

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

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

STATE OF MINNESOTA, COUNTY OF ROCK

BOOK

PAGE

FIRST APPLICANT	NAME (FIRST) (MIDDLE) (LAST)				Number of previous marriages	
	ADDRESS (NUMBER AND STREET)			SOCIAL SECURITY NO.		How last marriage terminated Death () Divorce () Annulment ()
	I certify that I do not have a social security number. Signature:					
	CITY	COUNTY	STATE	ZIP	Date Marriage Terminated	
	AGE	BIRTHDATE	SEX	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	RACE	Place of Termination
PREVIOUS MARRIED NAME (FIRST) (MIDDLE) (LAST)				Court where Terminated		
SECOND APPLICANT	NAME (FIRST) (MIDDLE) (LAST)				Number of previous marriages	
	ADDRESS (NUMBER AND STREET)			SOCIAL SECURITY NO.		How last marriage terminated Death () Divorce () Annulment ()
	I certify that I do not have a social security number. Signature:					
	CITY	COUNTY	STATE	ZIP	Date Marriage Terminated	
	AGE	BIRTHDATE	SEX	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	RACE	Place of Termination
PREVIOUS MARRIED NAME (FIRST) (MIDDLE) (LAST)				Court where Terminated		
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):			NAME:			
			ADDRESS:			
Are the parties related to each other by blood or adoption? YES () NO ()			IF YES, what is the relationship?			
Give the name the parties will have after marriage:			FIRST APPLICANT'S (FIRST) (MIDDLE) (LAST)			
			SECOND APPLICANT'S (FIRST) (MIDDLE) (LAST)			
Address the parties will have after marriage:			ADDRESS (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 Minnesota Law or the law of another state or federal jurisdiction?			FIRST APPLICANT NO () YES () IF YES, JURISDICTION:			
			SECOND APPLICANT NO () YES () IF YES, JURISDICTION:			

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 SURNAME AFTER MARRIAGE EXCEPT AS AUTHORIZED BY MINNESOTA STATUTE 259.13, AND DOING SO IS A GROSS MISDEMEANOR.

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 OBTAIN FINANCIAL SUPPORT FOR YOUR CHILD.

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

DO NOT SIGN

FIRST APPLICANT Phone Number _____

SIGNATURE X

DO NOT SIGN

SECOND APPLICANT Phone Number _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____

By _____
LAND RECORDS DIRECTOR DEPUTY

OFFICE USE ONLY	DATE ISSUED:	TIME	ISSUED VIA: Mail() Pickup ()	PAYMENT TYPE: Check () Cash ()
	DATE OF MARRIAGE:	PLACE OF MARRIAGE	CEREMONY TYPE: Religious Civil	