

<b>HENNEPIN COUNTY</b>		STATE OF MINNESOTA				PACKAGE ID	
<b>DIRECTOR OF LICENSING</b>		<b>MARRIAGE LICENSE APPLICATION</b>					
		<b>(YOU MUST PRINT IN BLACK INK)</b>					
		<b>LICENSE VALID FOR SIX MONTHS FROM DATE OF ISSUE – NO REFUNDS</b>					
<b>FIRST APPLICANT</b>	<b>Full legal name</b>		Name (First) _____ (Middle) _____ (Last) _____		Sex <input type="checkbox"/> M <input type="checkbox"/> F		
	Address (number & street) _____		Social Security number _____		I certify that I do not have a Social Security number: <input type="checkbox"/> (check box)		
	City, Village or Township _____ County _____		State _____ Zip code _____		Age _____ Birthdate (MM/DD/YYYY) _____		
	How was last marriage terminated? <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment		Complete date of last termination (MM/DD/YYYY) _____		County, State & Court of termination _____		
<b>SECOND APPLICANT</b>	<b>Full legal name</b>		Name (First) _____ (Middle) _____ (Last) _____		Sex <input type="checkbox"/> M <input type="checkbox"/> F		
	Address (number & street) _____		Social Security number _____		I certify that I do not have a Social Security number: <input type="checkbox"/> (check box)		
	City, Village or Township _____ County _____		State _____ Zip code _____		Age _____ Birthdate (MM/DD/YYYY) _____		
	How was last marriage terminated? <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment		Complete date of last termination (MM/DD/YYYY) _____		County, State & Court of termination _____		
Are the applicants related to each other by blood or adoption? <input type="checkbox"/> Yes <input type="checkbox"/> NO				If yes, what is the relationship _____		<b>NOTICE: Marriage must be performed within the geographical borders of Minnesota. (MN Statutes 517.07)</b>	
Complete address of applicants after marriage. Street: _____ City/state/zip: _____							

If either APPLICANT has committed a felony crime under any law, a name change cannot be processed through a marriage license application. Persons with a felony under any law, seeking a name change must follow requirements listed in Minnesota Statute 259.13. Minnesota Statute 259.115, provides that if a person who committed a felony crime under any law, uses a different surname after marriage than what was used before marriage, without complying with section 259.13, that person is guilty of a gross misdemeanor.

<b>Does one or both of the applicants have a felony conviction for a crime committed under any law ?</b>	
First applicant <input type="checkbox"/> YES <input type="checkbox"/> NO _____	Second applicant <input type="checkbox"/> YES <input type="checkbox"/> NO _____
If either APPLICANT has committed a felony crime under any law, a name change cannot be processed through a marriage license application. Persons with a felony under any law, seeking a name change must follow requirements listed in Minnesota Statute 259.13	

**Complete names of applicants after marriage:**

First applicant: (First) _____	(Middle) _____	(Last) _____
Second applicant: (First) _____	(Middle) _____	(Last) _____

**Tennessee warning**

For the collection of social security numbers: if you have a social security number you are required by state and federal law to provide it per (title 42 US Code Sec 666(a) (13) (a) MN statute section 144.223, and MN statutes, sec 517.08 subd 1a. Your social security number is reported to the Minnesota 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.

**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.

✕ \_\_\_\_\_  
**FIRST APPLICANT signature**  
*(must be signed in the presence of a Notary / Deputy)*

✕ \_\_\_\_\_  
**SECOND APPLICANT signature**  
*(must be signed in the presence of a Notary / Deputy)*

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
 NOTARY/DEPUTY

\_\_\_\_\_  
 NOTARY/DEPUTY

Date of application: \_\_\_\_\_

Date license issued: \_\_\_\_\_

Proof of age ID checked  and by: \_\_\_\_\_