

APPLICATION FOR MARRIAGE LICENSE

(PLEASE PRINT LEGIBLY)

APPLICANT 1	NAME (FIRST, MIDDLE(S), LAST)			
	SOCIAL SECURITY NUMBER		I CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER: (SIGNATURE WILL BE REQUIRED ON THE FINAL APPLICATION) <input type="checkbox"/>	
	CURRENT ADDRESS			COUNTY
	AGE	BIRTHDATE (MONTH/DAY/YEAR)	BIRTHPLACE (CITY & STATE OR FOREIGN COUNTRY)	
	SEX			
	NUMBER OF PREVIOUS MARRIAGES	LAST MARRIAGE WAS TERMINATED DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT <input type="checkbox"/>	DATE OF TERMINATION	PLACE OF TERMINATION COUNTY & STATE
PREVIOUS MARRIED NAME (FIRST, MIDDLE(S), LAST)				
APPLICANT 2	NAME (FIRST, MIDDLE(S), LAST)			
	SOCIAL SECURITY NUMBER		I CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER: (SIGNATURE WILL BE REQUIRED ON THE FINAL APPLICATION) <input type="checkbox"/>	
	CURRENT ADDRESS			COUNTY
	AGE	BIRTHDATE (MONTH/DAY/YEAR)	BIRTHPLACE (CITY & STATE OR FOREIGN COUNTRY)	
	SEX			
	NUMBER OF PREVIOUS MARRIAGES	LAST MARRIAGE WAS TERMINATED DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT <input type="checkbox"/>	DATE OF TERMINATION	PLACE OF TERMINATION COUNTY & STATE
PREVIOUS MARRIED NAME (FIRST, MIDDLE(S), LAST)				
IF EITHER OF THE PARTIES IS UNDER 18 YEARS OF AGE, GIVE THE NAME AND ADDRESS OF HIS / HER PARENTS OR GUARDIAN		NAME		
		ADDRESS		
ARE THE PARTIES RELATED TO EACH OTHER BY BLOOD OR ADOPTION? <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, WHAT IS THE RELATIONSHIP?		
GIVE THE NAMES THE PARTIES WILL HAVE AFTER MARRIAGE:		APPLICANT 1 NAME (FIRST, MIDDLE(S), LAST)		
		APPLICANT 2 NAME (FIRST, MIDDLE(S), LAST)		
ADDRESS THE PARTIES WILL HAVE AFTER MARRIAGE		ADDRESS		
		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?		APPLICANT 1 <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, JURISDICTION
		APPLICANT 2 <input type="checkbox"/> NO <input type="checkbox"/> 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 NAME AFTER MARRIAGE EXCEPT AS AUTHORIZED BY MINNESOTA STATUTES 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 APPLICATION. (TITLE 42, US CODE SEC 666 (a) (13) (A), MN STATUTES SECTION 144.223, AND MN STATUTES SEC 517.08 SUBD LA (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.			

REQUIREMENTS WHEN APPLYING FOR A MARRIAGE LICENSE

Both applicants must apply for the marriage license.

The license will be issued upon completion of the application process and it will remain valid for **6 months**.

The fee for the license is \$115.00 **or** \$40.00 if you have completed the “Premarital Education Certificate” that meets the Minnesota Statute requirements. The fee and the Premarital Education Certificate are both due at the time when you apply for the license.

If either of you have been married before, you will need the termination information which includes:

- Date
- County and State
- Type of Court where terminated if by divorce

You will need the following information for both parties:

- Complete legal name
- Address
- Age
- Date of birth
- The state where you were born
- Social Security number
- Name and address after your marriage
- If ever a felony conviction we need the year and jurisdiction

A copy of the marriage application is on the reverse side.