

CLERK OF COURT	MONTANA		MARRIAGE APPLICATION		STATE FILE NUMBER
MARRIAGE LICENSE NUMBER	COUNTY		DATE LICENSE ISSUED (Month, Day, Year)		
SPOUSE 1-NAME First	Middle	Last	MAIDEN SURNAME (if Different)	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 SURNAME (if Different)	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	
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					
SPOUSE 1 SIGNATURE			SPOUSE 2 SIGNATURE		
SUBSCRIBED AND SWORN TO BEFORE ME THIS		PROOF OF AGE		PERMISSION GRANTED PURSUANT TO 40-1-213 M.C.A. (Underage)	
_____ day of _____, 20_____		<input type="checkbox"/> BIRTH CERTIFICATE		Date _____, 20_____	
_____		<input type="checkbox"/> DRIVER'S LICENSE		_____	
CLERK OF COURT		<input type="checkbox"/> OTHER (Specify)		_____	
BY _____				District Judge	
		Deputy			