

	CLERK OF COURT	MONTANA MARRIAGE APPLICATION		4. STATE FILE NUMBER	
	1. MARRIAGE LICENSE NUMBER	2. COUNTY: Flathead	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+)	
BRIDE	14. 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)	
	15a.	15b.	15c.	15d. Date of dissolution or death (Month, Day, Year)	
	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)
LEGAL INFORMATION AND SIGNATURES	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+)	
	25. 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)
	26a.	26b.	26c.	26d.	
	27. DATE OF MARRIAGE (Month, Day, Year)			28. PLACE OF MARRIAGE	
OFFICIAN	29. OFFICIAN			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			35b. STATE & ZIP CODE	35c. TELEPHONE NUMBER
	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____	
CLERK OF COURT BY _____ Deputy		District Judge			
Recorded: Book _____ Page _____		ORIGINAL			