

Date: ____/____/____

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APPLICATION FOR MARRIAGE LICENSE

STATE OF MINNESOTA COUNTY OF REDWOOD

APPLICANT #1

Name (First) Middle Last Social Security #

Address (Street & Box) City County State Zip

Age Birth Date Birthplace (City & State) Sex

of Previous Marriages How Last Marriage Terminated Date Terminated State Terminated

City of Termination Previous Married Name (If Applicable)

APPLICANT #2

Name (First) Middle Last Social Security #

Address (Street & Box) City County State Zip

Age Birth Date Birthplace (City & State) Sex

of Previous Marriages How Last Marriage Terminated Date Terminated State Terminated

City of Termination Previous Married Name (If Applicable)

***Does one or both of the parties have a FELONY CONVICTION for a crime under Minnesota Law or another State or Federal jurisdiction?**

Applicant #1 Applicant #2

*** NOTICE: A party who has a felony conviction for a crime MAY NOT use a different surname after marriage.** A request for a name change may be filed with the courts by statute 259.14 with regard to costs see statute 259.13 Sec. 13, Subd. 5. (b) A court shall not require a person with a felony conviction to pay filing fees for a name change application provided that the person files the action within 180 days after the marriage and submits to the court a certified copy of the marriage certificate.

*** Are the parties related to each other by Blood or Adoption? NO YES, What Relationship?**

Viewed Drivers License _____

* 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 668 (a) (13) (A) a MN statutes, Section 144.223 and MN Statutes, Sec 517.08 SUBD LA (1997) Your Social Security 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 child support for your child.

GIVE THE NAMES THE PARTIES WILL HAVE AFTER MARRIAGE:

APPLICANT #1:

Name (First) (Middle) (Last)

APPLICANT #2:

Name (First) (Middle) (Last)

Address (Street & Box) City State Zip

* PLEASE COMPLETE THE FOLLOWING:

Phone number where applicant(s) can be reached: (____) - ____ - _____

Date of Marriage: ____/____/____

Address where Marriage Certificate can be mailed to: _____

THE MARRIAGE LICENSE IS VALID FOR 6 MONTHS FROM THE DATE IT IS ISSUED.

BOTH PARTIES NEED TO BE PRESENT WHEN APPLYING FOR THE MARRIAGE LICENSE. IF ONLY ONE PARTY APPLYING YOU MUST ASK FOR FURTHER INFORMATION.

THE FEE FOR MARRIAGE LICENSE IS \$115.00 AND MUST BE PAID AT THE TIME OF APPLYING. IF YOU HAD AT LEAST 12 HOURS OF PRE-MARITAL CLASSES YOU MAY QUALIFY FOR A REDUCED FEE.

WITNESSES MUST BE AT LEAST 16 YEARS OF AGE TO SIGN THE MARRIAGE LICENSE.