

CLERK OF COURT	MONTANA MARRIAGE APPLICATION		4. STATE FILE NUMBER
1. MARRIAGE LICENSE NUMBER	2. COUNTY <p style="text-align:center;">Fergus</p>	3. DATE LICENSE ISSUES (Month, Day, Year)	
5a. SPOUSE 1 NAME first	Middle	Last	5b. MAIDEN SURNAME (if different)
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 or Deceased)	9c. Birthplace (State or Foreign Country)
10a. MOTHER'S NAME (First, Middle, Maiden Surname)		10b. ADDRESS (If Different or Deceased)	10c. Birthplace (State or Foreign Country)
SPOUSE 1			
11. RACE-American Indian, Black, White, Etc (Specify)	12. SEX	13. EDUCATION (Specify only highest grade completed)	
		Elementary – Secondary: (0-12)	College: (Degree or Number of Years Completed)
14. Number of this Marriage First, Second, Etc. (Specify)	Previous Marriage		
	15a. Terminated by: (Death or Dissolution)	15b. Name of Spouse (First and Maiden Surname)	15c. Place of dissolution or death (County and state)
16a. SPOUSE 2 NAME First	Middle	Last	16b. MAIDEN SURNAME (if different)
16B. 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)		19a. DATE OF BIRTH (Month, Day, Year)	19b. AGE
20a. FATHER'S NAME (First, Middle, Last)		20b. ADDRESS (City & State or Deceased)	20c. Birthplace (State or Foreign Country)
21a. MOTHER'S NAME (First, Middle, Maiden Surname)		21b. ADDRESS (If Different or Deceased)	21c. Birthplace (State or Foreign Country)
SPOUSE 2			
22. RACE-American Indian, Black, White, Etc (Specify)	23. SEX	24. EDUCATION (Specify only highest grade completed)	
		Elementary –(0-12) Secondary:	College: (Degree or Number of Years Completed)
25. Number of this marriage First, Second, Etc. (Specify)	Previous Marriage		
	25a. Terminated by: (Death or Dissolution)	25b. Name of Spouse (First and Maiden Surname)	25c. Place of dissolution or death (County and State)
26. DATE OF MARRIAGE (Month, Day, Year)		27. PLACE OF MARRIAGE (County)	
OFFICIANT			
28. OFFICIANT			31. RELIGIOUS OR CIVIL OFFICIAL (Specify)
32a. LOCAL OFFICIAL MAKING REPORT TO STATE HEALTH DEPARTMENT (Signature and Title)			32b. DATE RECEIVED BY LOCAL OFFICIAL (Month, Day, Year)
33a. ARE THE PARTIES RELATED? <input type="checkbox"/> Yes <input type="checkbox"/> No	33b. RELATIONSHIP		35. EITHER PARTY UNDER THE INFLUENCE OF INTOXICATING LIQUOR OR NARCOTIC DRUGS? <input type="checkbox"/> Yes <input type="checkbox"/> No
34a. PRIOR APPLICATION REJECTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	REASON AND DATE		
36a. FUTURE ADDRESS- STREET & NUMBER		36b. CITY, STATE & ZIP CODE	36c. TELEPHONE NUMBER
LEGAL INFORMATION AND SIGNATURES			
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			
37a. SPOUSE 1 SIGNATURE		37b. SPOUSE 2 SIGNATURE	
38. SUBSCRIBED AND SWORN TO BEFORE ME THIS: Day of _____, 20____. PHYLLIS D. SMITH Clerk of Court BY _____ Deputy Recorded: Book _____ Page _____		39. Proof of Age <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> OTHER (Specify)	40. PERMISSION GRANTED PURSUANT TO 40-1-213 M.C.A. (Underage) DATE _____, 2_____ _____ District Judge