

# 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)**

<b>APPLICANT 1</b> (First)		(Middle)	(Last)		
*SOCIAL SECURITY NO. (to be filled out in person when applying)		I CERTIFY THAT I <b>DO NOT</b> HAVE A SOCIAL SECURITY NUMBER: (SIGNATURE REQUIRED IF NO #)			
ADDRESS (Number & Street)		CITY	STATE	ZIP	COUNTY
AGE	BIRTHDATE (mm-dd-yyyy)	BIRTHPLACE (State or Foreign Country)		RACE	GENDER
NO. OF PREVIOUS MARRIAGES: (Enter 0 if none)		LAST MARRIAGE TERMINATED BY: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/>		DATE TERMINATED (mm-dd-yyyy)	WHERE TERMINATED (City, State)
PREVIOUS NAME WHEN MARRIED		(Middle)	(Last)		

<b>APPLICANT 2</b> (First)		(Middle)	(Last)		
*SOCIAL SECURITY NO. (to be filled out in person when applying)		I CERTIFY THAT I <b>DO NOT</b> HAVE A SOCIAL SECURITY NUMBER: (SIGNATURE REQUIRED IF NO #)			
ADDRESS (Number & Street)		CITY	STATE	ZIP	COUNTY
AGE	BIRTHDATE (mm-dd-yyyy)	BIRTHPLACE (State or Foreign Country)		RACE	GENDER
NO. OF PREVIOUS MARRIAGES: (Enter 0 if none)		LAST MARRIAGE TERMINATED BY: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/>		DATE TERMINATED (mm-dd-yyyy)	WHERE TERMINATED (City, State)
PREVIOUS NAME WHEN MARRIED		(Middle)	(Last)		

NAMES APPLICANTS WILL HAVE <b>AFTER</b> MARRIAGE:	(Applicant 1 First)	(Applicant 1 Middle)	(Applicant 1 Last)	
	(Applicant 2 First)	(Applicant 2 Middle)	(Applicant 2 Last)	
ADDRESS <b>AFTER</b> MARRIAGE: (Certified Certificate Mailed To)	Mailing Address			
	City		State	Zip
**DOES EITHER APPLICANT HAVE A <b>FELONY</b> 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: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what Jurisdiction:	APPLICANT 2: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what Jurisdiction:	
ARE THE APPLICANTS RELATED TO EACH OTHER BY BLOOD OR ADOPTION? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes - What is the relationship:				

IF EITHER OF THE APPLICANTS IS <b>UNDER 18 YEARS OF AGE</b> , GIVE THE NAME AND ADDRESS OF YOUR LEGAL CUSTODIAL PARENT(S), GUARDIAN OR COURT (MS 517.02):	Name(s)
	Address:

**\*\*\*\*\*STOP HERE – LOCAL REGISTRAR OR DEPUTY MUST WITNESS YOUR SIGNING OF THE OATH\*\*\*\*\***

**\*Tennessen 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 Minnesota law or the law of another state or federal jurisdiction may not use a different name after marriage except as authorized by Minnesota statute 259.13, and doing so is a gross misdemeanor.

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

<p>X _____ <b>SIGNATURE of Applicant 1</b></p> <p>Phone Number: _____</p> <p>SUBSCRIBED AND SWORN to before me this ____ day of _____, 20 ____.</p> <p>X _____ <b>Goodhue County Recorder, Deputy</b></p>	<p>X _____ <b>SIGNATURE of Applicant 2</b></p> <p>Phone Number: _____</p> <p>SUBSCRIBED AND SWORN to before me this ____ day of _____, 20 ____.</p> <p>X _____ <b>Goodhue County Recorder, Deputy</b></p>
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Paid by: Check: <input type="checkbox"/> Cash: <input type="checkbox"/>	Date Paid:	Reduced? Yes <input type="checkbox"/> No <input type="checkbox"/>	Mail To <input type="checkbox"/> Pick Up <input type="checkbox"/>	Date License Issued:	Date of Marriage:	Ceremony Type: Religious <input type="checkbox"/> Civil <input type="checkbox"/>	County of Marriage:	Certificate Filed:
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**Important Note:** After completing and printing this form, make sure you **CLEAR** the form by clicking the "CLEAR" button. If you do not **CLEAR** the form, your information will be disclosed to those persons subsequently using this computer.