

CLERK OF COURT	MONTANA MARRIAGE APPLICATION		4. STATE FILE NUMBER
1. MARRIAGE LICENSE NUMBER	2. COUNTY	3. DATE LICENSE ISSUES (Month, Day, Year)	
5a. Applicant's NAME first Middle Last			5b. SOCIAL SECURITY NO.
6a. RESIDENCE- State and Zip	6b. COUNTY	6c. STREET & NUMBER, CITY, TOWN OR LOCATION	
7. BIRTHPLACE (City, County and State or Country)		8a. DATE OF BIRTH (Month, Day, Year)	8b. AGE
9a. FATHER'S NAME (First, Middle, Last)		9b. ADDRESS (City & State)	9c. Birthplace (State or Foreign Country)
10a. MOTHER'S NAME (First, Middle, maiden Surname)		10b. ADDRESS (if different)	10c. Birthplace (State or Foreign Country)
11. RACE-American Indian, Black, White, Etc (Specify)	12. SEX	EDUCATION (Specify only highest grade completed)	
		Elementary - Secondary: (0-12)	College: (1,2,3,4, or 5+)
14. Number of this Marriage First, Second, Etc (Specify)	Previous Marriage		
	15a. Terminated by	15b. Name of Spouse (First and Maiden Surname)	15c. Place of dissolution or death (County and state)
			15d. Date dissolution or death (Month, Day, Year)
16a. Applicant's NAME First Middle Last			16b. MAIDEN SURNAME (if different)
			5b. SOCIAL SECURITY NO.
17a. RESIDENCE- State and Zip	17b. COUNTY	17c. STREET & NUMBER, CITY, TOWN OR LOCATION	
18. BIRTHPLACE (City, County and State or Country)		8a. DATE OF BIRTH (Month, Day, Year)	8b. AGE
20a. FATHER'S NAME (First, Middle, Last)		20b. ADDRESS (City & State)	20c. Birthplace (State or Foreign Country)
21a. MOTHER'S NAME (First, Middle, maiden Surname)		21b. ADDRESS (if different)	21c. Birthplace (State or Foreign Country)
22. RACE-American Indian, Black, White, Etc (Specify)	12. SEX	EDUCATION (Specify only highest grade completed)	
		Elementary - (0-12) Secondary:	College: (1,2,3,4, or 5+)
Number of this marriage First, Second, Etc (Specify)	Previous Marriage		
	15a. Terminated by	15b. Name of Spouse	15c. Place of dissolution or death (County and State)
			15d. Date dissolution or death (Month, Day, Year)
27. DATE OF MARRIAGE (Month, Day, Year)		28. PLACE OF MARRIAGE (County)	
29. OFFICIANT			30. RELIGIOUS OR CIVIL OFFICIAL (Specify)
31a. LOCAL OFFICIAL MAKING REPORT TO STATE HEALTH DEPARTMENT (Signature and Title)			31b. DATE RECEIVED BY LOCAL OFFICIAL (Month, Day, Year)
32a. ARE THE PARTIES RELATED? <input type="checkbox"/> Yes <input type="checkbox"/> No	32b. RELATIONSHIP		34. EITHER PARTY UNDER THE INFLUENCE OF INTOXICATING LIQUOR OR NARCOTIC DRUGS? <input type="checkbox"/> Yes <input type="checkbox"/> No
33a. PRIOR APPLICATION REJECTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	REASON AND DATE		
35a. FUTURE ADDRESS- STREET & NUMBER		35b. CITY, STATE & ZIP CODE	35c. 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			
36a. APPLICANT'S SIGNATURE		36b. APPLICANT'S SIGNATURE	
37. SUBSCRIBED AND SWORN TO BEFORE ME THIS: Day of _____, 2014 PHYLLIS D. SMITH Clerk of Court BY _____ Deputy Recorded: Book _____ Page _____	38. Proof of Age <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> OTHER (Specify)	39. PERMISSION GRANTED PURSUANT TO 40-1-213 M.C.A. (Underage) DATE _____, 2____ _____ District Judge	

Applicant

Applicant

OFFICIANT

LEGAL INFORMATION AND SIGNATURES