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 MN WITHIN SIX MONTHS FROM THE DATE OF LICENSE)

STATE OF MINNESOTA, COUNTY OF MCLEOD

APPLICANT 1	NAME (FIRST)	(MIDDLE)	(LAST)			**(SOCIAL SECURITY NO.)
	ADDRESS (NAME AND STREET)		CITY	COUNTY	STATE	ZIP
	AGE	BIRTHDATE	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	SEX	RACE	
	NO. OF PREVIOUS MARRIAGES	HOW LAST MARRIAGE TERMINATED (DEATH, DIVORCE, ANNULMENT)	DATE TERMINATED	PLACE TERMINATED	COURT	
	PREVIOUS MARRIED NAME (FIRST)	(MIDDLE)	(LAST)			
APPLICANT 2	NAME (FIRST)	(MIDDLE)	(LAST)			**(SOCIAL SECURITY NO.)
	ADDRESS (NAME AND STREET)		CITY	COUNTY	STATE	ZIP
	AGE	BIRTHDATE	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	SEX	RACE	
	NO. OF PREVIOUS MARRIAGES	HOW LAST MARRIAGE TERMINATED (DEATH, DIVORCE, ANNULMENT)	DATE TERMINATED	PLACE TERMINATED	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 OR GUARDIAN.	NAME: ADDRESS:
ARE THE PARTIES RELATED TO EACH OTHER BY BLOOD OR ADOPTION? **YES** **NO X**	IF YES, WHAT IS THE RELATIONSHIP?
GIVE THE NAMES THE PARTIES WILL HAVE AFTER MARRIAGE:	APPLICANT 1'S NAME (FIRST) (MIDDLE) (LAST) APPLICANT 2'S NAME (FIRST) (MIDDLE) (LAST)
ADDRESS THE PARTIES WILL HAVE AFTER MARRIAGE:	ADDRESS (NUMBER AND STREET) 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 NO X YES IF YES, JURISDICTION: APPLICANT 2 NO X YES IF YES, 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 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. 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. **OR IF NONE PROVIDED, I CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER.
****Applicant 1 _____ **Applicant 2 _____**

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; AND THAT NEITHER OF US IS A MENTALLY DEFICIENT PERSON COMMITTED TO THE GUARDIANSHIP OR CONSERVATORSHIP OF THE COMMISSIONER OF HUMAN SERVICES.

SIGNATURE 1 _____ PHONE NUMBER (_____) _____

SIGNATURE 2 _____ PHONE NUMBER (_____) _____

SUBSCRIBED AND SWORN to before me this day of , 20

BY: _____, DEPUTY

OFFICE USE ONLY		DATE ISSUED	☐ MAIL – G ☐ MAIL – B ☐ PICK UP	PAYMENT TYPE ☐ CASH ☐ CHECK	DATE OF MARRIAGE	PLACE OF MARRIAGE	CEREMONY TYPE ☐ RELIGIOUS ☐ CIVIL