

**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 One**

**BOOK**

**PAGE**

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
AGE	BIRTHDATE	BIRTHPLACE (State or Foreign Country)		RACE	SEX FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>
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 One 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 <input type="checkbox"/>	If yes - what jurisdiction:		
		Yes <input type="checkbox"/>			

**Applicant Two**

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
AGE	BIRTHDATE	BIRTHPLACE (State or Foreign Country)		RACE	SEX FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>
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 Two 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 <input type="checkbox"/>	If yes - what jurisdiction:		
		Yes <input type="checkbox"/>			
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: <input type="checkbox"/> Yes: <input type="checkbox"/> If Yes - What is the relationship:					
Give the names the parties will have <b>AFTER MARRIAGE:</b>	(Applicant One First Name)		(Applicant One Middle Name)		(Applicant One Last Name)
	(Applicant Two First Name)		(Applicant Two Middle Name)		(Applicant Two Last Name)
Address the parties will have <b>AFTER MARRIAGE:</b> (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.**

**\*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, and that one of the applicants is a man and the other is a woman.**

SIGNATURE X \_\_\_\_\_ PHONE NUMBER ( \_\_\_\_\_ )

SIGNATURE X \_\_\_\_\_ PHONE NUMBER ( \_\_\_\_\_ )

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_.

LOCAL REGISTRAR BY \_\_\_\_\_ DEPUTY/CHIEF DEPUTY

<b>OFFICE USE ONLY</b>	DATE ISSUED:	ISSUED VIA: <input type="checkbox"/> MAIL <input type="checkbox"/> PICK UP	PAYMENT TYPE: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> C/D CARD	DATE OF MARRIAGE:	PLACE OF MARRIAGE:	CEREMONY TYPE: <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> CIVIL