

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)

APPLICANT 1 (First)		(Middle)	(Last)	
*SOCIAL SECURITY NO. (to be filled out in person when applying)		I CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER: (SIGNATURE REQUIRED IF NO #)		
ADDRESS (Number & Street)		CITY	STATE	ZIP
AGE	BIRTHDATE (mm-dd-yyyy)	BIRTHPLACE (State or Foreign Country)		GENDER MALE FEMALE
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 (First) NAME WHEN MARRIED		(Middle)	(Last)	
COURT (County)				

APPLICANT 2 (First)		(Middle)	(Last)	
*SOCIAL SECURITY NO. (to be filled out in person when applying)		I CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER: (SIGNATURE REQUIRED IF NO #)		
ADDRESS (Number & Street)		CITY	STATE	ZIP
AGE	BIRTHDATE (mm-dd-yyyy)	BIRTHPLACE (State or Foreign Country)		GENDER MALE FEMALE
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 (First) NAME WHEN MARRIED		(Middle)	(Last)	
COURT (County)				

NAMES APPLICANTS WILL HAVE AFTER MARRIAGE:	(Applicant 1 First)	(Applicant 1 Middle)	(Applicant 1 Last)
	(Applicant 2 First)	(Applicant 2 Middle)	(Applicant 2 Last)
ADDRESS AFTER MARRIAGE: (Certified Certificate Mailed To)	Mailing Address		
	City	State	Zip
**DOES ONE OR BOTH OF THE PARTIES HAVE A FELONY CONVICTION UNDER ANY LAW?		APPLICANT 1: Yes <input type="checkbox"/> No <input type="checkbox"/>	APPLICANT 2: Yes <input type="checkbox"/> No <input type="checkbox"/>
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:			

NOTICE: A PARTY WHO HAS A FELONY CONVICTION MAY NOT USE A DIFFERENT NAME AFTER MARRIAGE EXCEPT AS AUTHORIZED BY MINNESOTA STATUTES 259.13 AND DOING SO IS A GROSS MISDEMEANOR.

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

***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 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 _____ SIGNATURE of Applicant 1</p> <p>Phone Number: _____</p> <p>SUBSCRIBED AND SWORN to before me this ____ day of _____, 20 ____.</p> <p>X _____ Goodhue County Recorder, Deputy</p>	<p>X _____ SIGNATURE of Applicant 2</p> <p>Phone Number: _____</p> <p>SUBSCRIBED AND SWORN to before me this ____ day of _____, 20 ____.</p> <p>X _____ Goodhue County Recorder, Deputy</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.

SUPPLEMENTAL MARRIAGE LICENSE APPLICATION FOR PARTY NOT APPEARING

If one of the parties cannot appear in person at the Local Registrar's Office at the time of application for marriage, the applicant appearing will complete the full application supplying all of the information for both parties. This supplemental application must be completed by the non appearing marriage applicant. A copy of the marriage application made by the appearing party is on the reverse side of this form.

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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.

PLEASE PRINT

Full Legal Name _____

Full Legal Name after Marriage _____

I hereby swear or affirm that I have either committed no felony crimes under any Law, or if I have committed a felony crime, that I have complied with the notice requirements as set forth in Minnesota Statutes. I understand that a person who has a felony conviction who does not comply with Minnesota Statute 259.13 and uses a different name after marriage than what was used before is guilty of a gross misdemeanor.

NOT applicable | Signature _____

Applicable | Date Prosecutor Served _____ **Signature** _____
Attach Affidavit of Service

Certification to accuracy of Marriage Application as shown on the reverse side of this form

My social security number is _____

I certify that I do not have a social security number

I hereby certify that I am a listed applicant on this marriage application. I was unable to appear in person to make this application. I have reviewed the information supplied by the party appearing and certify to the accuracy of the information shown on the reverse side of this certification.

Signature _____

State of Minnesota

County of _____ **ss.**

This instrument was acknowledged before me this _____ **day of** _____, **20** _____ .

Notary Public Signature **Notary seal**