

# APPLICATION FOR MARRIAGE LICENSE

LICENSE VALID FOR SIX MONTHS – **NO REFUNDS**

PLEASE PRINT

STATE OF MINNESOTA, COUNTY OF RICE

<b>FIRST APPLICANT</b>	<b>FULL LEGAL NAME</b> (First) (Middle) (Last)									
	SOCIAL SECURITY NUMBER				I HEREBY CERTIFY THAT I DO NOT HAVE <input type="checkbox"/> (CHECK BOX IF NO SSN) A SOCIAL SECURITY NUMBER					
	ADDRESS (Number & Street)				CITY		COUNTY		STATE	ZIP
	AGE	BIRTHDATE		BIRTHPLACE (City, State or Foreign Country)			SEX <input type="checkbox"/> M <input type="checkbox"/> F			
	NO. 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)			
<b>SECOND APPLICANT</b>	<b>FULL LEGAL NAME</b> (First) (Middle) (Last)									
	SOCIAL SECURITY NUMBER				I HEREBY CERTIFY THAT I DO NOT HAVE <input type="checkbox"/> (CHECK BOX IF NO SSN) A SOCIAL SECURITY NUMBER					
	ADDRESS (Number & Street)				CITY		COUNTY		STATE	ZIP
	AGE	BIRTHDATE		BIRTHPLACE (City, State or Foreign Country)			SEX <input type="checkbox"/> M <input type="checkbox"/> F			
	NO. OF PREVIOUS MARRIAGES		HOW LAST MARRIAGE TERMINATED (Death, Divorce, Annulment)		DATE TERMINATED (mm/dd/yyyy)		PLACE TERMINATED (ie: County)		COURT (ie: District, Circuit)	
	PREVIOUS MARRIED NAME (First)			(Middle)			(Last)			
DOES BLOOD OR ADOPTION RELATE THE APPLICANTS TO EACH OTHER? <b>NO</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>RELATIONSHIP</b>										
Give the names the applicants will have <b>AFTER MARRIAGE:</b>				<b>First Applicant</b> (First) (Middle) (Last)						
				<b>Second Applicant</b> (First) (Middle) (Last)						
Address the applicants will have <b>AFTER MARRIAGE:</b>				Address (Number & Street)						
				City			State			Zip
Does one or both of the parties have 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?				<b>First Applicant</b> - No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, Jurisdiction:						
				<b>Second Applicant</b> - No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, Jurisdiction:						

**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 surname after marriage except as authorized by Minnesota statute 259.13, and doing so is a gross misdemeanor.

**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.

## REQUIREMENTS WHEN APPLYING FOR A MARRIAGE LICENSE

Both applicants must apply for the marriage license.

The license will be issued upon completion of the application process and is valid for **6 months**.

The fee for the license is \$115.00 **or** \$40.00 if you have completed the “Premarital Education Certificate” that meets the Minnesota Statute requirements. The fee and the Premarital Education Certificate are both due at the time when you apply for the license.

If either of you have been married before, you will need the termination information which includes:

Date

County and State

Type of Court where terminated if by divorce

You will need the following information for both parties:

Complete legal name

Address

Proof of Age

Date of birth

The state where you were born

Social Security number

Name and address after your marriage

If ever a felony conviction we need the year and jurisdiction

A copy of the marriage application is on the reverse side.