

Record Number

APPLICATION FOR MARRIAGE LICENSEFOR CEREMONY TO BE PERFORMED IN MINNESOTA ONLY
VALID FOR SIX MONTHS FROM DATE ON LICENSE - NO REFUND

STATE OF MINNESOTA

(PLEASE PRINT)

COUNTY OF RAMSEY

GROOM - MALE	NAME (First) (Middle) (Last)			Have you been previously married?	
	ADDRESS (Number and Street, Apt.)		PHONE/ WORK/HOME ()	How last marriage was terminated Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/>	
	CITY OR TOWNSHIP	COUNTY	STATE	ZIP	Date of Termination or Death
	AGE	BIRTHDATE	BIRTHPLACE (State or foreign country)	SS#	Place
	PREVIOUS MARRIED NAME (First) (Middle) (Last)			Court where divorced / annulled	
BRIDE - FEMALE	NAME (First) (Middle) (Last)			Have you been previously married?	
	ADDRESS (Number and Street, Apt.)		PHONE/ WORK/HOME ()	How last marriage was terminated Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/>	
	CITY OR TOWNSHIP	COUNTY	STATE	ZIP	Date of Termination or Death
	AGE	BIRTHDATE	BIRTHPLACE (State or foreign country)	SS#	Place
	PREVIOUS MARRIED NAME (First) (Middle) (Last)			Court where divorced / annulled	

IF EITHER OF THE PARTIES IS UNDER 18 YEARS OF AGE, GIVE THE NAME AND ADDRESS OF HIS/HER PARENTS OR GUARDIAN

NAME(S) and ADDRESS(ES)

ARE THE PARTIES RELATED TO EACH OTHER BY BLOOD OR ADOPTION? Yes No

If yes, what is the relationship?

GIVE THE NAME AND DATE OF BIRTH OF ANY CHILD(REN) OF WHICH **BOTH PARTIES ARE THE PARENTS** UNLESS THE PARENTAL RIGHTS HAVE BEEN TERMINATED.

NAME(S) and DATE OF BIRTH(S)

GIVE THE NAMES THE PARTIES WILL HAVE AFTER MARRIAGE:

MALE'S NAME (First) (Middle) (Last)

FEMALE'S NAME (First) (Middle) (Last)

MAILING ADDRESS AFTER MARRIAGE:

ADDRESS

CITY

STATE

ZIP

Minnesota Statute 259.13, subdivision 1, requires a person who committed a felony crime under any law, to serve a notice of application for a name change on the prosecuting authority for the crime when seeking a name change as 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, 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, 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.If Bride or Groom has committed a felony crime under any and is assuming a different surname after marriage, has proof of service been provided as required by Minnesota Statutes 259.13, 258.115, and 517.08? YES NO Date of Service _____ Deputy Int: _____

I hereby solemnly swear that I have read and understood the statutes and that I either have committed no felony crimes under any law, or if I have committed a felony crime, that I have fully complied with the notice of name change as required by the statutes. (See attached if applicant changing name is not present)

Signatures **X** _____ **X** _____

I, the undersigned, hereby apply for a license to marry and declare upon oath that all the above answers and statements of fact 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 of the applicants is a man and the other a woman.

Signatures **X** _____ **X** _____**X** _____

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

LOCAL REGISTRAR By _____

(Deputy)

MARRIAGE DATE SET FOR: _____

MN Stat 517.08 Subd.1a requires your social security number to be on this form. This data is considered private under Minnesota Statute 15.165, but we will not be able to process this application without it.

OFFICE USE ONLY

DATE LICENSE ISSUED

PLACE OF MARRIAGE

DATE OF MARRIAGE

TYPE OF CEREMONY
CIVIL RELIGIOUS