

CLERK OF COURT	MONTANA MARRIAGE APPLICATION			4. STATE FILE NUMBER
1. MARRIAGE LICENSE NUMBER	2. COUNTY FLATHEAD		3. DATE LICENSE ISSUED	
5a. SPOUSE 1 - NAME First	Middle	Last	Maiden Name (if applicable)	5b. SOCIAL SECURITY NO.
6a. RESIDENCE - State & Zip Code	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
SPOUSE 1 OR GROOM	9a. FATHER'S NAME (First, Middle, Last)		9b. ADDRESS (City & State)	9c. BIRTHPLACE
	10a. MOTHER'S NAME (First, Middle, Maiden Surname)		10b. ADDRESS (If Different)	10c. BIRTHPLACE
11. RACE	12. SEX	EDUCATION (Specify only highest grade completed)		
		13a. Elementary - Secondary: (0-12)	13b. College: (1, 2, 3, 4 or 5+)	
14. Number of This Marriage	Previous Marriage			
	15a. Terminated By	15b. Ex's First and Last/Maiden Name	15c. Place of Dissolution or Death	15d. Date of Dissolution or Death
5a. SPOUSE 2 - NAME First	Middle	Last	Maiden Name (if applicable)	5b. SOCIAL SECURITY NO.
6a. RESIDENCE - State & Zip Code	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
SPOUSE 2 OR BRIDE	9a. FATHER'S NAME (First, Middle, Last)		9b. ADDRESS (City & State)	9c. BIRTHPLACE
	10a. MOTHER'S NAME (First, Middle, Maiden Surname)		10b. ADDRESS (If Different)	10c. BIRTHPLACE
11. RACE	12. SEX	EDUCATION (Specify only highest grade completed)		
		13a. Elementary - Secondary: (0-12)	13b. College: (1, 2, 3, 4 or 5+)	
14. Number of This Marriage	Previous Marriage			
	15a. Terminated By	15b. Ex's First and Last/Maiden Name	15c. Place of Dissolution or Death	15d. Date of Dissolution or Death
27. DATE OF MARRIAGE			28. PLACE OF MARRIAGE (County)	
OFFICIANT	29. OFFICIANT		30. RELIGIOUS OR CIVIL OFFICIAL (Specify)	
	31a. LOCAL OFFICIAL MAKING REPORT TO STATE HEALTH DEPARTMENT (Signature and Title) Clerk of District Court, Peg Allison, by:			31b. DATE RECEIVED BY LOCAL OFFICIAL
32a. ARE THE PARTIES RELATED?	32b. RELATIONSHIP		EITHER PARTY UNDER THE INFLUENCE OF INTOXICATING LIQUOR OR NARCOTIC DRUGS?	
No	N/A			
33a. PRIOR APPLICATION REJECTED?	33b. REASON AND DATE		No	
No	N/A			
35a. FUTURE ADDRESS - STREET & NUMBER, CITY, TOWN OR LOCATION			35b. STATE & ZIP CODE	35c. 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			
	36a. SPOUSE 1 SIGNATURE		36b. SPOUSE 2 SIGNATURE	
37. SUBSCRIBED AND SWORN TO BEFORE ME THIS: _____ day of _____, 20_____ <i>Peg Allison</i> CLERK OF COURT BY _____ Deputy Recorded: Book _____ Page: _____		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