



# MARRIAGE LICENSE APPLICATION

## ITASCA COUNTY, MINNESOTA

**FOR CEREMONY TO BE PERFORMED IN MINNESOTA ONLY (MN STATUTE 517.07)  
VALID FOR SIX MONTHS FROM DATE OF LICENSE – NO REFUNDS**

FIRST APPLICANT	FIRST NAME		MIDDLE NAME		LAST NAME		
	ADDRESS (Number & Street / PO Box)		CITY	COUNTY		STATE	ZIP CODE
	AGE	BIRTHDATE	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		SEX <input type="checkbox"/> F <input type="checkbox"/> M		SOCIAL SECURITY NUMBER or I certify that I do not have a Social Security Number.
	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	
	PREVIOUS MARRIED NAME    FIRST		MIDDLE			LAST	

SECOND APPLICANT	FIRST NAME		MIDDLE NAME		LAST NAME		
	ADDRESS (Number & Street)		CITY	COUNTY		STATE	ZIP CODE
	AGE	BIRTHDATE	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		SEX <input type="checkbox"/> F <input type="checkbox"/> M		SOCIAL SECURITY NUMBER or I certify that I do not have a Social Security Number.
	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	
	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?
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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 (Number & Street / PO Box)		
	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
	SECOND APPLICANT <input type="checkbox"/> NO <input type="checkbox"/> YES

**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.

**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.

**HAVE THE PARTIES RECEIVED 12 HOURS OF MARRIAGE COUNSELING TO RECEIVE THE REDUCED MARRIAGE FEE?**    NO    YES    updated 8/23