

DIVORCE DOCUMENTS & DECREE REQUEST FORM

(please print legibly)

Spouse 1 Name (at time of divorce):		
Spouse 2 Name (at time of divorce):		
Date of divorce:		
Requested by:		
Phone number:		
Email:		
Address:	City/Town:	Zip Code:
Please note: Divorce decrees are a se documents from your divorce file, ple the document and the cost, i.e. paren Copy/certification fees per 25-1-201 Copy of divorce decree: \$10.00 each Certification/court seal: \$2.00 each Other copies: \$1 per page for first 10 Total enclosed: \$ (money or	ease call or email this office to ting plans, settlement agreeme , MCA pages, \$.50 per page after first	find out the number of pages of ents, etc.
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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 406-683-3725 canderson4@mt.gov