

**CLERK OF COURT**

**MONTANA MARRIAGE APPLICATION**

4. STATE FILE NUMBER

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

**GROOM**

5a. GROOM'S NAME First	Middle (full name, no initials)	Last	5b. SOCIAL SECURITY NUMBER
6a. RESIDENCE—State & Zip Code	6b. COUNTY	6c. STEET & 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 – full name, no initials)		9b. ADDRESS (City & State)	9c. BIRTHPLACE (State or Foreign Country)
10a. MOTHER'S MAIDEN NAME (First, Middle, Last – full name, no initials)		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)	
		13a. Elementary—Secondary: (0-12)	13b. College:(1, 2, 3, 4 or 5+)
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)
14.	15a.	15b.	15c.
			Date of dissolution or death (Month, Day, Year)
			15d.

**BRIDE**

16a. BRIDE'S NAME First	Middle (full name, no initials)	Last	16b. MAIDEN SURNAME (If Different)	16c. SOCIAL SECURITY NUMBER
17a. RESIDENCE—State & Zip Code	17b. COUNTY	17c. STEET & 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 – full name, no initials)		20b. ADDRESS (City & State)	20c. BIRTHPLACE (State or Foreign Country)	
21a. MOTHER'S MAIDEN NAME (First, Middle, Last – full name, no initials)		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)		
		24a. Elementary—Secondary: (0-12)	24b. College:(1, 2, 3, 4 or 5+)	
Number of this marriage First, Second, 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.

**OFFICIANT**

27. DATE OF MARRIAGE (Month, Day, Year)	28. PLACE OF MARRIAGE	
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)

**LEGAL INFORMATION AND SIGNATURES**

32a. ARE THE PARTIES RELATED	32b. RELATIONSHIP	34. EITHER PARY UNDER THE INFLUENCE OF INTOXICATION LIQUOR OR NARCOTIC DRUGS?	
33a. PRIOR APPLICATION REJECTED?	33b REASON AND DATE		
35a. FUTURE ADDRESS—STREET & NUMBER, CITY, TOWN OR LOCATION 22 9th St. East, Kalispell		35b. STATE & ZIP CODE MT 59901	35c. TELEPHONE NUMBER (406) 756-9500

**WE HEREBY CERTIFY THAT THE INFOMORMATIN PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF ANDTHAT 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: _____ day of _____, 20____	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 _____, 20____ District Judge _____
CLERK OF COURT BY _____ Deputy	<b>ORIGINAL</b>	
Recorded: Book _____ Page _____		