

CLERK OF COURT

MONTANA MARRIAGE APPLICATION

4. STATE FILE NUMBER

1. MARRIAGE LICENSE NUMBER 2. COUNTY 3. DATE LICENSE ISSUED (Month, Day, Year)

5a. GROOM'S NAME First Middle Last 5b. SOCIAL SECURITY NO.

6a. RESIDENCE—State & Zip Code 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 +)
 13a. 13b.

Number of this marriage First; Second, Etc. (Specify) Previous Marriage
 Terminated by Name of Wife (First and Maiden Surname) Place of dissolution or death (county and state) Date dissolution or death (Month, Day, Year)
 14. 15a. 15b. 15c. 15d.

16a. BRIDE'S NAME First Middle Last 16b. MAIDEN SURNAME (If Different) 16c. SOCIAL SECURITY NO.

17a. RESIDENCE—State & Zip Code 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) 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) 23. SEX EDUCATION (Specify only highest grade completed)
 Elementary — Secondary: (0-12) College: (1, 2, 3, 4, OR 5 +)
 24a. 24b.

Number of this marriage First, Second, Etc. Etc. (Specify) Previous Marriage
 Terminated by Name of Husband Place of dissolution or death (county and state) Date of dissolution or death (Month, Day, Year)
 25. 26a. 26b. 26c. 26d.

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? 32b. RELATIONSHIP 34. EITHER PARTY UNDER THE INFLUENCE OF INTOXICATING LIQUOR OR NARCOTIC DRUGS?

33a. PRIOR APPLICATION REJECTED? 33b. REASON AND DATE

35a. FUTURE ADDRESS—STREET & NUMBER, CITY, TOWN OR LOCATION 35b. 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. BRIDE'S SIGNATURE 36b. GROOM'S SIGNATURE

37. SUBSCRIBED AND SWORN TO BEFORE ME THIS: 38. PROOF OF AGE 39. PERMISSION GRANTED PURSUANT TO 40-1-213 M.C.A. (Underage)

_____ day of _____, 19____
 BIRTH CERTIFICATE
 DRIVER'S LICENSE
 OTHER (Specify)
 DATE _____, 19____

CLERK OF COURT District Judge
 BY _____ Deputy _____
 Recorded: Book _____ Page _____

ORIGINAL

GROOM

BRIDE

OFFICIANT

LEGAL INFORMATION AND SIGNATURES