

<b>KANABEC COUNTY RECORDER</b>		<b>STATE OF MINNESOTA CIVIL MARRIAGE LICENSE APPLICATION</b> <i>LICENSE VALID FOR SIX MONTHS FROM DATE OF ISSUE - NO REFUNDS</i>				LICENSE #	
<b>FIRST APPLICANT</b>	<b>FULL LEGAL NAME</b>	NAME (FIRST) (MIDDLE) (LAST)				SEX M 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	STATE	ZIP CODE	AGE	BIRTH DATE
	NUMBER OF PREVIOUS MARRIAGES? _____ HOW WAS LAST MARRIAGE TERMINATED? DEATH DISSOLUTION ANNULMENT		COMPLETE DATE OF LAST TERMINATION	COUNTY, STATE & COURT OF TERMINATION		PREVIOUS MARRIED NAME	
Does First Applicant have a felony conviction under Minnesota law or the law of another state or federal jurisdiction?						YES NO	
<b>SECOND APPLICANT</b>	<b>FULL LEGAL NAME</b>	NAME (FIRST) (MIDDLE) (LAST)				SEX M 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	STATE	ZIP CODE	AGE	BIRTH DATE
	NUMBER OF PREVIOUS MARRIAGES? _____ HOW WAS LAST MARRIAGE TERMINATED? DEATH DISSOLUTION ANNULMENT		COMPLETE DATE OF LAST TERMINATION	COUNTY, STATE & COURT OF TERMINATION		PREVIOUS MARRIED NAME	
Does Second Applicant have a felony conviction under Minnesota law or the law of another state or federal jurisdiction?						YES NO	
ARE THE APPLICANTS RELATED TO EACH OTHER BY BLOOD OR ADOPTION						YES NO IF YES, STATE RELATIONSHIP	
<b>NOTICE: Marriage must be performed within the geographical borders of Minnesota. (MN Statutes 517.07)</b>							
Federal and state law require that an applicant's Social Security number, if any, be collected on the civil 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.							
<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 #	

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 \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_ LISA J. HOLCOMB, KANABEC COUNTY RECORDER

BY: \_\_\_\_\_, RECORDER OR DEPUTY/CHIEF DEPUTY

<b>OFFICE USE ONLY</b>	PAYMENT TYPE: <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT \$ _____ <input type="checkbox"/> CHECK	DATE OF MARRIAGE:	PLACE OF MARRIAGE:
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