

<b>SCOTT COUNTY</b>	STATE OF MINNESOTA <b>MARRIAGE LICENSE APPLICATION</b> (APPLICATION MUST BE FILLED OUT IN BLACK INK) <i>LICENSE VALID FOR SIX MONTHS FROM DATE OF ISSUE – NO REFUNDS</i>	YEAR _____
<b>CUSTOMER SERVICE</b>		DOC. NUMBER _____

<b>FIRST APPLICANT</b>	FULL LEGAL NAME	(FIRST)	(MIDDLE)	(LAST)	SEX <input type="checkbox"/> M <input type="checkbox"/> F	
	ADDRESS (NUMBER & STREET)	EMAIL ADDRESS		SOC SECURITY #	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	BIRTH DATE
	PREVIOUS MARRIAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW WAS LAST MARRIAGE TERMINATED? <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DATE _____	PREVIOUS MARRIED NAME: (FIRST, MIDDLE, LAST)		CITY, COUNTY, & STATE OF TERMINATION		
	**Does applicant have a felony conviction for a crime committed on or after August 1, 2000 under MN law or the law of another state or federal jurisdiction?	<input type="checkbox"/> N <input type="checkbox"/> Y	If yes, <input type="checkbox"/>	JURISDICTION	DATES OF SERVICE	

<b>SECOND APPLICANT</b>	FULL LEGAL NAME	(FIRST)	(MIDDLE)	(LAST)	SEX <input type="checkbox"/> M <input type="checkbox"/> F	
	ADDRESS (NUMBER & STREET)	EMAIL ADDRESS		SOC SECURITY #	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	BIRTH DATE
	PREVIOUS MARRIAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW WAS LAST MARRIAGE TERMINATED? <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DATE _____	PREVIOUS MARRIED NAME: (FIRST, MIDDLE, LAST)		CITY, COUNTY & STATE OF TERMINATION		
	**Does applicant have a felony conviction for a crime committed on or after August 1, 2000 under MN law or the law of another state or federal jurisdiction?	<input type="checkbox"/> N <input type="checkbox"/> Y	If yes, <input type="checkbox"/>	JURISDICTION	DATES OF SERVICE	

IF EITHER APPLICANT IS A MINOR, STATE THE NAME AND ADDRESS OF THE MINOR'S PARENTS OR GUARDIAN.

ARE THE APPLICANTS RELATED TO EACH OTHER BY BLOOD OR ADOPTION?  YES  NO IF YES, STATE RELATIONSHIP \_\_\_\_\_

**NOTICE:** Marriage must be performed within the geographical borders of Minnesota. [Minnesota Statute 517.07](#)

**Minnesota Statute 144.223, 517.08 subd. 1a(8)** Federal and state law requires that an applicant's Social Security number, if any, be collected on the marriage license application. If you have a Social Security number, you are required to provide it. State law requires this number be reported to the Minnesota Department of Health, and it will be kept private. If necessary, your Social Security number may be used to help obtain financial support for your child.

**Minnesota Statute 259.13**, subdivision 1, requires a person who committed a felony crime under any law, on or after August 1, 2000, to serve a notice of application for a name change on the prosecuting authority for the crime when seeking a name change as a part of the marriage license. If the prosecuting authority is located in another state, the Attorney General must also be served.

**Minnesota Statute 259.115**, provides that if a person who committed a felony crime under any law, on or after August 1, 2000, 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.

**Minnesota Statute 517.08**, subdivision 1b, provides that if a person committed a felony crime under any law, on or after August 1, 2000, is applying for a marriage license, the court administrator shall either grant the marriage license without the requested name change or delay its granting until the person: (1) certifies that 30 days have passed since the notice of name change upon the prosecuting authority, and if applicable, the Attorney General, and no objections have been made; or (2) provides a certified copy of a court order granting the name change. The parties seeking the marriage license have the choice of whether to have the license granted without the name change or to delay its granting pending further action on the name change request.

<b>COMPLETE NAMES OF APPLICANTS AFTER MARRIAGE:</b>		
FIRST APPLICANT:	(FIRST)	(MIDDLE)
		(LAST)
SECOND APPLICANT:	(FIRST)	(MIDDLE)
		(LAST)
COMPLETE ADDRESS OF APPLICANTS AFTER MARRIAGE:	PHONE NUMBER:	
	<b>How would you like to receive your certified marriage certificate?</b>	
	Mail _____ or Pick up _____	

I hereby solemnly affirm that I have read and understood the statutes written above, and swear that I either have committed no felony crimes under any law, on or after August 1, 2000, or if I have committed a felony crime on or after August 1, 2000, that I have fully complied with the notice of name change as required by Minnesota Statutes, 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 Deputy)

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

\_\_\_\_\_  
**DEPUTY signature**

OFFICE USE ONLY:	DATE ISSUED _____	DATE OF MARRIAGE _____	COUNTY OF MARRIAGE _____
	TYPE OF CEREMONY: RELIGIOUS _____ OR CIVIL _____		