

# APPLICATION FOR MARRIAGE LICENSE

LICENSE VALID FOR SIX MONTHS FROM DATE OF ISSUE – **NO REFUNDS**

(MARRIAGE MUST BE PERFORMED WITHIN THE GEOGRAPHICAL BOUNDARIES OF MINNESOTA)

PLEASE PRINT

STATE OF MINNESOTA, COUNTY OF CARVER

DOCUMENT #

<b>FIRST APPLICANT</b>	<b>FULL LEGAL NAME</b> (First) (Middle) (Last)										
	SOCIAL SECURITY NUMBER					I HEREBY CERTIFY THAT I DO NOT HAVE 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		RACE (Optional)	
	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 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		RACE (Optional)	
	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)			

IF EITHER APPLICANT IS UNDER 18 YEARS OF AGE, GIVE THE NAME AND ADDRESS OF THE MINOR'S PARENTS OR GUARDIAN.

NAME:

ADDRESS:

DOES BLOOD OR ADOPTION RELATE THE APPLICANTS TO EACH OTHER?

NO  YES  RELATIONSHIP

Give the names the applicants will have **AFTER MARRIAGE:**

**First Applicant** (First) (Middle) (Last)  
**Second Applicant** (First) (Middle) (Last)

Address the applicants will have **AFTER MARRIAGE:**

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?

**First Applicant** - No  Yes  If Yes, Jurisdiction:  
**Second Applicant** - No  Yes  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.**

**Tennessee 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.

I, the undersigned, hereby apply for a license to marry and declare upon oath, under penalty of perjury, that all of the above answers and statements of fact are true and correct in every respect; 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 Minnesota Statute 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.

SIGNATURE X \_\_\_\_\_ PHONE # \_\_\_\_\_ Email: \_\_\_\_\_

SIGNATURE X \_\_\_\_\_ PHONE # \_\_\_\_\_ Email: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Laurie Davies, Carver County Taxpayer Services Manager BY: \_\_\_\_\_, DEPUTY

<b>OFFICE USE ONLY</b>	<b>DATE ISSUED:</b>	<input type="checkbox"/> MAIL - 1	<b>PAYMENT TYPE</b>	<b>TENTATIVE MARRIAGE DATE</b>	<b>ACTUAL DATE OF MARRIAGE</b>	<b>PLACE OF MARRIAGE</b>	<b>CEREMONY TYPE:</b>
	<b>EXP DATE:</b>	<input type="checkbox"/> MAIL - 2 <input type="checkbox"/> PICK UP	<input type="checkbox"/> CASH <input type="checkbox"/> CC <input type="checkbox"/> CHECK				<input type="checkbox"/> RELIGIOUS <input type="checkbox"/> CIVIL