

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 #

FIRST APPLICANT	FULL LEGAL NAME (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)			

SECOND APPLICANT	FULL LEGAL NAME (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 <input type="checkbox"/>	YES <input type="checkbox"/>	RELATIONSHIP
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Give the names the applicants will have <u>AFTER MARRIAGE:</u>	First Applicant (First) (Middle) (Last)
	Second Applicant (First) (Middle) (Last)

Address the applicants will have <u>AFTER MARRIAGE:</u>	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 <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, Jurisdiction:
	Second Applicant - 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.

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_____.

Carver County Vitals BY: _____, DEPUTY

<input type="checkbox"/> FELONY	<input type="checkbox"/> MAIL OUT
<input type="checkbox"/> SUPPLEMENTAL	<input type="checkbox"/> PICK UP

OFFICE USE ONLY	DATE ISSUED:	<input type="checkbox"/> REDUCED-\$40	PAYMENT TYPE	TENTATIVE MARRIAGE DATE	ACTUAL DATE OF MARRIAGE	PLACE OF MARRIAGE	CEREMONY TYPE:
	EXP DATE:	<input type="checkbox"/> FULL-\$115	<input type="checkbox"/> CASH <input type="checkbox"/> CC <input type="checkbox"/> CHECK				<input type="checkbox"/> RELIGIOUS <input type="checkbox"/> CIVIL