## **Record Number**

## **MARRIAGE LICENSE APPLICATION**

FOR CEREMONY TO BE PERFORMED IN MINNESOTA ONLY (MN Statute 517.07)
VALID FOR SIX MONTHS FROM DATE ON LICENSE – NO REFUNDS

## State of Minnesota Ramsey County

(PLEASE PRINT IN BLACK INK)

| FIRST<br>APPLICANT  | FULL LEGAL<br>NAME  | NAME (FIRST) (MIE   |  | DDLE)   |   | (LAST)  |   | PHONE (with area code)  |  |  |  |
|---|---|---|--|---|---|---|---|---|--|--|--|
|   | ADDRESS (NUMBER & STREET)   |   |  |   |   | SOCIAL SECURITY NUMBER  □ I CERTIFY THAT I <b>DO N</b> SOCIAL SECURITY NUMBER   |   |   |  |  |  |
|   | CITY, VILLAGE OR TOWNSHIP   |   |  | COUNTY  |   | STATE   | ZIP CC  | DE  | AGE  | BIRTH DATE   |  |
|   | HOW WAS LAST MARRIAGE TERMINATED?  □ DEATH □ DISSOLUTION □ ANNULMENT  |   |  | DATE OF TERMINATION OR DEATH  |   | COUNTY, STATE & COURT OF TERMINATION  |   | ION   | PREVIOUS MARRIED NAME  |  |  |
| SECOND<br>APPLICANT   | FULL LEGAL  | NAME (FIRST)  | DLE) (   |   | LAST) P   |   | PHONE (wit  | PHONE (with area code)  |  |  |  |
|   | ADDRESS (NUMBER & STREET)   |   |  |   | SOCIAL SECURITY NUMBER  |   |   | I CERTIFY THAT I <b>DO NOT</b> H  |  |  |  |
|   | CITY, VILLAGE OR TOWNSHIP   |   |  | COUNTY  |   | STATE   | ZIP CODE  |   | AGE  | BIRTH DATE   |  |
|   | HOW WAS LAST MARRIAGE TERMINATED?  ☐ DEATH ☐ DISSOLUTION ☐ ANNULMENT  |   |  | DATE OF TERMINATION OR DE   | ATH   | COUNTY, STATE & COURT OF 1  | DUNTY, STATE & COURT OF TERMINATION   |   | PREVIOUS   | MARRIED NAME   |  |
| IF EITHER AP  |   |   | ge), NAME AND ADDRESS OF THE   | MINOR'S PARENTS OR GUARDIAN   | ı   |   |   |   |  |  |  |
| ARE THE APPLICANTS RELATED TO EACH OTHER BY BLOOD OR ADOPTION YES NO IF YES, STATE RELATIONSHIP             |   |   |  |   |   |   |   |   |  |  |  |
| NAMES THE APPLICANTS WILL HAVE AFTER MARRIAGE FIRST APPLICANT: (FIRST)                                      |   |   |  |   | (MIDDLE) (LAST)   |   |   |   |  |  |  |
|   | -   |   | SECOND APPLICANT: (FIRST)  |   |   | (MIDDLE) (LAST)   |   |   |  |  |  |
| Federal an 144.223 ar Minnesota crime whe Minnesota complying Minnesota marriage li and if appl choice of v | d state law requir<br>dd MN Statutes, Si<br>a Statute 259.13, s<br>n seeking a name<br>a Statute 259.115,<br>with section 259.<br>a Statute 517.08, s<br>cense without the<br>icable, the Attorn<br>whether to have the | es that an applicar<br>ection 517.08 Sub-<br>subdivision 1, requi<br>change as a part of<br>provides that if a<br>13, is guilty of a gr<br>subdivision 1b, pro-<br>er requested name<br>ey General, and not<br>ne license granted | CITY/STATE/ZIP:  CITY/STATE/ZIP:  1. 1a(8).  ires a person who committed fithe marriage license. If the person who committed a felcoss misdemeanor.  vides that if a person commitchange or delay its granting upobjections have been made, without the name change or a felony conviction under a felony convic | d a felony crime under any la<br>prosecuting authority is loca<br>ony crime under any law use:<br>tted a felony crime under any<br>intil the person: (1) certifies<br>; or (2) provides a certified co<br>to delay its granting pending | w to servited in all sa differ y law is a that 30 copy of a grant further | we a notice of application for<br>nother state, the Attorney G<br>eent surname after marriage<br>applying for a marriage licen-<br>days have passed since the n<br>court granting the name cha<br>action on the name change | r a name<br>eneral m<br>than wh<br>se, the co<br>otice of<br>inge. Th<br>request. | change on t<br>nust also be a<br>at was used<br>purt adminis<br>name chang<br>e parties see | the prosecut<br>served.<br>before mari<br>strator shall<br>te upon the p | ing authority for the riage, without either grant the prosecuting authority, |  |
| FIRST AP  | PLICANT   YES   | NO If yes, Ju   | urisdiction  | SECO  | SECOND APPLICANT  YES NO If yes, Jurisdiction                             |   |   |   |  |  |  |
|   |   |   | ony crime under any law a<br>es 259.13, 259.115, and 5   | _   | nt name   | e after marriage, proof of  | service   | of a notice   | e of applica   | ation for a name   |  |
| Attach co   | py of Proof of S  | ervice. Dates   | of Service   | Depu  | Deputy Registrar:   |   |   |   |  |  |  |
| committed   | l a felony crime  | , that I have full<br>under penalty o   | and understood the state<br>y complied with the noti<br>f perjury, that all of the a<br>e guardianship or conser   | ce of name change as red<br>AND<br>bove statements of fact  | quired I<br>are tru   | by Minnesota statutes,<br>e in every respect; that v  | we are  | no nearer   | of kin than  | the first cousins once   |  |
| FIRST APPLICANT signature (must be signed in the presence of a Notary/Deputy)                               |   |   |  |   |   |   |   |   |  |  |  |
| FIRST AP  | PLICANT sign  | ature (must be  | signed in the presence of a N  | lotary/Deputy) SECC   | X   |   |   |   |  |  |  |
| UBSCRIBED AND SWORN TO BEFORE ME THISDAY OF, 20   |   |   |  |   | SUBSCRIBED AND SWORN TO BEFORE ME THISDAY OF, 20                          |   |   |   |  |  |  |
| NOTARY/DEPUTY (include Notary Stamp Seal)   |   |   |  |   | NOTARY/DEPUTY (include Notary Stamp Seal)                                 |   |   |   |  |  |  |