

- Full Price
- Reduced

Application for Marriage License

License valid for six months from date of issue – **NO REFUNDS**

STATE OF MINNESOTA, COUNTY OF SHERBURNE

FILE#

GROOM	Current Name				COMPLETE NAME (FIRST) (MIDDLE) (LAST)		SOCIAL SECURITY NO.	
	AGE	BIRTHDATE	BIRTHPLACE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F		I CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER. SIGNATURE REQUIRED.		
	ADDRESS (NUMBER & STREET)						X	
	CITY			COUNTY		STATE	ZIP	
	NO. OF PREVIOUS MARRIAGES	HOW LAST MARRIAGE TERMINATED (DEATH, DIVORCE, ANNULMENT)		DATE TERMINATED (MM/DD/YYYY)	WHERE TERMINATED (IE: COUNTY)		COURT (IE: DISTRICT, CIRCUIT)	
	PREVIOUS MARRIED NAME (FIRST) (MIDDLE) (LAST)							

BRIDE	Current Name				COMPLETE NAME (FIRST) (MIDDLE) (LAST)		SOCIAL SECURITY NO.	
	AGE	BIRTHDATE	BIRTHPLACE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F		I CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER. SIGNATURE REQUIRED.		
	ADDRESS (NUMBER & STREET)						X	
	CITY			COUNTY		STATE	ZIP	
	NO. OF PREVIOUS MARRIAGES	HOW LAST MARRIAGE TERMINATED (DEATH, DIVORCE, ANNULMENT)		DATE TERMINATED (MM/DD/YYYY)	WHERE TERMINATED (IE: COUNTY)		COURT (IE: DISTRICT, CIRCUIT)	
	PREVIOUS MARRIED NAME (FIRST) (MIDDLE) (LAST)							

IF EITHER OF THE PARTIES IS UNDER 18 YEARS OF AGE , GIVE THE NAME AND ADDRESS OF HIS/HER PARENTS OR GUARDIAN.	NAME:
	ADDRESS:
DOES BLOOD OR ADOPTION RELATE THE PARTIES TO EACH OTHER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS THE RELATIONSHIP?
GIVE THE NAMES THE PARTIES WILL HAVE AFTER MARRIAGE:	GROOM (FIRST) (MIDDLE) (LAST)
	BRIDE (FIRST) (MIDDLE) (LAST)
ADDRESS THE PARTIES WILL HAVE AFTER MARRIAGE: (WILL APPEAR ON MARRIAGE CERTIFICATE AND WILL BE MAILED TO)	ADDRESS (NUMBER & STREET)
	CITY STATE ZIP
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?	GROOM : <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, JURISDICTION:
	BRIDE : <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, JURISDICTION:

PLEASE STOP HERE

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 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, sec 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 declare upon oath that all of the above answers and statements of facts are true and correct; that neither of us has a spouse living; that neither of us is a mentally deficient person committed to the guardianship or conservatorship of the Commissioner of Human Services, and that one applicant is a man and the other is a woman.

SIGNATURE X _____ PHONE NUMBER (_____) _____

SIGNATURE X _____ PHONE NUMBER (_____) _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____ MICHELLE ASHE, SHERBURNE COUNTY RECORDER

BY: _____, DEPUTY

OFFICE USE ONLY	DATE ISSUED:	ISSUED VIA: <input type="checkbox"/> MAIL B / G <input type="checkbox"/> PICK UP	PAYMENT TYPE: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK	TENTATIVE MARRIAGE DATE:	ACTUAL DATE OF MARRIAGE:	PLACE OF MARRIAGE:	CEREMONY TYPE: <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> CIVIL
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