

CLERK OF COURT	MONTANA MARRIAGE APPLICATION			4. STATE FILE NUMBER	
MARRIAGE LICENSE NUMBER	COUNTY Carbon	DATE LICENSE ISSUES (Month, Day, Year)			
Spouse 1	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 Earned	
	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	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 Earned	
	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	

BOTH