

## REQUIREMENTS WHEN APPLYING FOR A MARRIAGE LICENSE

Both applicants must apply for the marriage license.

You must be 18 years of age and be able to provide valid identification.

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
- 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 sample of the marriage application is on the reverse side.

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

APPLICANT 1	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)				
APPLICANT 2	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?			
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		
<b>NOTICE</b> 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.					
<b>OATH</b> 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 _____			