

# APPLICATION FOR MARRIAGE LICENSE

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

**PLEASE USE BLACK INK ONLY**

	STATE OF MINNESOTA, COUNTY OF SCOTT	BOOK	PAGE
G R O O M	NAME (FIRST) (MIDDLE) (LAST)		(SOCIAL SECURITY NO.)
	ADDRESS (NAME AND STREET)		CITY COUNTY STATE ZIP
	AGE	BIRTHDATE	BIRTHPLACE (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 PLACE TERMINATED COURT
	PREVIOUS MARRIED NAME (FIRST) (MIDDLE) (LAST)		
B R I D E	NAME (FIRST) (MIDDLE) (LAST)		(SOCIAL SECURITY NO.)
	ADDRESS (NAME AND STREET)		CITY COUNTY STATE ZIP
	AGE	BIRTHDATE	BIRTHPLACE (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 PLACE TERMINATED COURT
	PREVIOUS MARRIED NAME (FIRST) (MIDDLE) (LAST)		
IF EITHER OF THE PARTIES IS UNDER 18 YEARS OF AGE, GIVE THE NAME AND ADDRESS OF HIS/HER PARENT OR GUARDIAN.		NAME: ADDRESS:	
ARE THE PARTIES RELATED TO EACH OTHER BY BLOOD OR ADOPTION?		IF YES, WHAT IS THE RELATIONSHIP?	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
GIVE THE NAMES THE PARTIES WILL HAVE <b>AFTER MARRIAGE:</b>  <b>THIS IS A LEGAL NAME CHANGE</b>	GROOM'S NAME (FIRST) (MIDDLE) (LAST)		
	BRIDE'S NAME (FIRST) (MIDDLE) (LAST)		
ADDRESS THE PARTIES WILL HAVE <b>AFTER MARRIAGE:</b>	ADDRESS (NUMBER AND 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>PLEASE ATTACH ALL DOCUMENTS SERVED AND PROOF OF SERVICE PER MS259.13.</b>	GROOM NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, JURISDICTION: _____ DATE OF SERVICE: _____		
	BRIDE NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, JURISDICTION: _____ DATE OF SERVICE: _____		

**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 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.

**We, THE UNDERSIGNED, HEREBY APPLY FOR A LICENSE TO MARRY AND SOLEMNLY SWEAR, UNDER PENALTY OF PERJURY, 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, AND THAT ONE OF THE APPLICANTS IS A MAN AND THE OTHER IS A WOMAN, AND WE UNDERSTAND MINNESOTA STATUTE 259.13 CONCERNING FELONY CONVICTIONS AND SURNAME CHANGES.**

SIGNATURE(S) X \_\_\_\_\_ X \_\_\_\_\_  
 (To be signed only at time of application) (To be signed only at time of application)

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

JAMES L HENTGES, COUNTY RECORDER, SCOTT COUNTY BY: \_\_\_\_\_, DEPUTY

OFFICE USE ONLY	DATE ISSUED:	DATE OF MARRIAGE	PLACE OF MARRIAGE	CEREMONY TYPE: <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> CIVIL
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