

| CLERK OF COURT | | MONTANA MARRIAGE APPLICATION | | | 4. STATE FILE NUMBER |
|---|---|--|--|---|----------------------|
| MARRIAGE LICENSE NUMBER | COUNTY Carbon | | DATE LICENSE ISSUES (Month, Day, Year) | | |
| Spouse 1-NAME First | Middle | Last | MAIDEN SURNAME (if different) | | SOCIAL SECURITY NO. |
| RESIDENCE- State and Zip | | COUNTY | STREET & NUMBER, CITY | | |
| BIRTHPLACE (City, County and State or Country) | | | DATE OF BIRTH (Month, Day, Year) | AGE | |
| FATHER'S NAME (First, Middle, Last) | | | ADDRESS (City & State) | Birthplace (State or Foreign Country) | |
| MOTHER'S NAME (First, Middle, Maiden Name) | | | ADDRESS (If Different) | Birthplace (State or Foreign Country) | |
| RACE-American Indian, Black, White, Etc (Specify) | SEX | EDUCATION (Specify only highest grade completed) | | | |
| | | High School or GED: (9-12) | | College: Some College or Degree Eamed | |
| Number of this Marriage First, Second, Etc. (Specify) | Previous Marriage | | | | |
| | Terminated by: Divorce or Death | Name of Spouse (First and Original Surname) | Place of dissolution or death (County and state) | Date dissolution or death (Month, Day, Year) | |
| Spouse 2-NAME First | Middle | Last | MAIDEN SURNAME (if different) | | SOCIAL SECURITY NO. |
| RESIDENCE- State and Zip | | COUNTY | STREET & NUMBER, CITY | | |
| BIRTHPLACE (City, County and State or Country) | | | DATE OF BIRTH (Month, Day, Year) | AGE | |
| FATHER'S NAME (First, Middle, Last) | | | ADDRESS (City & State) | Birthplace (State or Foreign Country) | |
| MOTHER'S NAME (First, Middle, Maiden Name) | | | ADDRESS (If different) | Birthplace (State or Foreign Country) | |
| RACE-American Indian, Black, White, Etc (Specify) | SEX | EDUCATION (Specify only highest grade completed) | | | |
| | | High School or GED: (9-12) | | College: Some College or Degree Eamed | |
| Number of this marriage First, Second, Etc. (Specify) | Previous Marriage | | | | |
| | Terminated by: Divorce or Death | Name of Spouse (First and Original Surname) | Place of dissolution or death (County and State) | Date dissolution or death (Month, Day, Year) | |
| ARE THE PARTIES RELATED? <input type="checkbox"/> Yes <input type="checkbox"/> No | | RELATIONSHIP | | EITHER PARTY UNDER THE INFLUENCE OF INTOXICATING LIQUOR OR NARCOTIC DRUGS <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| PRIOR APPLICATION REJECTED? <input type="checkbox"/> Yes <input type="checkbox"/> No | | REASON AND DATE | | | |
| MAILING ADDRESS | | | CITY, STATE & ZIP CODE | | TELEPHONE NUMBER |

Spouse
1

Spouse
2

BOTH