APPLICATION FOR MARRIAGE LICENSE STATE OF MINNESOTA, COUNTY OF DAKOTA

	(Marriage must be j	performed within the g	eographical	boundaries of	f Minnesota with	in six months from	m the date of the license)	
	NAME (Last)	(First)		(M	liddle)		Number of previous marriages	
G R O O M	ADDRESS (Number and Street)						How last marriage terminated (Death, Divorce or Legal Annulment)	
	СІТУ	COUNTY	COUNTY		STATE	ZIP	_	
	PLEASE My Social Security # is: I certify that I do not have a Social Security # (Signature Required): CHECK ONE: (Signature Required):						Date of termination	
	DAYTIME PHONE	AGE	AGE BIRTHDATE		SEX		County of termination	
	PREVIOUS MARRIED NAME ((Last) (First)	(First)		(Middle)		City and state of termination	
	Does the Groom have a felony con August 1, 2000 under MN law or t	If yes, what jurisdiction?						
B R I D E	NAME (Last)	(First)	(First) ((Middle)		Number of previous marriages	
	ADDRESS (Number and Street)						How last marriage terminated (Death, Divorce or Legal Annulment)	
	СІТУ	COUNTY			STATE	ZIP	-	
	PLEASE My Social CHECK ONE:	Date of termination						
	DAYTIME PHONE	AGE	AGE BIRTHDATE		SEX		County of termination	
	PREVIOUS MARRIED NAME ((Last) (First)	(First)		(Middle)		City and state of termination	
	Does the Bride have a felony conv August 1, 2000 under MN law or t	If yes, what jurisdiction?						
	he parties related to each other by blood or adoption?	If yes, what is the relati	18 years		ne parties is under ge, give the name	NAME		
				and address of his/her legal custodial parent or guardian.		ADDRESS		
	e: a party who has a felony conviction ent name after marriage except as author		U	· ·			state or federal jurisdiction may not use a	
Complete names of parties AFTER /ARRIAGE		GROOM'S NAME (La		(First)		(Middle)		
		BRIDE'S NAME (Last		(First)		(Middle)		
	ess the parties will have AFTER RIAGE	ADDRESS (Number a	nd Street)				•	
		СІТҮ		STATE		ZIP		
ATI		ly for a license to marry	and declare	upon oath tha	t all of the above a	inswers and statem	Lents of fact are true and correct; that neith	
	has a spouse living; that neither of us f the applicants is a man and the oth		person comn	nitted to the gu	ardianship or cor	servatorship of the	e commissioner of human services, and that OFFICE USE ONLY	

		011101 001 01111	
SIGNATURE OF GROOM		Date License	☐ Mail
SIGNATURE OF BRIDE		Issued	
Subscribed and sworn to me this	day of		Pick-up
Joel T. Beckman	By	Premarital Ed	Supplemental
County Treasurer-Auditor	Deputy	Y N	No G B

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, sec. 144.223, and MN Statutes, sec. 517.08, subd. 1a (1997). Your social security number is reported to the MN Dept of Health and will be kept private. If necessary your social security number may be used to help obtain financial support of your child.