



MARRIAGE LICENSE CERTIFICATE REQUEST FORM

(please print legibly)

Spouse 1 Name (at time of marriage):

Spouse 2 Name (at time of marriage):

Date of marriage:

Requested by:

Phone number:

Email:

Address:

City/State:

Zip Code:

Please note: Marriage license/certificates are confidential for 30 years. If you are one of the parties, please submit a copy of your identification with this request form.

Copy of marriage license/certificate: \$5.00 each

Certification/court seal: \$2.00 each

Postage & handling: \$1.00 each

Total amount: \$_____

CC#

Exp date:

CVV#:

If not paying with a credit card, please include a scanned copy of payment if submitting form by email or fax. Please send payment in mail immediately following request.
(money order or cashier's check can be mailed with form, personal checks will NOT be accepted)

Please mail, email or fax request form, payment to:

Carly Jay Anderson
Clerk of District Court
Beaverhead County
2 S. Pacific St., #5
Dillon, MT 59725

clerkofcourt.beaverhead@mt.gov

USPS is recommended for returning request. If using FEDEX or UPS, please contact our office prior to doing so.

Requests are normally processed within one day.