

Reduced Marriage Fee Educators Statement

Instructions: Both parties' names MUST match the names on the marriage license application.
Please print.

Once complete, print form on Educator's Letterhead.

"I, _____, confirm that _____ and
Name of Educator Party #1 complete name

_____ received at least 12 hours premarital education that
Party #2 complete name

included the use of a premarital inventory and the teaching of communication and conflict management skills, I am a licensed or ordained minister, a person authorized to solemnize marriage under Minnesota Statutes, sections 517.17, or a person licensed to practice marriage and family therapy under Minnesota Statutes, section 148B.33."

Date: _____

Signature of Educator

Print name

Address

Phone Number

State of Minnesota
County of _____

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Notary Public Signature

(Notary seal below)