NO REFUNDS

APPLICATION FOR MARRIAGE LICENSE

License is Valid for Six Months from the validity date and the marriage must be performed within the geographical boundaries of Minnesota.

FIRST APPLICANT **State of Minnesota, County of Washington** **File # 1221632 _____**

COMPLETE CURRENT NAME (First)		(Middle)	(Last)		
*SOCIAL SECURITY NO.		**OR**, I CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER: SIGNATURE REQUIRED:			
ADDRESS (Number & Street)		CITY	STATE	COUNTY	ZIP
AGE	BIRTHDATE	BIRTHPLACE (State or Foreign Country)	SEX FEMALE ☐ MALE ☐	WARD OF STATE YES ☐ NO ☐	
Complete the following if you were married previously.	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)		

SECOND APPLICANT

COMPLETE CURRENT NAME (First)		(Middle)	(Last)		
*SOCIAL SECURITY NO.		**OR,** I CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER: SIGNATURE REQUIRED:			
ADDRESS (Number & Street)		CITY	STATE	COUNTY	ZIP
AGE	BIRTHDATE	BIRTHPLACE (State or Foreign Country)	SEX FEMALE ☐ MALE ☐	WARD OF STATE YES ☐ NO ☐	
Complete the following if you were married previously.	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)		

**Does one or both of the applicants have a felony conviction for a crime committed on or after August 1, 2000, under MN law or the law of another state or federal jurisdiction?	First Applicant No ☐ Yes ☐ If Yes, Jurisdiction: Second Applicant No ☐ Yes ☐ If Yes, Jurisdiction:
IF EITHER OF THE APPLICANTS IS **UNDER 18 YEARS OF AGE**, GIVE THE NAME AND ADDRESS OF HIS/HER LEGAL CUSTODIAL PARENT(S), GUARDIAN OR COURT (MS 517.02):	Names Address:
ARE THE APPLICANTS RELATED TO EACH OTHER BY BLOOD OR ADOPTION? No ☐ Yes ☐ If Yes - What is the relationship:	

Give the names the applicants will have AFTER MARRIAGE: **This is a legal name change.**	First Applicant (First Name)	(Middle Name)	(Last Name)
	Second Applicant (First Name)	(Middle Name)	(Last Name)
Address the applicants will have **AFTER MARRIAGE:** (Will not appear on the marriage certificate, but it will be mailed to this address).	Address (Number & Street)		
	City	State	Zip

***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.

****Notice**: an applicant 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.

I hereby solemnly affirm that I have read and understood the statutes written above, and swear that I either have committed no felony crimes under any law or if I have committed a felony crime, that I have complied with the notice of name change as required by Minnesota statutes, AND

I hereby solemnly affirm, under penalty of perjury, that 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 human services for reason of developmental disability, without written consent of the commissioner of human services if necessary pursuant to Minn. Stat 517.03 subd. 2; that there will be no legal impediment to this marriage on the date the license is valid; and that neither of us has a spouse living.

STOP HERE –You must take the oath in front of a Local Registrar before signing.

1ST APPLICANT SIGNATURE X _____ PHONE NUMBER (_____) _____

2ND APPLICANT SIGNATURE X _____ PHONE NUMBER (_____) _____

SUBSCRIBED AND SWORN to before me this _____day of _____ , 20___ (*Jennifer Wagenius, Recorder)* Washington County.

BY: _____, DEPUTY

FEE:	PAYMENT TYPE:	DATE VALID:	ISSUED VIA:		TENTATIVE MARRIAGE DATE:
☐ FULL ☐ REDUCED	☐ CASH ☐ CHECK # _____ ☐ CREDIT CARD		☐ MAIL FIRST SECOND ☐ PICK UP Date requested_____ ☐ GIVEN AT COUNTER (Govt. Center only)	MAIN ☐ CGSD ☐ SLC ☐ FLLC ☐ WLC ☐ FLSD ☐ WSD ☐	