

**APPLICATION FOR CIVIL MARRIAGE LICENSE SUPPLEMENT
FOR PARTY NOT APPEARING**

If one of the parties cannot appear in person at the Local Registrar’s Office at the time of application for civil marriage, the applicant appearing will complete the full application supplying all of the information for both parties. **This supplemental application must be completed by the non-appearing civil marriage applicant**, but may be submitted by the appearing party when they come in to our office to sign.

1. Full Legal Name _____
2. Full Legal Name after Civil Marriage

3. Felony Information

- 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 civil marriage except as authorized by Minnesota statute 259.13, and doing so is a gross misdemeanor.
- *I hereby swear or affirm that I have either committed no felony crimes under any Law, or if I have committed a felony crime, that I have complied with the notice requirements as set forth in Minnesota Statutes. I understand that a person who has a felony conviction who does not comply with Minnesota Statute 259.13 and uses a different name after civil marriage than what was used before is guilty of a gross misdemeanor.*

DO YOU 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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, JURISDICTION: _____ <i>If yes and the party wants to change his/her name, a copy of the affidavit of service is required.</i>

4. Social Security Number

- Tennessee 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 civil 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. 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.

SOCIAL SECURITY NO. 	I CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER: SIGNATURE REQUIRED:
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5. Certification to accuracy of Civil Marriage Application as shown on the reverse side of this form

- *I hereby certify that I am a party listed on this civil marriage application. I was unable to appear in person to make this application. I have reviewed the information supplied by the party appearing and certify to the accuracy of the information. I declare upon oath that all of the answers and statements of fact on the civil marriage application are true and correct, that I do not have a spouse living, that I am not a mentally deficient person committed to the guardianship or conservatorship of the Commissioner of Human Services.*

Signature: _____
(Must be Notarized)

State of Minnesota,
County of _____ ss.
This instrument was acknowledged before me this _____ day of _____, 20_____ .

Notary Public Signature **Notary seal**

Please Note: If the appearing party did not provide this completed form when they signed the application at our office, you may:

- a. FAX to our office at: 320-656-3932
- b. Mail it to our office at: Stearns County License Center, Administration Center, Room 130, 705 Courthouse Square, St Cloud, MN 56303
- c. Or Bring it in person