

<b>CLERK OF COURT</b>	<b>MONTANA</b>		<b>MARRIAGE APPLICATION</b>		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 & 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-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	
<b>LEGAL INFORMATION AND SIGNATURES</b>					
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 _____	