BIRTHPLACE (State or Foreign Country)			
	RACE-American Indian, Black, White, etc. SEX					EDUCATION (Specify only hig				hest Grade completed)			
	RACE-American Indian, Black, White, e	tc.	SEX			ED	UCATION	(Specif	y only highe	est Grade comp	leted)		
	RACE-American Indian, Black, White, e (Specify)	tc.	SEX	Elementa	y – Seco	ED ndary: (0-12)	UCATION	<mark>I (Specif</mark>		est Grade comp College: (1,2,3,4		)	
	(Specify)  Number of this marriage				-	ndary: (0-12)		(Specif	iage	College: (1,2,3,4	4, or 5+		
	(Specify)	Terminated		Name	of Spou	ndary: (0-12)			iage	College: (1,2,3,4	4, or 5+	Date of dissolution or dea	ith
	(Specify)  Number of this marriage	<b>Terminated</b>		Name	of Spou	ndary: (0-12)		us Marr	iage Place of di (County an	College: (1,2,3,4	4, or 5+	Date of dissolution or dea	<mark>ith</mark>
OFFICIANT	(Specify)  Number of this marriage  First, Second, Etc. (Specify)	<b>Terminated</b>		Name	of Spou	ndary: (0-12)		us Marr PLACE	iage Place of di (County an	College: (1,2,3,4 ssolution or de and State)	4, or 5+	Date of dissolution or dea	ath
OFFICIANT	Number of this marriage First, Second, Etc. (Specify)  DATE OF MARRIAGE (Month, Day, Year	Terminated	d by	Name (First	of Spou	ndary: (0-12) se inal Surname)		PLACE	iage Place of di (County and OF MARRIA	college: (1,2,3,4 ssolution or de ad State) GE (County)	ath	Date of dissolution or dea	ath
OFFICIANT	Number of this marriage First, Second, Etc. (Specify)  DATE OF MARRIAGE (Month, Day, Year  OFFICIANT	Terminated	d by	Name (First	of Spou and Orig	ndary: (0-12) se inal Surname)		PLACE	iage Place of di (County and OF MARRIA	ssolution or de nd State)  GE (County)  IL OFFICIAL (Sp	eecify)  AL (Mo	Date of dissolution or dea (Month, Day, Year)	<b>DF</b>
OFFICIANT	Number of this marriage First, Second, Etc. (Specify)  DATE OF MARRIAGE (Month, Day, Year  OFFICIANT  LOCAL OFFICIAL MAKING REPORT TO S	Terminated	d by	Name (First	e of Spou and Orig ature and	se iinal Surname)		PLACE	iage Place of di (County and OF MARRIA	ssolution or de nd State)  GE (County)  IL OFFICIAL (Sp	eecify)  AL (Mo	Date of dissolution or dea (Month, Day, Year) onth, Day, Year)	<b>DF</b>
OFFICIANT	(Specify)  Number of this marriage First, Second, Etc. (Specify)  DATE OF MARRIAGE (Month, Day, Year  OFFICIANT  LOCAL OFFICIAL MAKING REPORT TO S  ARE THE PARTIES RELATED?	Terminated r) TATE HEALT	d by	Name (First	e of Spou and Orig ature and RELA	se inal Surname)  Title)		PLACE	iage Place of di (County and OF MARRIA	ssolution or de nd State)  GE (County)  IL OFFICIAL (Sp	ath  AL (Mo	Date of dissolution or dea (Month, Day, Year) onth, Day, Year) ( UNDER THE INFLUENCE C	<b>DF</b>
	Number of this marriage First, Second, Etc. (Specify)  DATE OF MARRIAGE (Month, Day, Year  OFFICIANT  LOCAL OFFICIAL MAKING REPORT TO ST  ARE THE PARTIES RELATED?  PRIOR APPLICATION REJECTED?	Terminated r) TATE HEALT R, CITY, TOW	d by  TH DEPART	Name (First	RELA  STAT	se inal Surname)  Title)  TONSHIP  SON AND DATE	Previo	PLACE RELIGI DATE I	iage Place of di (County and OF MARRIA IOUS OR CIV RECEIVED BY	ssolution or de nd State)  GGE (County)  IL OFFICIAL (Sp. Y LOCAL OFFICIAL (INTOXICAL INTOXICAL	ath  AL (Marting L	Date of dissolution or dea (Month, Day, Year) onth, Day, Year) Y UNDER THE INFLUENCE CO.	<b>DF</b>
LEGAL INFORMATION	Number of this marriage First, Second, Etc. (Specify)  DATE OF MARRIAGE (Month, Day, Year  OFFICIANT  LOCAL OFFICIAL MAKING REPORT TO S  ARE THE PARTIES RELATED?  PRIOR APPLICATION REJECTED?  FUTURE ADDRESS – STREET & NUMBER	Terminated r) TATE HEALT R, CITY, TOW	d by  TH DEPART	Name (First	RELA  STAT	se vinal Surname)  Title)  SON AND DATE  E & ZIP CODE  VIDED IS CORR MARRY UNDE	Previo	PLACE  RELIGI  DATE I	iage Place of di (County and OF MARRIA  IOUS OR CIV  RECEIVED BY	ssolution or de nd State)  GGE (County)  IL OFFICIAL (Sp. Y LOCAL OFFICIAL (INTOXICAL INTOXICAL	ath  AL (Marting L	Date of dissolution or dea (Month, Day, Year) onth, Day, Year) Y UNDER THE INFLUENCE CO.	<b>DF</b>
LEGAL	Number of this marriage First, Second, Etc. (Specify)  DATE OF MARRIAGE (Month, Day, Year  OFFICIANT  LOCAL OFFICIAL MAKING REPORT TO S  ARE THE PARTIES RELATED?  PRIOR APPLICATION REJECTED?  FUTURE ADDRESS – STREET & NUMBER  WE HEREBY CE	Terminated r)  TATE HEALT R, CITY, TOW	d by  TH DEPART	Name (First	RELA  REAS  STAT	se vinal Surname)  Title)  SON AND DATE  E & ZIP CODE  VIDED IS CORR MARRY UNDE	Previo	PLACE  RELIGI  DATE I	iage Place of di (County and OF MARRIA IOUS OR CIV RECEIVED BY	SSOLUTION OF DE STATE	aath  AL (Mar Starting L  R PARTING L  RANTEI  RANTEI  RANTEI	Date of dissolution or dea (Month, Day, Year) onth, Day, Year) Y UNDER THE INFLUENCE CO.	DF JGS?
LEGAL INFORMATION AND	Number of this marriage First, Second, Etc. (Specify)  DATE OF MARRIAGE (Month, Day, Year)  OFFICIANT  LOCAL OFFICIAL MAKING REPORT TO STATE THE PARTIES RELATED?  PRIOR APPLICATION REJECTED?  FUTURE ADDRESS — STREET & NUMBER  WE HEREBY CE  SPOUSE 1 SIGNATURE	Terminated  r)  TATE HEALT  R, CITY, TOW  ERTIFY THA  ME THIS	d by TH DEPART	MENT (Signal ATION  IFORMATIO T WE ARE F	RELA  REAS  STAT	se inal Surname)  I Title)  SON AND DATE  E & ZIP CODE  //IDED IS CORR MARRY UNDE	Previo	PLACE RELIGI DATE I	iage Place of di (County and OF MARRIA  OUS OR CIV  RECEIVED BY  ST OF OUR F THIS STA	SSOIUTION OF DESCRIPTION OF DESCRIPT	AL (Mo	Date of dissolution or dea (Month, Day, Year)  onth, Day, Year)  OUNDER THE INFLUENCE OF LIQUOR OR NARCOTIC DRU	DF UGS?
LEGAL INFORMATION AND	Number of this marriage First, Second, Etc. (Specify)  DATE OF MARRIAGE (Month, Day, Year  OFFICIANT  LOCAL OFFICIAL MAKING REPORT TO STATE THE PARTIES RELATED?  PRIOR APPLICATION REJECTED?  FUTURE ADDRESS — STREET & NUMBER  WE HEREBY CE  SPOUSE 1 SIGNATURE	Terminated  r)  TATE HEALT  R, CITY, TOW  ERTIFY THA  ME THIS	d by TH DEPART	MENT (Signal ATION  IFORMATIO T WE ARE F	RELA  REAS  STAT	se inal Surname)  I Title)  SON AND DATE  E & ZIP CODE  //IDED IS CORR MARRY UNDE  SPOU	Previo RECT TO R THE L SEE 2 SIGN	PLACE RELIGI DATE I	iage Place of di (County and OF MARRIA  OUS OR CIV  RECEIVED BY  ST OF OUR F THIS STA	SSOIUTION OF DESCRIPTION OF DESCRIPT	AL (Mo	Date of dissolution or dea (Month, Day, Year)  onth, Day, Year)  or UNDER THE INFLUENCE OF LIQUOR OR NARCOTIC DRU  MBER  DEBLIEF	DF UGS?
LEGAL INFORMATION AND	Number of this marriage First, Second, Etc. (Specify)  DATE OF MARRIAGE (Month, Day, Year  OFFICIANT  LOCAL OFFICIAL MAKING REPORT TO STATE THE PARTIES RELATED?  PRIOR APPLICATION REJECTED?  FUTURE ADDRESS — STREET & NUMBER  WE HEREBY CE  SPOUSE 1 SIGNATURE	Terminated r)  TATE HEALT  R, CITY, TOW  ERTIFY THA A	d by TH DEPART	MENT (Signal ATION  IFORMATIO T WE ARE F	RELA  REAS  STAT	se inal Surname)  I Title)  SON AND DATE  E & ZIP CODE  //IDED IS CORR MARRY UNDE  SPOU  DF OF AGE	Previo RECT TO R THE L SEE 2 SIGN	PLACE RELIGI DATE I	iage Place of di (County and OF MARRIA  OUS OR CIV  RECEIVED BY  ST OF OUR F THIS STA	SSOIUTION OF DESCRIPTION OF DESCRIPT	AL (Mo	Date of dissolution or dea (Month, Day, Year)  onth, Day, Year)  or UNDER THE INFLUENCE OF LIQUOR OR NARCOTIC DRU  MBER  DEBLIEF	DF UGS?