

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 Name (if applicable)	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 Name (if applicable)	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)

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

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____  _____ CLERK OF COURT BY _____ Deputy	PROOF OF AGE <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> OTHER (Specify)	PERMISSION GRANTED PURSUANT TO 40-1-213 M.C.A. (Underage) Date _____, 20____  _____ District Judge
--	---	---

OFFICIANT

LEGAL  
INFORMATION  
AND  
SIGNATURES

INFORMED CONSENT/WAIVER OF REQUIREMENT OF BLOOD TEST FOR RUBELLA IMMUNITY

Important Information About the Need for Rubella Immunity Testing

Infection of a pregnant woman with the rubella virus in early pregnancy can be catastrophic to the unborn child. Infection may lead to fetal death, spontaneous abortion, or premature delivery. If the fetus survives the infection, the virus may affect any or all of its vital organs, and may cause a variety of congenital defects. Up to 85% of infants whose mothers are infected with the rubella virus in the first three months of pregnancy may suffer significant health effects.

It is important that a woman be sure of her rubella immunity status prior to becoming pregnant because rubella immunizations are not recommended for pregnant women. While a woman might believe that she has had rubella in the past, and is now immune, many illnesses that cause a rash may mimic a rubella infection, so she may have been diagnosed with rubella when she was not actually infected with the rubella virus. A woman might also know or believe that she was immunized for rubella, but not everyone who is immunized has a sufficient immune response from the immunization to confer lifelong immunity.

The only way to be certain of rubella immunity is to have a blood test to confirm the presence of rubella antibodies. The results of the blood test will allow you to make appropriate decisions, in consultation with your physician, regarding your rubella immunity status and possible need for rubella immunization prior to becoming pregnant.

Applicants may obtain additional information regarding rubella and rubella immunity testing at their local county health department or the Montana Department of Public Health & Human Services Immunization Program, (406) 444-5580.

Reference:

*Epidemiology and Prevention of Vaccine-Preventable Diseases, 10<sup>th</sup> Edition, January 2007. Edited by: William Atkinson, Jennifer Hamborsky, Lynne McIntyre and Charles Wolfe, Chapter 12.*

\_\_\_\_\_ We request a waiver of the requirement for medical certification of blood testing for rubella immunity (or medical exemption therefrom). We have read and we understand the information provided regarding the importance of rubella immunity testing, and we accept full responsibility for any consequences that might arise from our failure to obtain a blood test for rubella immunity prior to marriage.

\_\_\_\_\_ We attest that we are the applicants for a marriage license for which this certification/informed consent is required. By our signatures, we attest that we have both seen the results of the serological test for rubella immunity or are medically exempt, or that we have both been informed of the importance of rubella immunity testing but request a waiver of the requirement for premarital testing as stated above.

\_\_\_\_\_  
Signature of Female Applicant

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signature of Male Applicant

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signature of Clerk of District Court

\_\_\_\_\_  
Date Received