

	CLERK OF COURT	MONTANA MARRIAGE APPLICATION		STATE FILE NUMBER	
	MARRIAGE LICENSE NUMBER	COUNTY		DATE LICENSE ISSUED (Month, Day, Year)	
SPOUSE 1	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	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)		
			DATE RECEIVED BY LOCAL OFFICIAL (Month, Day, Year)		
LOCAL OFFICIAL MAKING REPORT TO STATE HEALTH DEPARTMENT (Signature and Title)					
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		
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					
LEGAL INFORMATION AND SIGNATURES					
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 _____					
Deputy			District Judge		