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|  | CLERK OF**COURT** | MONTANA**MARRIAGE APPLICATION** | 4. STATE FILE NUMBER |
| 1.MARRIAGE LICENSE NUMBER      | 2. COUNTYMineral | 3. DATE LICENSE ISSUES (Month, Day, Year)March 31, 2016 |
|  | 5a. Applicant’s NAME first      | Middle      | Last       |       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)      | 9c. Birthplace (State or Foreign Country)      |
| Applicant | 10a. MOTHER’S NAME (First, Middle, maiden Surname)      | 10b. ADDRESS (If Different)      | 10c. Birthplace (State or Foreign Country)      |
| Bride |
| 11. RACE-American Indian, Black, White, Etc (Specify)       | 12. SEX      | EDUCATION (Specify only highest grade completed) |
| Elementary – Secondary: (0-12)      | College: (1,2,3,4, or 5+)      |
| 14. Number of this Marriage First, Second, Etc. (Specify)      | Previous Marriage |
| 15a. Terminated by      | 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)      |
| 16a. Applicant’s NAME First      | Middle      | Last      | 16b. MAIDEN SURNAME (if different)      | 5B. 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)      | 8a. DATE OF BIRTH (Month, Day, Year)      | 8b. AGE      |
| Applicant | 20a. FATHER’S NAME (First, Middle, Last)      | 20b. ADDRESS (City & State)      | 20c. Birthplace (State or Foreign Country      |
|  | 21a. MOTHER’S NAME (First, Middle, maiden Surname)      | 21b. ADDRESS (If different)      | 21c. Birthplace (State or Foreign Country      |
| 22. RACE-American Indian, Black, White, Etc (Specify)       | 12. SEX      | EDUCATION (Specify only highest grade completed) |
| Elementary –(0-12) Secondary:      | College: (1,2,3,4, or 5+)      |
| Number of this marriage First, Second, Etc. (Specify)      | Previous Marriage |
| 15a. Terminated by      | 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)      |
| OFFICIANT | 27. DATE OF MARRIAGE (Month, Day, Year)      | 28. PLACE OF MARRIAGE (County)      |
| Legal**Information**AndSignatures | 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)      |
| 32a. ARE THE PARTIES RELATED?**[ ]**  Yes [ ]  No | 32b. RELATIONSHIP      | 34. EITHER PARTY UNDER THE INFLUENCE OF INTOXICATING LIQUOR OR NARCOTIC DRUGS?**[ ]** Yes [ ]  No |
| 33a. PRIOR APPLICATION REJECTED?**[ ]** Yes [ ]  No | REASON AND DATE      |
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| **LEGAL INFORMATION AND SIGNATURES** | 35a. FUTURE ADDRESS- STREET & NUMBER      | 35B. CITY, STATE & ZIP CODE      | 35c. TELEPHONE NUMBER      |
| WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEFAND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE |
|  | 36a. APPLICANT’s SIGNATURE | 36b. APPLICANTS SIGNATURE |
| 37. SUBSCRIBED AND SWORN TO BEFORE ME THIS:      Day of      ,     .KATHLEEN M BROWNClerk of CourtBY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DeputyRecorded: Book       Page      | 38.**[ ]** **[ ]** **[ ]**  | **Proof of Age** BIRTH CERTIFICATE DRIVER’S LICENSE OTHER (Specify)      | 39. PERMISSION GRANTED PURSUANT TO 40-1-213 M.C.A. (Underage)DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2\_\_\_\_District Judge |