

**MINNESOTA APPLICATION FOR 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

COMPLETE NAME (First)		(Middle)	(Last)		
*SOCIAL SECURITY NO.			I CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER: SIGNATURE REQUIRED:		
ADDRESS (Number & Street)		CITY	STATE	COUNTY	ZIP
AGE	BIRTHDATE	BIRTHPLACE (State or Foreign Country)		RACE	SEX FEMALE MALE
NO. OF PREVIOUS MARRIAGES:	HOW LAST MARRIAGE TERMINATED (Death, Divorce, Annulment)	DATE TERMINATED (mm/dd/yyyy)	WHERE TERMINATED (ie: County)	COURT (ie: District, Circuit)	
PREVIOUS MARRIED NAME (First)		(Middle)	(Last)		
**Does Applicant 1 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:		No Yes	If yes - what jurisdiction:		

Applicant 2

COMPLETE NAME (First)		(Middle)	(Last)		
*SOCIAL SECURITY NO.			I CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER: SIGNATURE REQUIRED:		
ADDRESS (Number & Street)		CITY	STATE	COUNTY	ZIP
AGE	BIRTHDATE	BIRTHPLACE (State or Foreign Country)		RACE	SEX FEMALE MALE
NO. OF PREVIOUS MARRIAGES:	HOW LAST MARRIAGE TERMINATED (Death, Divorce, Annulment)	DATE TERMINATED (mm/dd/yyyy)	PLACE TERMINATED (ie: County)	COURT (ie: District, Circuit)	
PREVIOUS MARRIED NAME (First)		(Middle)	(Last)		
**Does Applicant 2 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:		No Yes	If yes - what jurisdiction:		
IF EITHER OF THE PARTIES IS UNDER 18 YEARS OF AGE, GIVE THE NAME AND ADDRESS OF HIS/HER LEGAL CUSTODIAL PARENT(S), GUARDIAN OR COURT (MS 517.02):		Names			
		Address:			
ARE THE PARTIES RELATED TO EACH OTHER BY BLOOD OR ADOPTION?					
No: Yes: If Yes - What is the relationship:					
Give the names the parties will have AFTER		(Applicant 1 First Name)	(Applicant 1 Middle Name)	(Applicant 1 Last Name)	
		(Applicant 2 First Name)	(Applicant 2 Middle Name)	(Applicant 2 Last Name)	
Address the parties will have AFTER (Will not appear on marriage certificate, but will be mailed to this address)		Address (Number & Street)			
		City	State	Zip	

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 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; 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 day of _____, 20____

BY: _____, THELMA YAGER, NOBLES COUNTY RECORDER

OFFICE USE ONLY	DATE ISSUED:	ISSUED VIA:	PAYMENT TYPE:	DATE OF MARRIAGE:	PLACE OF MARRIAGE:	CEREMONY TYPE:
		MAIL PICK UP	CASH CHECK			RELIGIOUS CIVIL

MINNESOTA NOTARY ACKNOWLEDGEMENT

(Individuals)

State of Minnesota

County of _____

This Instrument was acknowledged before me on _____ (date) by

_____ (**name Applicant 1**)

(Seal if any)

(Signature of Notarial Officer)

(Title and Rank)

My Commission Expires _____

State of Minnesota

County of _____

This Instrument was acknowledged before me on _____ (date) by

_____ (**name Applicant 2**)

(Seal if any)

(Signature of Notarial Officer)

(Title and Rank)

My Commission Expires _____

PLEASE READ THE FOLLOWING INFORMATION
PERTAINING TO MARRIAGE LICENSES:

1. Both parties must be 18 or over. If applicant is a minor, both parents must sign a consent form which will also require approval of District Court Judge.
2. When applying for a marriage license in Minnesota, you must have the ceremony performed in Minnesota.
3. The marriage license is valid for six months. If the ceremony is not performed within that time the license expires, you will have to re-apply for another license.
4. ***Both*** parties must be present when applying for a license. If both parties cannot be present- the **Supplemental Application for Marriage License for Party Not Appearing** need to be completed before issuance of the license.
5. You will declare upon oath that all of the answers & statements of fact on the marriage license application are true & correct; that neither of you are a mentally deficient person committed to the guardianship or conservatorship of the Commissioner of Human Services.
6. The fee for a Marriage License is \$115 and must be paid at the time of applying for the license. The fee for parties who have completed at least 12 hours of premarital educations is \$40. To receive this discount and **Educator's Statement-on educator's letterhead must be notarized and turned in along with application.**