



APPLYING FOR A MARRIAGE LICENSE DURING COVID-19

Applying for a Marriage License-

During this public health emergency you are now able to apply for your marriage license through the mail or by dropping off your application & payment using our drop off box found on the south and north sides of the Government Services Building.

Before you complete the application please call us at 507-332-6114 for additional requirements.

Payment:

Checks are to be made payable to the **Rice County Recorder**. We do not accept debit or credit cards.

Required Information:

- Full names – before and after marriage
- Addresses – before and after marriage
- Age-must be 18 and provide a copy of your ID
- Counties where each person lives
- Date of Birth
- If previously married, we need the date the last marriage was terminated, county, and state. If by divorce, we also need the type of court.
- Place of Birth
- Social Security Numbers
- \$115 without the Educator's Statement (or)
- \$40 with the Educator's Statement that must be signed, dated and notarized from the person who provided the Premarital Education Statement. This statement must also appear on the Educator's letterhead (MS 517.08)

The license may be used anywhere in Minnesota and must be used within six months or it becomes void.

Complete the application from our website. Please **do not** complete the part that asks for your social security numbers, we will get that information from you when we call you. Then mail or drop off your application, check or money order and any other document that was requested. We will call you when we get your application.

Before you get married make sure that whoever performs your wedding ceremony has filed their credentials/ordination papers somewhere in the State of Minnesota. Along with this, they must also file a "Certificate of Filing". There is a \$20 filing fee.

MS 517.05 states that: Ministers of any religious denomination, before they are authorized to solemnize a civil marriage, shall file a copy of their credentials of license or ordination or, if their religious denomination does not issue credentials, authority from the minister's spiritual assembly, with the local registrar of a county in this state, who shall record the same and give a certificate of filing thereof...

NOTICE: Please read your applications carefully before signing. After you sign and the license/certificate have been printed, there is an additional fee for correcting errors or making changes because of inaccurate information given by the applicants.

APPLICATION FOR MARRIAGE LICENSE
 (PLEASE PRINT LEGIBLY)
 LICENSE VALID FOR SIX MONTHS FROM DATE OF ISSUE - NO REFUNDS

APPLICANT 1

APPLICANT 2

NOTICE

OATH

NAME (FIRST, MIDDLE(S), LAST)				
SOCIAL SECURITY NUMBER Collected at the time of the call from Recorder		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	RACE
NUMBER OF PREVIOUS MARRIAGES	LAST MARRIAGE WAS TERMINATED DEATH <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DIVORCE <input type="checkbox"/>	DATE OF TERMINATION	PLACE OF TERMINATION COUNTY & STATE	COURT WHERE TERMINATED
PREVIOUS MARRIED NAME (FIRST, MIDDLE(S), LAST)				
NAME (FIRST, MIDDLE(S), LAST)				
SOCIAL SECURITY NUMBER Collected at the time of the call from Recorder		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	RACE
NUMBER OF PREVIOUS MARRIAGES	LAST MARRIAGE WAS TERMINATED DEATH <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DIVORCE <input type="checkbox"/>	DATE OF TERMINATION	PLACE OF TERMINATION COUNTY & STATE	COURT WHERE TERMINATED
PREVIOUS MARRIED NAME (FIRST, MIDDLE(S), LAST)				
ARE THE PARTIES RELATED TO EACH OTHER BY BLOOD OR ADOPTION? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, WHAT IS THE RELATIONSHIP?		
NO YES				
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	
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.				
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.				
SIGNATURE _____		PHONE NUMBER _____		
SIGNATURE _____		PHONE NUMBER _____		