

FIRST APPLICANT	FULL LEGAL NAME	(FIRST)	(MIDDLE)	(LAST)	SEX <input type="checkbox"/> M <input type="checkbox"/> F		
	ADDRESS (NUMBER & STREET)		EMAIL ADDRESS		AGE	BIRTHDATE	PHONE NUMBER
	CITY, VILLAGE OR TOWNSHIP		COUNTY	STATE	ZIP CODE	SOCIAL SECURITY #	I CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER <input type="checkbox"/> (check box)
	PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input type="checkbox"/> YES	PREVIOUS MARRIED NAME: (FIRST) (MIDDLE) (LAST)	IF YES, HOW WAS LAST MARRIAGE TERMINATED? <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT		CITY, COUNTY, & STATE OF TERMINATION DATE _____		

SECOND APPLICANT	FULL LEGAL NAME	(FIRST)	(MIDDLE)	(LAST)	SEX <input type="checkbox"/> M <input type="checkbox"/> F		
	ADDRESS (NUMBER & STREET)		EMAIL ADDRESS		AGE	BIRTH DATE	PHONE NUMBER
	CITY, VILLAGE OR TOWNSHIP		COUNTY	STATE	ZIP CODE	SOCIAL SECURITY #	I CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER <input type="checkbox"/> (check box)
	PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input type="checkbox"/> YES	PREVIOUS MARRIED NAME: (FIRST) (MIDDLE) (LAST)	IF YES, HOW WAS LAST MARRIAGE TERMINATED? <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT		CITY, COUNTY & STATE OF TERMINATION DATE _____		

ARE THE APPLICANTS RELATED TO EACH OTHER BY BLOOD OR ADOPTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, STATE RELATIONSHIP	LICENSE VALID FOR SIX MONTHS FROM DATE OF ISSUE - NO REFUNDS	NOTICE: Marriage must be performed within the geographical borders of Minnesota. MN Statute 517.07
---	---	---

Minnesota Statute 144.223, 517.08 subd. 1a(8) Federal and state law requires that an applicant's Social Security number, if any, be collected on the marriage license application. If you have a Social Security number, you are required to provide it. State law requires this number be reported to the Minnesota Department of Health, and it will be kept private. If necessary, your Social Security number may be used to help obtain financial support for your child.

Minnesota Statute 259.13, subdivision 1, requires a person who committed a felony crime under any law, on or after August 1, 2000, to serve a notice of application for a name change on the prosecuting authority for the crime when seeking a name change as a part of the marriage license. If the prosecuting authority is located in another state, the Attorney General must also be served.

Minnesota Statute 259.115, provides that if a person who committed a felony crime under any law, on or after August 1, 2000, uses a different surname after marriage than what was used before marriage, without complying with section 259.13, that person is guilty of a gross misdemeanor.

Minnesota Statute 517.08, subdivision 1b, provides that if a person committed a felony crime under any law, on or after August 1, 2000, is applying for a marriage license, the court administrator shall either grant the marriage license without the requested name change or delay its granting until the person: (1) certifies that 30 days have passed since the notice of name change upon the prosecuting authority, and if applicable, the Attorney General, and no objections have been made; or (2) provides a certified copy of a court order granting the name change. The parties seeking the marriage license have the choice of whether to have the license granted without the name change or to delay its granting pending further action on the name change request.

FULL LEGAL NAME AFTER MARRIAGE				
FIRST APPLICANT:	(FIRST)	(MIDDLE)	(LAST)	
SECOND APPLICANT:	(FIRST)	(MIDDLE)	(LAST)	
AFTER MARRIAGE – THE CERTIFIED COPY OF THE MARRIAGE CERTIFICATE SHOULD BE SENT TO:				
ADDRESS (NUMBER & STREET)		CITY, VILLAGE OR TOWNSHIP	STATE	ZIP CODE
DOES ONE OR BOTH APPLICANTS HAVE A FELONY CONVICTION FOR A CRIME COMMITTED ON OR AFTER AUGUST 1, 2000?				
FIRST APPLICANT: NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, JURISDICTION _____ DATE OF SERVICE _____ ATTACH COPY OF PROOF OF SERVICE.				
SECOND APPLICANT: NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, JURISDICTION _____ DATE OF SERVICE _____ ATTACH COPY OF PROOF OF SERVICE				
If EITHER applicant has committed a felony crime under any law, on or after August 1 2000, or is assuming a different name after marriage, proof of service of a notice of application for a name change is required by Minnesota Statutes 259.13, 259.115, and 517.08 must be attached.				

I hereby solemnly affirm that I have read and understood the statutes written above, and swear that I either have committed no felony crimes under any law, on or after August 1, 2000, or if I have committed a felony crime on or after August 1, 2000, that I have fully complied with the notice of name change as required by Minnesota Statutes, **AND** I hereby solemnly affirm, under penalty of perjury, that all of the above statements of fact are true in every respect; that we are no nearer of kin than the first cousins once removed; that neither is committed to the guardianship or conservatorship of the commissioner of human services for reason of developmental disability, without written consent of the commissioner of human services if necessary pursuant to Minn. Stat. § 517.03 subd. 2; that there will be no legal impediment to this marriage on the date the license is valid; and that neither of us has a spouse living.

DO NOT SIGN UNTIL DIRECTED

× _____ × _____
FIRST APPLICANT signature **SECOND APPLICANT signature**

_____ **COUNTY STAFF signature** _____ **ISSUE DATE** _____