

DIVORCE DOCUMENTS & DECREE REQUEST FORM (please print legibly)

Spouse 1 Name (at time of div	vorce):		
Spouse 2 Name (at time of div	rorce):		
Date of divorce:			
Requested by:			
Phone number:			
Email:			
Address:	City/State:		Zip Code:
Please note: Divorce decrees documents from your divorce the document and the cost, i.e. Copy/certification fees per 25 Copy of divorce decree: \$10.0 Certification/court seal: \$2.00 Other copies: \$1 per page for Postage: \$ (dependence to the company of the copies: \$ (dependence to the copies) \$	file, please call or email thing plans, settlements. 5-1-201, MCA 0 each 0 each first 10 pages, \$.50 per pages on mailing, contact us for	is office to find out that agreements, etc. e after first 10 pages	he number of pages of
Name on card:			
Credit card #:		Exp. Date:	CVV#
Please email, fax or mail requ	est form, payment & self-	addressed stampe	d envelope to:
	Carly Jay Anders	son	

Clerk of District Court **Beaverhead County** 2 S. Pacific St., #5 Dillon, MT 59725 406-683-3725

clerkofcourt.beaverhead@mt.gov