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|  | CLERK OF **COURT** | | MONTANA **MARRIAGE APPLICATION** | | | | | | | | | | | | | | | | | | | | 4. STATE FILE NUMBER | | | | |
| 1.MARRIAGE LICENSE NUMBER | | 2. COUNTY  Mineral | | | | | | | | | | | 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 | | | | | | | | | | | | | |
|
| **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 BROWN  Clerk of Court  BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Deputy  Recorded: 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 | | | | | | | | | | | | |