

## Reduced Marriage Fee Educator's Statement

*Instructions: Applicants full legal names MUST match the names on the marriage license application. Please print.*

"I, \_\_\_\_\_, confirm that  
Name of Educator

\_\_\_\_\_ and \_\_\_\_\_  
First Applicant - Full Legal Name Second Applicant - Full Legal Name

received at least 12 hours of premarital education that included the use of a premarital inventory and the teaching of communication and conflict management skills. I am a licensed or ordained minister, a person authorized to solemnize marriages under Minnesota Statutes, section 517.18, or a person licensed to practice marriage and family therapy under Minnesota Statutes, section 148B.33."

Date \_\_\_\_\_ Signature of Educator \_\_\_\_\_

**Educator Address:**

Street Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

State of Minnesota

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Seal  
Notary Public Signature