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| <b>APPLICATION FOR MINNESOTA CIVIL MARRIAGE LICENSE</b> |
| LICENSE VALID FOR SIX MONTHS FROM DATE OF ISSUE         |
| <b>NO REFUNDS</b>                                       |

STATE OF MINNESOTA, COUNTY OF ITASCA DOCUMENT NUMBER \_\_\_\_\_

|                                      |   |                                       |                         |  |  |  |
|--------------------------------------|---|---------------------------------------|-------------------------|--|--|--|
| <b>FIRST APPLICANT'S FIRST NAME</b>  |   | MIDDLE NAME                           | LAST NAME               |  | SOCIAL SECURITY NUMBER or I certify that I do not have a Social Security Number. |  |
| ADDRESS (Number & Street)            |   | CITY                                  | COUNTY                  | STATE  | ZIP CODE   |  |
| AGE                                  | BIRTHDATE   | BIRTHPLACE (STATE OR FOREIGN COUNTRY) |                         | SEX<br><input type="checkbox"/> F <input type="checkbox"/> M | RACE   |  |
| NO. OF PREVIOUS MARRIAGE             | HOW LAST MARRIAGE TERMINATED<br><input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE<br><input type="checkbox"/> ANNULMENT | DATE TERMINATED<br>____ / ____ / ____ | COUNTY/STATE TERMINATED |  | COURT TERMINATED   |  |
| PREVIOUS MARRIED NAME FIRST          |   | MIDDLE                                | LAST                    |  |  |  |
| <b>SECOND APPLICANT'S FIRST NAME</b> |   | MIDDLE NAME                           | LAST NAME               |  | SOCIAL SECURITY NUMBER or I certify that I do not have a Social Security Number. |  |
| ADDRESS (Number & Street)            |   | CITY                                  | COUNTY                  | STATE  | ZIP CODE   |  |
| AGE                                  | BIRTHDATE   | BIRTHPLACE (STATE OR FOREIGN COUNTRY) |                         | SEX<br><input type="checkbox"/> F <input type="checkbox"/> M | RACE   |  |
| NO. OF PREVIOUS MARRIAGE             | HOW LAST MARRIAGE TERMINATED<br><input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE<br><input type="checkbox"/> ANNULMENT | DATE TERMINATED<br>____ / ____ / ____ | COUNTY/STATE TERMINATED |  | COURT TERMINATED   |  |
| PREVIOUS MARRIED NAME FIRST          |   | MIDDLE                                | LAST                    |  |  |  |

|  |  |             |           |
|--|--|-------------|-----------|
| Are the parties related to each other by blood or adoption?  | <input type="checkbox"/> NO<br><input type="checkbox"/> YES IF YES, WHAT IS THE RELATIONSHIP?                  |             |           |
| <b>GIVE THE NAMES THE PARTIES WILL HAVE AFTER MARRIAGE</b>   | FIRST NAME   | MIDDLE NAME | LAST NAME |
|  | FIRST NAME   | MIDDLE NAME | LAST NAME |
| <b>ADDRESS THE PARTIES WILL HAVE AFTER MARRIAGE</b><br><small>(Will not appear on marriage certificate, but will be mailed to this address.)</small>                               | ADDRESS (Name & Street)  |             |           |
|  | CITY   | STATE       | ZIP CODE  |
| 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? | FIRST APPLICANT<br><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHAT IS THE JURISDICTION:  |             |           |
|  | SECOND APPLICANT<br><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHAT IS THE 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 the marriage except as authorized by Minnesota Statute 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 License Application (Title 42, US Code Sec 666 (a) (13) (a) MN Statutes, Section 144.223, and MN Statutes, Section 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.

We, 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 is committed to the guardianship or conservatorship of the Commissioner of Human Services for reason of development disability and there will be no legal impediments on the date this license is valid.

**FIRST APPLICANT'S SIGNATURE** \_\_\_\_\_ **PHONE #** (\_\_\_\_) \_\_\_\_\_

**SECOND APPLICANT'S SIGNATURE** \_\_\_\_\_ **PHONE #** (\_\_\_\_) \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

NICOLLE ZUEHLKE, COUNTY RECORDER BY \_\_\_\_\_ DEPUTY

**\*\*\*Notice: marriage must be performed within the geographical border of Minnesota. (MN Statutes 517.07)\*\*\***

**HAVE THE PARTIES RECEIVED 12 HOURS OF MARRIAGE COUNSELING TO RECEIVE THE REDUCED MARRIAGE FEE?**  NO  YES updated 2019