

<b>CLERK OF COURT</b>		<b>MONTANA MARRIAGE APPLICATION</b>		4. STATE FILE NUMBER
1. MARRIAGE LICENSE NUMBER	2. COUNTY <b>Carbon</b>		3. DATE LICENSE ISSUES (Month, Day, Year)	
5a. GROOM'S NAME first	Middle	Last	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)
10a. MOTHER'S NAME (First, Middle, maiden Surname)		10b. ADDRESS (If Different)		10c. Birthplace (State or Foreign Country)
11. RACE-American Indian, Black, White, Etc (Specify)	12. SEX <b>Male</b>	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 Wife (First and Maiden Surname)	15c. Place of dissolution or death (County and state)	15d. Date dissolution or death (Month, Day, Year)
16a. BRIDE'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
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 <b>Female</b>	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 husband	15c. Place of dissolution or death (County and State)	15d. Date dissolution or death (Month, Day, Year)
32a. ARE THE PARTIES RELATED? <input type="checkbox"/> Yes <input type="checkbox"/> No	32b. RELATIONSHIP		34. EITHER PARTY UNDER THE INFLUENCE OF INTOXICATING LIQUOR OR NARCOTIC DRUGS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
33a. PRIOR APPLICATION REJECTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	REASON AND DATE			
35a. FUTURE ADDRESS- STREET & NUMBER		35b. CITY, STATE & ZIP CODE		35c. TELEPHONE NUMBER