CLERK OF COURT

MONTANA MARRIAGE APPLICATION

4. STATE FILE NUMBER

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

SPOUSE 1

5a. SPOUSE 1 NAME first	Middle	Last	5b. MAIDEN SURNAME (if different)	5B. SOCIAL SECURITY NO.

6a. RESIDENCE- State and Zip	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 or Deceased)	9c. Birthplace (State or Foreign Country)

10a. MOTHER'S NAME (First, Middle, Maiden Surname)	10b. ADDRESS (If Different or Deceased)	10c. Birthplace (State or Foreign Country)

11. RACE-American Indian, Black, White, Etc (Specify)	12. SEX	13. EDUCATION (Specify only highest grade completed)	
		Elementary – Secondary: (0-12)	College: (Degree or Number of Years Completed)

14. Number of this Marriage First, Second, Etc. (Specify)	Previous Marriage			
	15a. Terminated by: (Death or Dissolution)	15b. Name of Spouse (First and Maiden Surname)	15c. Place of dissolution or death (County and state)	15d. Date dissolution or death (Month, Day, Year)

SPOUSE 2

16a. SPOUSE 2 NAME First	Middle	Last	16b. MAIDEN SURNAME (if different)	16B. SOCIAL SECURITY NO.

17a. RESIDENCE- State and Zip	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 or Deceased)	20c. Birthplace (State or Foreign Country

21a. MOTHER'S NAME (First, Middle, Maiden Surname)	21b. ADDRESS (If Different or Deceased)	21c. Birthplace (State or Foreign Country

22. RACE-American Indian, Black, White, Etc (Specify)	23. SEX	24. EDUCATION (Specify only highest grade completed)	
		Elementary –(0-12) Secondary:	College: (Degree or Number of Years Completed)

25. Number of this marriage First, Second, Etc. (Specify)	Previous Marriage			
	25a. Terminated by: (Death of Dissolution)	25b.Name of Spouse (First and Maiden Surname)	25c. Place of dissolution or death (County and State)	25d. Date dissolution or death (Month, Day, Year)

OFFICIANT

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

28. OFFICIANT	31. RELIGIOUS OR CIVIL OFFICIAL (Specify)

32a. LOCAL OFFICIAL MAKING REPORT TO STATE HEALTH DEPARTMENT (Signature and Title)	32b. DATE RECEIVED BY LOCAL OFFICIAL (Month, Day, Year)

33a. ARE THE PARTIES RELATED? ☐ Yes ☐ No	33b. RELATIONSHIP	35. EITHER PARTY UNDER THE INFLUENCE OF INTOXICATING LIQUOR OR NARCOTIC DRUGS? ☐ Yes ☐ No
34a. PRIOR APPLICATION REJECTED? ☐ Yes ☐ No	REASON AND DATE	

LEGAL INFORMATION AND SIGNATURES

36a. FUTURE ADDRESS- STREET & NUMBER	36b. CITY, STATE & ZIP CODE	36c. 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

37a. SPOUSE 1 SIGNATURE	37b. SPOUSE 2 SIGNATURE

38. SUBSCRIBED AND SWORN TO BEFORE ME THIS:	39. **Proof of Age**	40. PERMISSION GRANTED PURSUANT TO 40-1-213 M.C.A. (Underage)
Day of , . BRENDA SNAPP Clerk of Court BY _____ Deputy Recorded: Book Page	☐ BIRTH CERTIFICATE ☐ DRIVER'S LICENSE ☐ OTHER (Specify)	DATE _____, 2____ _____ District Judge