FORM V.S. 18 (2014)

CLERK OF COURT	MONTANA MARRIAGE APPLICATION	STATE FILE NUMBER

MARRIAGE LICENSE NUMBER	COUNTY	DATE LICENSE ISSUED *(Month, Day, Year)*

SPOUSE 1

SPOUSE 1-NAME First	Middle	Last	MAIDEN SURNAME *(if Different)*	SOCIAL SECURITY NO.

RESIDENCE – State & Zip Code	COUNTY	STREET & NUMBER, CITY, TOWN OR LOCATION

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 Surname)*	ADDRESS *(If Different)*	BIRTHPLACE *(State or Foreign Country)*

RACE-American Indian, Black, White, etc. *(Specify)*	SEX	EDUCATION *(Specify only highest Grade completed)*	
		Elementary – Secondary: (0-12)	College: (1,2,3,4, or 5+)

Number of this marriage First, Second, Etc. *(Specify)*	Previous Marriage			
	Terminated by	Name of Spouse *(First and Original Surname)*	Place of dissolution or death *(County and State)*	Date of dissolution or death *(Month, Day, Year)*

SPOUSE 2

SPOUSE 2-NAME First	Middle	Last	MAIDEN SURNAME *(if Different)*	SOCIAL SECURITY NO.

RESIDENCE – State & Zip Code	COUNTY	STREET & NUMBER, CITY, TOWN OR LOCATION

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 Surname)*	ADDRESS *(If Different)*	BIRTHPLACE *(State or Foreign Country)*

RACE-American Indian, Black, White, etc. *(Specify)*	SEX	EDUCATION (Specify only highest Grade completed)	
		Elementary – Secondary: (0-12)	College: (1,2,3,4, or 5+)

Number of this marriage First, Second, Etc. *(Specify)*	Previous Marriage			
	Terminated by	Name of Spouse *(First and Original Surname)*	Place of dissolution or death *(County and State)*	Date of dissolution or death *(Month, Day, Year)*

OFFICIANT

DATE OF MARRIAGE *(Month, Day, Year)*	PLACE OF MARRIAGE *(County)*
OFFICIANT	RELIGIOUS OR CIVIL OFFICIAL *(Specify)*
LOCAL OFFICIAL MAKING REPORT TO STATE HEALTH DEPARTMENT *(Signature and Title)*	DATE RECEIVED BY LOCAL OFFICIAL *(Month, Day, Year)*

ARE THE PARTIES RELATED?	RELATIONSHIP	EITHER PARTY UNDER THE INFLUENCE OF INTOXICATING LIQUOR OR NARCOTIC DRUGS?
PRIOR APPLICATION REJECTED?	REASON AND DATE	
FUTURE ADDRESS – STREET & NUMBER, CITY, TOWN OR LOCATION	STATE & ZIP CODE	TELEPHONE NUMBER

LEGAL INFORMATION AND SIGNATURES

WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE

SPOUSE 1 SIGNATURE	SPOUSE 2 SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS	PROOF OF AGE	PERMISSION GRANTED PURSUANT TO 40-1-213 M.C.A. (Underage)
_____ day of _____, 20_____	☐ BIRTH CERTIFICATE	Date _____, 20_____
_____ CLERK OF COURT	☐ DRIVER'S LICENSE	
BY _____ Deputy	☐ OTHER (Specify)	_____ District Judge