

Application for Marriage License Instructions

1. Both applicants must apply in person. Although documents of identity are not required, we recommend that you have your I.D. available when completing the application to ensure your current name is completed correctly on the application. Because the marriage certificate is considered to be a legal name change document, entering your name incorrectly may cause future complications with state or federal agencies. **Washington County does not verify that the information on your application is correct, rather this is each applicant's responsibility through the oath that affirms the information you have provided on the application is true and correct.**
2. **Do Not complete this application** if you have a spouse living or you are committed to the guardianship or conservatorship of the commissioner of human services for reason of developmental disability.
3. Fee = \$115.00 - **there are NO REFUNDS**.
4. Minnesota allows for a reduced marriage license fee of \$40.00 subject to all of the following requirements:
 - A. The applicants have received at least 12 hours of pre-marital counseling or education
 - B. Provide a Premarital Educator's Statement according to Minnesota Statute 517.08 subd (1b) at the time the application is made
 - C. Complete names of the applicants (before marriage) must be identical to the legal names provided on the marriage license application.
5. Please ask a service representative for a sample of the format required for the Reduced Marriage Fee Educator's Statement. The Educator's Statement must be on letterhead, be dated, have the signature of the educator notarized (or a church seal applied) and must contain specific language. M.S. 517.08.
6. Please **print clearly**.
7. Furnish social security numbers for both applicants, an applicant may sign to certify that they do not have a Social Security Number.
8. Minnesota Statute 144.223 Requires that race is collected.
9. Dates of birth **must** be correct (mm/dd/yyyy).
10. Previous marriage information:
 - A. Provide complete date (mm/dd/yyyy) of divorce, death or annulment.
 - B. County and state in which the divorce, death or annulment occurred.
 - C. Type of court for divorce or annulment (i.e. District or Circuit).
 - D. Previous married names are required for both applicants
11. In the "After Marriage" field, complete your names as you want them to **legally** read after marriage. **This is a legal name change of your first, middle, last name, and suffix (Jr., Sr., III, etc.)**. It is important to have all legal documents in the same name. Some agencies, such as the Social Security Administration, may not accept this as proof of a name change beyond the changing of your middle and/or last name. If changing your first name, we encourage you to complete a legal name change process through the court system as the certified court order would be more universally accepted. If you have further questions regarding a name change, we advise you to seek legal counsel.
12. **Both applicants must read and comply with the affirmation section of the application**
 - A. Licenses are valid for (6) months from the date of issuance and may be used within the geographical boundaries of the State of Minnesota.
 - B. Upon receipt of your license documents, please proof read them carefully checking for any errors in names, addresses, dates of birth,
 - C. etc. Changes to information after marriage requires a form to be completed and a fee, however names cannot be altered after your marriage except through District Court.

NO REFUNDS

APPLICATION FOR MARRIAGE LICENSE

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

State of Minnesota, County of Washington

File #

FIRST APPLICANT

COMPLETE CURRENT NAME (First)			(Middle)	(Last)		
*SOCIAL SECURITY NO. OR, I CERTIFY THAT I DO NOT HAVE A US SOCIAL SECURITY NUMBER SIGNATURE REQUIRED:						RACE:
ADDRESS (Number & Street)			CITY	STATE	COUNTY	ZIP
AGE	BIRTHDATE (mm/dd/yyyy)		BIRTHPLACE (State or Foreign Country)			SEX FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>
**Does the applicant 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 <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, Jurisdiction:						
Complete the following if you were married previously.	HOW LAST MARRIAGE TERMINATED Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/>		DATE TERMINATED (mm/dd/yyyy)	COUNTY TERMINATED	COURT District <input type="checkbox"/> Circuit <input type="checkbox"/>	
APPLICANT'S 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 US SOCIAL SECURITY NUMBER SIGNATURE REQUIRED:						RACE:
ADDRESS (Number & Street)			CITY	STATE	COUNTY	ZIP
AGE	BIRTHDATE (mm/dd/yyyy)		BIRTHPLACE (State or Foreign Country)			SEX FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>
**Does the applicant 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? Second Applicant No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, Jurisdiction:						
Complete the following if you were married previously.	HOW LAST MARRIAGE TERMINATED Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/>		DATE TERMINATED (mm/dd/yyyy)	COUNTY TERMINATED	COURT District <input type="checkbox"/> Circuit <input type="checkbox"/>	
APPLICANT'S PREVIOUS MARRIED NAME (First)			(Middle)	(Last)		

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	First Applicant (First Name)	(Middle Name)	(Last Name)
	Second Applicant (First Name)	(Middle Name)	(Last Name)
AFTER MARRIAGE ADDRESS: (Will not appear on the marriage certificate, but it will be mailed to this address).	Address		
	City	State	Zip

AFFIRMATION

*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: <input type="checkbox"/> FULL <input type="checkbox"/> REDUCED	PAYMENT TYPE: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK #____ <input type="checkbox"/> OTHER	TENTATIVE MARRIAGE DATE:	<input type="checkbox"/> MAIL TO: 1 2 <input type="checkbox"/> TS <input type="checkbox"/> PICK UP Date _____ <input type="checkbox"/> Other	<input type="checkbox"/> CGSD <input type="checkbox"/> SLC <input type="checkbox"/> TS <input type="checkbox"/> FLC <input type="checkbox"/> WLC <input type="checkbox"/> FLSD <input type="checkbox"/> WSD
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