

APPLICATION FOR MARRIAGE LICENSE

STATE OF MINNESOTA, COUNTY OF SIBLEY

DOCUMENT # _____

FIRST APPLICANT

NAME (FIRST)		(MIDDLE)		(LAST)	
SOCIAL SECURITY NO		I CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER Signature Required			
ADDRESS (NUMBER AND STREET)		CITY	STATE	COUNTY	ZIP
AGE	BIRTHDATE	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE	
NO. OF PREVIOUS MARRIAGES	HOW LAST MARRIAGE TERMINATED (DEATH, DIVORCE, ANNULMENT)	DATE TERMINATED	PLACE TERMINATED (COUNTY)	COURT (DISTRICT,CIRCUIT)	
PREVIOUS MARRIED NAME (FIRST)		(MIDDLE)	(LAST)		
**DOES THE FIRST APPLICANT 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:		NO <input type="checkbox"/>	YES <input type="checkbox"/>	IF YES, JURISDICTION _____	

SECOND APPLICANT

NAME (FIRST)		(MIDDLE)		(LAST)	
SOCIAL SECURITY NO		I CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER Signature Required			
ADDRESS (NUMBER AND STREET)		CITY	STATE	COUNTY	ZIP
AGE	BIRTHDATE	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE	
NO. OF PREVIOUS MARRIAGES	HOW LAST MARRIAGE TERMINATED (DEATH, DIVORCE, ANNULMENT)	DATE TERMINATED	PLACE TERMINATED (COUNTY)	COURT (DISTRICT,CIRCUIT)	
PREVIOUS MARRIED NAME (FIRST)		(MIDDLE)	(LAST)		
**DOES THE SECOND APPLICANT 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:		NO <input type="checkbox"/>	YES <input type="checkbox"/>	IF YES, JURISDICTION _____	

IF EITHER OF THE PARTIES IS UNDER 18 YEARS OF AGE, GIVE THE NAME AND ADDRESS OF HIS/HER CUSTODIAL PARENTS, GUARDIAN OR COURT. (MS 517.02)

NAME: _____
ADDRESS: _____

ARE THE PARTIES RELATED TO EACH OTHER BY BLOOD OR ADOPTION?

YES NO

IF YES, WHAT IS THE RELATIONSHIP? _____

GIVE THE NAMES THE PARTIES WILL HAVE AFTER MARRIAGE:

FIRST APPLICANT (FIRST)	(MIDDLE)	(LAST)
SECOND APPLICANT (FIRST)	(MIDDLE)	(LAST)

ADDRESS THE PARTIES WILL HAVE AFTER MARRIAGE: (Will not appear on marriage certificate, but will be mailed to this address)

ADDRESS (NUMBER AND STREET)		
CITY	STATE	ZIP

STOP HERE – must take the oath in front of a Local registrar before signing.

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.

NOTICE: A PARTY 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 NAME AFTER MARRIAGE EXCEPT AS AUTHORIZED BY MINNESOTA STATUTE 259.13, AND DOING SO IS A GROSS MISDEMEANOR.

I, THE UNDERSIGNED, HEREBY APPLY FOR A LICENSE TO MARRY AND DECLARE UPON OATH THAT ALL OF THE ABOVE ANSWERS AND STATEMENTS OF FACT ARE TRUE AND CORRECT; THAT NEITHER OF US HAS A SPOUSE LIVING; THAT NEITHER OF US IS A MENTALLY DEFICIENT PERSON COMMITTED TO THE GUARDIANSHIP OR CONSERVATORSHIP OF THE COMMISSIONER OF HUMAN SERVICES.

SIGNATURE(S) X _____ PHONE Number () _____

SIGNATURE(S) X _____ PHONE Number () _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____

KATHY DIETZ, SIBLEY COUNTY RECORDER BY: _____, DEPUTY

OFFICE USE ONLY	DATE ISSUED:	ISSUED VIA: <input type="checkbox"/> MAIL <input type="checkbox"/> PICK UP	PAYMENT TYPE <input type="checkbox"/> CASH <input type="checkbox"/> CHECK	DATE OF MARRIAGE	PLACE OF MARRIAGE	CEREMONY TYPE: <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> CIVIL
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