FORM V.S. 18 (2000 Revision 2)

CLERK OF COURT	MONTANA MARRIAGE APPLICATION	4. STATE FILE NUMBER

1. MARRIAGE LICENSE NUMBER	2. COUNTY	3. DATE LICENSE ISSUED *(Month, Day, Year)*

GROOM

5a. GROOM'S NAME First	Middle	Last	5b. SOCIAL SECURITY NO.

6a. RESIDENCE—State & Zip Code	6b. COUNTY	6c. STREET & NUMBER, CITY, TOWN OR LOCATION
MT	Gallatin	

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	EDUCATION *(Specify only highest grade completed)*	
		Elementary — Secondary: (0-12)	College: (1, 2, 3, 4, or 5+)
		13a.	13b.

Number of this marriage First, Second, Etc. *(Specify)*	Previous Marriage			
	Terminated by	Name of Wife *(First and Maiden Surname)*	Place of dissolution or death *(county and state)*	Date of dissolution or death *(Month, Day, Year)*
14.	15a.	15b.	15c.	15d.

BRIDE

16a. BRIDE'S NAME First	Middle	Last	16b. MAIDEN SURNAME *(If Different)*	16c. SOCIAL SECURITY NO.

17a. RESIDENCE—State & Zip Code	17b. COUNTY	17c. STREET & NUMBER, CITY, TOWN OR LOCATION
MT	Gallatin	

18. BIRTHPLACE *(City, County and State or Country*	19a. DATE OF BIRTH *(Month, Day, Year)*	19b. 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)*	23. SEX	EDUCATION *(Specify only highest grade completed)*	
		Elementary — Secondary: (0-12)	College: (1, 2, 3, 4, or 5+)
		24a.	24b.

Number of this marriage First, Second, Etc. *(Specify)*	Previous Marriage			
	Terminated by	Name of Husband	Place of dissolution or death *(county and state)*	Date of dissolution or death *(Month, Day, Year)*
25.	26a.	26b.	26c.	26d.

OFFICIANT

27. DATE OF MARRIAGE *(Month, Day, Year)*	28. PLACE OF MARRIAGE *(County)*
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)*

LEGAL INFORMATION AND SIGNATURES

32a. ARE THE PARTIES RELATED?	32b. RELATIONSHIP	34. EITHER PARTY UNDER THE INFLUENCE OF INTOXICATING LIQUOR OR NARCOTIC DRUGS?
33a. PRIOR APPLICATION REJECTED?	33b. REASON AND DATE	No

35a. FUTURE ADDRESS—STREET & NUMBER, CITY, TOWN OR LOCATION	35b. STATE & ZIP CODE	35c. TELEPHONE NUMBER

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.

36a. BRIDE'S SIGNATURE	36b. GROOM'S SIGNATURE

37. SUBSCRIBED AND SWORN TO BEFORE ME THIS:	38. PROOF OF AGE	39. PERMISSION GRANTED PURSUANT TO 40-1-213 M.C.A. (Underage)
_____ day of _____, 20 ____	☐ BIRTH CERTIFICATE ☐ DRIVER'S LICENSE ☐ OTHER *(Specify)*	DATE _____, 20 ____
CLERK OF COURT BY _____ Deputy	_____	_____ District Judge
Recorded: Book _____ Page _____	ORIGINAL	