

MINNESOTA APPLICATION FOR CIVIL MARRIAGE LICENSE

LICENSE VALID FOR SIX MONTHS FROM DATE OF ISSUE - NO REFUND

(MARRIAGE MUST BE PERFORMED WITHIN THE GEOGRAPHICAL BOUNDARIES OF MINNESOTA WITHIN SIX MONTHS FROM THE DATE OF THE LICENSE)

DOCUMENT NO: _____

STATE OF MINNESOTA, COUNTY OF _____

BOOK _____

PAGE _____

A P P L I C A N T 1	COMPLETE NAME (First) (Middle) (Last) (Suffix)				Number of previous marriages	
	*SOCIAL SECURITY NO.		I CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER: SIGNATURE REQUIRED:		How last marriage terminated	
	ADDRESS (Number and Street)				Date Terminated (mm/dd/yyyy)	
	CITY	COUNTY	STATE/COUNTRY	ZIP	Where Terminated (i.e. County)	
	AGE	BIRTHDATE	BIRTHPLACE (State or Foreign Country)	RACE	SEX M <input type="checkbox"/> F <input type="checkbox"/>	Court (i.e. District, Circuit)
	PREVIOUS MARRIED NAME (First) (Middle) (Last)					
A P P L I C A N T 2	COMPLETE NAME (First) (Middle) (Last) (Suffix)				Number of previous marriages	
	*SOCIAL SECURITY NO.		I CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER: SIGNATURE REQUIRED:		How last marriage terminated	
	ADDRESS (Number and Street)				Date Terminated (mm/dd/yyyy)	
	CITY	COUNTY	STATE / COUNTRY	ZIP	Where Terminated (i.e. County)	
	AGE	BIRTHDATE	BIRTHPLACE (State or Foreign Country)	RACE	SEX M <input type="checkbox"/> F <input type="checkbox"/>	Court (i.e. District, Circuit)
	PREVIOUS MARRIED NAME (First) (Middle) (Last)					

If Applicant 1 is under 18 years of age give the name and address of parent(s) or legal guardian or Court (MS 517.02):	NAME: ADDRESS:
If Applicant 2 is under 18 years of age give the name and address of parent(s) or legal guardian or Court (MS 517.02):	NAME: ADDRESS:
Are the parties related to each other by blood or adoption? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	If YES - What is the relationship:
Give the names the parties will have AFTER MARRIAGE APPLICANT 1 APPLICANT 2	(First) (Middle) (Last) (Suffix)
Give the address the parties will have AFTER MARRIAGE:	(Number and Street) (City) (State) (Zip)
**Does one or both of the parties have a felony conviction for a crime committed on or after August 1, 2000 under MN law or the law of another state or federal jurisdiction?	APPLICANT 1 NO <input type="checkbox"/> YES <input type="checkbox"/> If YES, jurisdiction: APPLICANT 2 NO <input type="checkbox"/> YES <input type="checkbox"/> If YES, jurisdiction:

STOP HERE - must take the oath in front of a Local Registrar before signing.

*Tennessee warning for the collection of social security numbers: If you have a social security number you are required by federal and state law to put it on the marriage license application (title 42, US Code sec 666 (a) (13) (a) MN statutes, section 144.223, and MN statutes, sec 517.08 subd. 1a (1997). Your social security number is reported to the MN Department of Health and will be kept private. If necessary, your social security number may be used to help obtain financial support of your child.

**NOTICE: A party who has a felony conviction for a crime committed on or after August 1, 2000 under MN law or the law of another state or federal jurisdiction may not use a different name after marriage except as authorized by MN statute 259.13, and doing so is a gross misdemeanor.

We, the undersigned, hereby apply for a license to marry and declare upon oath that all the above answers and statements of fact are true and correct; that neither of us has a spouse living and that neither of us is a mentally deficient person committed to the guardianship or conservatorship of the Commissioner of Human Services.

SIGNATURE X _____ PHONE NUMBER () _____

SIGNATURE X _____ PHONE NUMBER () _____

SUBSCRIBED AND SWORN to before me this twenty-sixth day of July A.D. 2013

By _____

(COUNTY RECORDER)

DEPUTY/CHIEF DEPUTY)

OFFICE USE ONLY	DATE ISSUED	ISSUED VIA:	PAYMENT TYPE:
		<input type="checkbox"/> MAIL	<input type="checkbox"/> CASH
		<input type="checkbox"/> PICK UP	<input type="checkbox"/> CHECK
			<input type="checkbox"/> C/D CARD