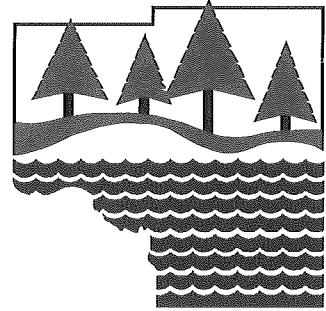


NICOLLE ZUEHLKE
COUNTY RECORDER/REGISTRAR
 Itasca County Courthouse
 123 N.E. 4th Street
 GRAND RAPIDS, MINNESOTA 55744-2600
 (218) 327-2856 • FAX (218) 327-0689



CERTIFICATE OF FILING

MS 517.04 SOLEMNIZATION PERSONS AUTHORIZED TO PERFORM MARRIAGES. Marriages may be solemnized throughout the state by an individual who has attained the age of 21 years and is a judge of a court of record, a retired judge of a court of record, a court administrator, a retired court administrator with the approval of the chief judge of the judicial district, a former court commissioner who is employed by the court system or is acting pursuant to an order of the chief judge of the commissioner's judicial district, the residential school administrators of the Minnesota State Academy for the Deaf and the Minnesota State Academy for the Blind, a licensed or ordained minister of any religious denomination, or by any mode recognized in section 517.18.

MS 517.05 CREDENTIALS OF MINISTER: Ministers of any religious denomination, before they are authorized to solemnize a marriage, shall file a copy of their credentials of license or ordination or, if their religious denomination does not issue credentials, authority from the minister's spiritual assembly, with the local registrar of a County in this state, who shall record the same and give a certificate thereof. The place where the credentials are recorded shall be endorsed upon and recorded with each certificate of marriage granted by a minister.

I do hereby acknowledge that I have read the above Minnesota State Statutes & confirm that I qualified under MS 517.04 to perform marriage & believe the attached document is in compliance with MS 517.05.

 My authority to perform marriages expires on _____
 My authority to perform marriages has no expiration date.

Dated: _____ Phone Number: _____ Fax #: _____

Minister Prints Name: _____ Other: _____

 (Signature of Minister) (Address)

Signature MUST BE NOTARIZED if applying by Mail or Fax.
 Signed or attested before me on (date): _____
 Signature of Notary Public: _____ SEAL
 My commission expires (date): _____

STATE OF MINNESOTA
 COUNTY OF ITASCA

The documentation you have presented, which you state is in compliance with MS 517.05, has been filed in this office on ___ day of _____, 20____.

ID Checked: ___ Copied Credentials: ___ Age 21: ___ Copied Cert. of Filing For Minister: _____
 Received by Fax or Mail (notarized)? Fax # _____, Address _____
 _____ or Received In Person _____

By: _____ Office Use: Revised 8-1-09 (includes statute changes 8-1-09)
 (insert name & title of local registrar or deputy recorder)