

HENNEPIN COUNTY		STATE OF MINNESOTA				CARTRIDGE NO.	
DIRECTOR OF LICENSING		MARRIAGE LICENSE APPLICATION (YOU MUST PRINT IN BLACK INK) LICENSE VALID FOR SIX MONTHS FROM DATE OF ISSUE - NO REFUNDS				IMAGE NO.	
GROOM	FULL LEGAL NAME		NAME (FIRST) (MIDDLE) (LAST)		SEX <input type="checkbox"/> M <input type="checkbox"/> F		
	ADDRESS (NUMBER & STREET)					SOCIAL SECURITY NUMBER	
	CITY, VILLAGE OR TOWNSHIP			COUNTY	STATE	ZIP CODE	AGE BIRTH DATE
	HOW WAS LAST MARRIAGE TERMINATED? <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT			COMPLETE DATE OF LAST TERMINATION	COUNTY, STATE & COURT OF TERMINATION		PREVIOUS MARRIED NAME
BRIDE	FULL LEGAL NAME		NAME (FIRST) (MIDDLE) (LAST)		SEX <input type="checkbox"/> M <input type="checkbox"/> F		
	ADDRESS (NUMBER & STREET)					SOCIAL SECURITY NUMBER	
	CITY, VILLAGE OR TOWNSHIP			COUNTY	STATE	ZIP CODE	AGE BIRTH DATE
	HOW WAS LAST MARRIAGE TERMINATED? <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT			COMPLETE DATE OF LAST TERMINATION	COUNTY, STATE & COURT OF TERMINATION		PREVIOUS MARRIED NAME
IF EITHER PARTY IS A MINOR, NAME AND ADDRESS OF THE MINOR'S PARENTS OR GUARDIAN.							
ARE THE BRIDE AND GROOM RELATED TO EACH OTHER BY BLOOD OR ADOPTIONS <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, STATE RELATIONSHIP		STATE THE FULL NAME AND DATE OF BIRTH OF ANY CHILD OF WHICH BOTH PARTIES ARE PARENTS, BORN BEFORE THE MAKING OF THE APPLICATION UNLESS PARENTAL RIGHTS HAVE BEEN TERMINATED.		
COMPLETE ADDRESS OF BRIDE AND GROOM AFTER MARRIAGE STREET: CITY/STATE/ZIP:					NAME BIRTH DATE		

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(9).

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, 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 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.

COMPLETE NAMES OF PARTIES AFTER MARRIAGE					
FIRST	MIDDLE	LAST	AND	FIRST	MIDDLE LAST
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? Bride <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Jurisdiction _____ Groom <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Jurisdiction _____					
If Bride or Groom has committed a felony crime under any law, on or after August 1, 2000, and is assuming a different surname after marriage, documents served on the prosecuting attorney and proof of service as required by Minnesota Statutes 259.13, 258.115, and 517.08 must be attached.					
Attach copy of all documents served including Proof of Service		Dates of Service _____		Deputy Registrar: _____	

I hereby solemnly swear 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, that I have fully complied with the notice of name change as required by Minnesota statutes.

AND

I hereby solemnly swear, under penalty of perjury, that the 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 Public welfare without written consent of the Commissioner of Public Welfare; that there is no legal impediment to this marriage; that neither of us has a spouse living and one of the applicants is a man and the other is a woman.

X _____
Groom's signature (must be signed in the presence of a Notary/Deputy)

X _____
Bride's signature (must be signed in the presence of a Notary/Deputy)

SUBSCRIBED AND SWORN TO BEFORE ME THIS

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, 20__.

_____ DAY OF _____, 20__.

NOTARY/DEPUTY

NOTARY/DEPUTY

DATE OF APPLICATION _____

DATE LICENSE ISSUED _____

HC2910(8/00)

SECTION OF VITAL STATISTICS

GROOM	NAME(PRINT CLEARLY)FIRST			MIDDLE			LAST												
	STREET AND NUMBER						SOCIAL SECURITY NUMBER												
	CITY, VILLAGE OR TOWNSHIP				COUNTY			STATE ZIPCODE											
	AGE	BIRTHDATE	BIRTHPLACE(STATE OR FOREIGN COUNTRY)		RACE	HOW LAST MARRIAGE TERMINATED <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT													
BRIDE	NAME(PRINT CLEARLY)FIRST			MIDDLE			LAST												
	STREET AND NUMBER						SOCIAL SECURITY NUMBER												
	CITY, VILLAGE OR TOWNSHIP				COUNTY			STATE ZIPCODE											
	AGE	BIRTHDATE	BIRTHPLACE(STATE OR FOREIGN COUNTRY)		RACE	HOW LAST MARRIAGE TERMINATED <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT													
COMPLETE NAMES AFTER MARRIAGE		GROOM - FIRST			MIDDLE			LAST			BRIDE - FIRST			MIDDLE			LAST		

I/we hereby certify that the above statement of facts is in every respect true and correct to the best of my/our knowledge and belief.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

TO BE COMPLETED BY COUNTY CLERK

PLACE OF MARRIAGE (CITY)	DATE OF MARRIAGE	TYPE OF CEREMONY (SPECIFY) <input type="checkbox"/> CIVIL <input type="checkbox"/> RELIGIOUS
TO THE APPLICANT: Pursuant to Minnesota Statutes 1967, Section 517.08 as amended, the personal information necessary to complete the upper portion of the report shall be furnished by the applicant(s) prior to issuance of the license. (The omission of information on race will not be considered sufficient grounds for withholding the license.) HC 1221(7/01)		I certify that the records on file in this office show that the above were married on the date shown. SIGNATURE _____ DATE ____/____/____