

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)

STATE OF MINNESOTA, COUNTY OF RENVILLE

BOOK LL PAGE

1 A P P L I C A N T	NAME (FIRST) (MIDDLE) (LAST)				
	ADDRESS (RESIDENCE AND PO BOX)		CITY	COUNTY	STATE ZIP
	AGE	BIRTHDATE	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	SEX M F	RACE
	SOCIAL SECURITY NO.			I CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER. SIGNATURE REQUIRED:	
	NO. OF PREVIOUS MARRIAGES	HOW LAST MARRIAGE TERMINATED (DEATH, DIVORCE, ANNULMENT)	DATE TERMINATED (MM/DD/YYYY)	PLACE TERMINATED (i.e. COUNTY)	COURT (i.e. DISTRICT COURT)
	PREVIOUS MARRIED NAME (FIRST) (MIDDLE) (LAST)				

2 A P P L I C A N T	NAME (FIRST) (MIDDLE) (LAST)				
	ADDRESS (RESIDENCE AND PO BOX)		CITY	COUNTY	STATE ZIP
	AGE	BIRTHDATE	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	SEX M F	RACE
	SOCIAL SECURITY NO.			I CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER. SIGNATURE REQUIRED:	
	NO. OF PREVIOUS MARRIAGES	HOW LAST MARRIAGE TERMINATED (DEATH, DIVORCE, ANNULMENT)	DATE TERMINATED (MM/DD/YYYY)	PLACE TERMINATED (i.e. COUNTY)	COURT (i.e. DISTRICT COURT)
	PREVIOUS MARRIED NAME (FIRST) (MIDDLE) (LAST)				

IF EITHER OF THE PARTIES IS UNDER 18 YEARS OF AGE, GIVE THE NAME AND ADDRESS OF HIS/HER PARENTS, GUARDIAN, OR COURT (MS 517.02).	NAME: ADDRESS:
ARE THE PARTIES RELATED TO EACH OTHER BY BLOOD OR ADOPTION? YES NO	IF YES, WHAT IS THE RELATIONSHIP?

GIVE THE NAMES THE PARTIES WILL HAVE AFTER MARRIAGE:	1 st APPLICANT'S NAME (FIRST) (MIDDLE) (LAST) 2 nd APPLICANT'S NAME (FIRST) (MIDDLE) (LAST)
ADDRESS THE PARTIES WILL HAVE AFTER MARRIAGE:	ADDRESS (RESIDENCE AND PO BOX) 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? PLEASE ATTACH ALL DOCUMENTS SERVED AND PROOF OF SERVICE PER MS 259.13.	1 st APPLICANT NO YES IF YES, JURISDICTION: DATE OF SERVICE: 2 nd APPLICANT NO YES IF YES, JURISDICTION: DATE OF SERVICE:

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.

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 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 MARRIAGE LICENSE AND SOLEMNLY SWEAR, UNDER PENALTY OF PERJURY, 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 I UNDERSTAND MINNESOTA STATUTE 259.13 CONCERNING FELONY CONVICTIONS AND NAME CHANGES.

SIGNATURE(S) X _____ X _____
 PHONE NUMBER _____ PHONE NUMBER _____
 SUBSCRIBED AND SWORN to before me this day of , 20 .

GAIL M. MILLER, RENVILLE 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"/> RELIGIOUS <input type="checkbox"/> CIVIL
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