

APPLICATION FOR CIVIL MARRIAGE LICENSE

License Valid for Six Months from Date of Issue - NO REFUND - Civil Marriage Must be Performed Within the Geographical Borders of Minnesota.

STATE OF MINNESOTA, COUNTY OF _____ BOOK _____ PAGE _____ LIC/DOC # _____

APPLICANT 1	NAME (First) _____ (Middle) _____ (Last) _____				*SOCIAL SECURITY NUMBER _____		
	I CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER:			SIGNATURE REQUIRED: _____			
	ADDRESS (Number and Street) _____		CITY _____		COUNTY _____	STATE _____	ZIP _____
	AGE _____	BIRTHDATE _____	BIRTHPLACE (State or Foreign Country) _____		SEX _____	RACE _____	
	No. of Previous Marriages: _____	How Last Marriage Terminated <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment		Date Terminated _____	Place Terminated _____	Court Where Terminated _____	
	PREVIOUS MARRIAGE NAME (First) _____		(Middle) _____		(Last) _____		
APPLICANT 2	NAME (First) _____ (Middle) _____ (Last) _____				*SOCIAL SECURITY NUMBER _____		
	I CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER:			SIGNATURE REQUIRED: _____			
	ADDRESS (Number and Street) _____		CITY _____		COUNTY _____	STATE _____	ZIP _____
	AGE _____	BIRTHDATE _____	BIRTHPLACE (State or Foreign Country) _____		SEX _____	RACE _____	
	No. of Previous Marriages: _____	How Last Marriage Terminated <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment		Date Terminated _____	Place Terminated _____	Court Where Terminated _____	
	PREVIOUS MARRIAGE NAME (First) _____		(Middle) _____		(Last) _____		
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.				NAME: _____			
Are the parties related to each other by blood or adoption? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, What is the relationship?				ADDRESS: _____			
Give the names the parties will have after marriage:				APPLICANT 1 NAME (First) _____ (Middle) _____ (Last) _____			
				APPLICANT 2 NAME (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?				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: _____			

***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 CIVIL MARRIAGE 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 CIVIL 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: _____ Phone (_____) _____

SIGNATURE: _____ Phone (_____) _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

County Recorder By _____ Deputy

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