**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)**

## Groom

| | | | | | |
|---|---|---|---|---|---|
| **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 | ZIP | |
| AGE / BIRTHDATE | BIRTHPLACE (State or Foreign Country) | RACE | SEX FEMALE MALE | | |
| 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 the groom 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 ☐ Yes ☐ | If yes - what jurisdiction: | | | |

## Bride

| | | | | | |
|---|---|---|---|---|---|
| **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 | ZIP | |
| AGE / BIRTHDATE | BIRTHPLACE (State or Foreign Country) | RACE | SEX FEMALE MALE | | |
| 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 the Bride 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 ☐ Yes ☐ | If yes - what jurisdiction: | | | |
| 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: Yes: If Yes - What is the relationship: | | | | | |
| Give the names the parties will have **AFTER MARRIAGE:** | (Groom's First Name) | (Groom's Middle Name) | (Groom's Last Name) | | |
| | (Bride's First Name) | (Bride's Middle Name) | (Bride's Last Name) | | |
| Address the parties will have **AFTER MARRIAGE:** (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 _____ of _____ , 20____ (*insert Local Registrar's name & title*)**

**BY:** _____**, DEPUTY/CHIEF DEPUTY**

| **OFFICE USE ONLY** | DATE ISSUED: | ISSUED VIA: ❑ MAIL ❑ PICK UP | PAYMENT TYPE: ❑ CASH ❑ CHECK ❑ C/D CARD | DATE OF MARRIAGE: | PLACE OF MARRIAGE: | CEREMONY TYPE: ❑ RELIGIOUS ❑ CIVIL |
|---|---|---|---|---|---|---|