

NO REFUNDS

APPLICATION FOR MARRIAGE LICENSE

Fee: Full

License Valid For Six Months From Date Of Issue and Must Be Performed Within the Geographical Boundaries of Minnesota

Reduced

Groom

State of Minnesota, County of Washington

File # 1221632

COMPLETE CURRENT NAME (First)		(Middle)	(Last)		
*SOCIAL SECURITY NO.			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 <input type="checkbox"/> MALE <input type="checkbox"/>	WARD OF STATE YES <input type="checkbox"/> NO <input type="checkbox"/>
# 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

COMPLETE CURRENT NAME (First)		(Middle)	(Last)		
*SOCIAL SECURITY NO.			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 <input type="checkbox"/> MALE <input type="checkbox"/>	WARD OF STATE YES <input type="checkbox"/> NO <input type="checkbox"/>
# 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)		

**Does one or both of the parties 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:

Groom No Yes If Yes, Jurisdiction: _____

Bride No Yes If Yes, Jurisdiction: _____

IF EITHER OF THE PARTIES 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 PARTIES RELATED TO EACH OTHER BY BLOOD OR ADOPTION?
No Yes If Yes - What is the relationship: _____

Give the names the parties will have AFTER MARRIAGE: This is a legal name change.	(Groom's First Name)	(Groom's Middle Name)	(Groom's Last Name)
	(Bride's First Name)	(Bride's Middle Name)	(Bride's Last Name)

Address the parties will have AFTER MARRIAGE: (Will not appear on marriage certificate, but will be mailed to this address)	Address (Number & Street)		
	City	State	Zip

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

*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: 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.

I, the undersigned, hereby apply for a license to marry and declare upon oath that all of 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 is a woman.

SIGNATURE X _____ PHONE NUMBER (____) _____

SIGNATURE X _____ PHONE NUMBER (____) _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____ (Kevin Corbid, Recorder) Washington County.

BY: _____, DEPUTY

OFFICE USE ONLY	DATE ISSUED:	ISSUED VIA: <input type="checkbox"/> MAIL <input type="checkbox"/> PICK UP	PAYMENT TYPE: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK	TENTATIVE MARRIAGE DATE:	CEREMONY TYPE: <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> CIVIL	MAIN <input type="checkbox"/> CGSC <input type="checkbox"/> FLLC <input type="checkbox"/>	SLC <input type="checkbox"/> WLC <input type="checkbox"/>
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