

APPLICATION FOR MINNESOTA CIVIL MARRIAGE LICENSE
LICENSE VALID FOR SIX MONTHS FROM DATE OF ISSUE
NO REFUNDS

STATE OF MINNESOTA, COUNTY OF ITASCA DOCUMENT NUMBER _____

FIRST APPLICANT'S FIRST NAME		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 <input type="checkbox"/> F <input type="checkbox"/> M
NO. OF PREVIOUS MARRIAGE	HOW LAST MARRIAGE TERMINATED <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT	DATE TERMINATED ____ / ____ / ____	COUNTY/STATE TERMINATED	COURT TERMINATED	
PREVIOUS MARRIED NAME FIRST		MIDDLE	LAST		
SECOND APPLICANT'S FIRST NAME		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 <input type="checkbox"/> F <input type="checkbox"/> M
NO. OF PREVIOUS MARRIAGE	HOW LAST MARRIAGE TERMINATED <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT	DATE TERMINATED ____ / ____ / ____	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 <input type="checkbox"/> YES IF YES, WHAT IS THE RELATIONSHIP?		
GIVE THE NAMES THE PARTIES WILL HAVE AFTER MARRIAGE	FIRST NAME	MIDDLE NAME	LAST NAME
	FIRST NAME	MIDDLE NAME	LAST NAME
ADDRESS THE PARTIES WILL HAVE AFTER MARRIAGE <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 <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHAT IS THE JURISDICTION:		
	SECOND APPLICANT <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 2021