

**MADISON COUNTY  
MARRIAGE APPLICATION**

**(Bring completed application, proof of age documents and \$53.00 cash to the Clerk of District Court's office prior to 4:30 p.m.)**

MARRIAGE LICENSE NUMBER

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

RESIDENCE- State & Zip 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)

**SPOUSE 1**

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+) Decree Obtained?

NUMBER OF THIS MARRIAGE - First, Second, etc. (Specify) Previous Marriage  
Terminated by Name of Spouse (First & Original Surname) Place of dissolution or death (County and State) Date of dissolution or death (Month, Day, Year)

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

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

BIRTHPLACE (City, County and State or Country) DATE OF BIRTH (Month, Day, Year) AGE

**SPOUSE 2**

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+) Decree Obtained?

NUMBER OF THIS MARRIAGE - First, Second, etc. (Specify) Previous Marriage  
Terminated by Name of Spouse (First & 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

**LEGAL INFORMATION AND SIGNATURES**

FUTURE ADDRESS- STREET & NUMBER, TOWN OR LOCATION CITY, STATE & ZIP CODE 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**

SPOUSE 1 SIGNATURE SPOUSE 2 SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
BY \_\_\_\_\_ Clerk of Court  
Deputy  
Recorded: Book \_\_\_\_\_ Page \_\_\_\_\_

PROOF OF AGE  
BIRTH CERTIFICATE  
DRIVER'S LICENSE  
OTHER (Specify)

39. PERMISSION GRANTED PURSUANT TO 40-1-213 M.C.A. (Underage)  
DATE \_\_\_\_\_, 20\_\_\_\_  
District Judge