

COTTONWOOD COUNTY	STATE OF MINNESOTA MARRIAGE LICENSE APPLICATION (YOU MUST PRINT IN BLACK INK) LICENSE VALID FOR SIX MONTHS FROM DATE OF ISSUE - NO REFUNDS	PO BOX 326 WINDOM, MN 56101 (507)831-1458
OFFICE OF RECORDER		BOOK: _____
		PAGE: _____

FIRST APPLICANT	FULL LEGAL NAME	NAME (FIRST) _____ (MIDDLE) _____ (LAST) _____	SEX <input type="checkbox"/> M <input type="checkbox"/> F
	ADDRESS (NUMBER & STREET)	SOCIAL SECURITY NUMBER	I CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER: <input type="checkbox"/> (check box)
	CITY, VILLAGE OR TOWNSHIP	COUNTY	
	HOW WAS LAST MARRIAGE TERMINATED? <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT	COMPLETE DATE OF LAST TERMINATION	COUNTY, STATE & COURT OF TERMINATION

SECOND APPLICANT	FULL LEGAL NAME	NAME (FIRST) _____ (MIDDLE) _____ (LAST) _____	SEX <input type="checkbox"/> M <input type="checkbox"/> F
	ADDRESS (NUMBER & STREET)	SOCIAL SECURITY NUMBER	I CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER: <input type="checkbox"/> (check box)
	CITY, VILLAGE OR TOWNSHIP	COUNTY	
	HOW WAS LAST MARRIAGE TERMINATED? <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT	COMPLETE DATE OF LAST TERMINATION	COUNTY, STATE & COURT OF TERMINATION

IF EITHER APPLICANT IS A MINOR, NAME AND ADDRESS OF THE MINOR'S PARENTS OR GUARDIAN.		
ARE THE APPLICANTS RELATED TO EACH OTHER BY BLOOD OR ADOPTION <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, STATE RELATIONSHIP _____	NOTICE: Marriage must be performed within the geographical borders of Minnesota. (MN Statutes 517.07)
COMPLETE ADDRESS OF APPLICANTS AFTER MARRIAGE		
STREET: _____ CITY/STATE/ZIP: _____		

Federal and state law require that an applicant's Social Security number, if any, be collected on the marriage license application. 42 U.S.C. § 666 (a)(13)(A), Minn. Stat. §§ 144.223, 517.08 subd. 1a(8). 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 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 uses a different surname after marriage than what was used before marriage, without complying with section 259.13, is guilty of a gross misdemeanor.

Minnesota Statute 517.08, subdivision 1b, provides that if a person committed a felony crime under any law 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 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.

COMPLETE NAMES OF APPLICANTS AFTER MARRIAGE		
FIRST APPLICANT: (FIRST) _____	(MIDDLE) _____	(LAST) _____
SECOND APPLICANT: (FIRST) _____	(MIDDLE) _____	(LAST) _____

Does one or both of the applicants have a felony conviction under Minnesota law or the law of another state or federal jurisdiction?
FIRST APPLICANT YES NO If yes, Jurisdiction _____ **SECOND APPLICANT** YES NO If yes, Jurisdiction _____

If either APPLICANT has committed a felony crime under any law and is assuming a different name after marriage, proof of service of a notice of application for a name change as required by Minnesota Statutes 259.13, 259.115, and 517.08 must be attached.

Attach copy of Proof of Service . Dates of Service _____ Deputy Registrar: _____

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 or if I have committed a felony crime, 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.

X _____ **X** _____
FIRST APPLICANT signature (must be signed in the presence of a Notary/Deputy) **SECOND APPLICANT signature** (must be signed in the presence of a Notary/Deputy)

SUBSCRIBED AND SWORN TO BEFORE ME THIS
 _____ DAY OF _____, 20____.

KATHLEEN KRETSCH, County Recorder

ISSUED VIA: MAIL PICKUP DATE APPLIED _____
 DATE ISSUED: _____ MARRIAGE LOCALE _____
 APPLICANT'S PHONE: _____

Your letterhead goes here

Reduced Marriage Fee Educators Statement

Instructions:

Must be PRINTED on the letterhead of the educator.

Applicant's names **MUST** match the names on the marriage license application.

I, _____, confirm that _____ and
(Name of Educator) (Applicant's complete name)

_____ received at least 12 hours of premarital education that included the
(Applicant's complete name)

use of a premarital inventory and the teaching of communication and conflict management skills. I am a licensed or ordained minister, a person authorized to solemnize marriages under Minnesota Statutes, section 517.18, or a person licensed to practice marriage and family therapy under Minnesota Statutes, section 148B.33.

Date _____
(Signature of Educator)

(Print name)

(Address)

(Phone number)

IMPORTANT: This statement must either be notarized by a Notary Public or sealed with your official church seal

State of _____ ss.

County of _____ ss.

Subscribed and sworn before me on this _____ day of _____, 20____.
(notary seal below)

Signature of Notary Public

Phone Number of Notary Public

Address of Notary Public
