

<b>ANOKA COUNTY</b>		<b>STATE OF MINNESOTA</b>			<b>SERIAL #</b> 2022-_____	
<b>LOCAL REGISTRAR OF VITAL STATISTICS</b>		<b>CIVIL MARRIAGE LICENSE APPLICATION</b> <small>LICENSE VALID FOR SIX MONTHS FROM DATE OF ISSUE - NO REFUNDS YOU MUST PRINT IN BLACK INK</small>			Mail Ap1 / Mail Ap2 / Pickup	
<b>APPLICANT 1</b>	FULL LEGAL NAME (FIRST) (MIDDLE) (LAST)			*SOCIAL SECURITY #		I CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER: <input type="checkbox"/> (check box)
	ADDRESS (NUMBER & STREET)		CITY	COUNTY/REGION	STATE/COUNTRY	ZIP
	AGE	BIRTHDATE	BIRTHPLACE (STATE/COUNTRY)	SEX M <input type="checkbox"/> F <input type="checkbox"/>	RACE	PHONE #
	# PREVIOUS MARRIAGES	HOW LAST MARRIAGE TERMINATED DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/>		DATE TERMINATED (MM/DD/YYYY)	DISTRICT / CIRCUIT COURT	WHERE TERMINATED (COUNTY/REGION)
	PREVIOUS BIRTH/ MARRIED NAME (FIRST) (MIDDLE) (LAST)					
<b>APPLICANT 2</b>	FULL LEGAL NAME (FIRST) (MIDDLE) (LAST)			*SOCIAL SECURITY #		I CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER: <input type="checkbox"/> (check box)
	ADDRESS (NUMBER & STREET)		CITY	COUNTY/REGION	STATE/COUNTRY	ZIP
	AGE	BIRTHDATE	BIRTHPLACE (STATE/COUNTRY)	SEX M <input type="checkbox"/> F <input type="checkbox"/>	RACE	PHONE #
	# PREVIOUS MARRIAGES	HOW LAST MARRIAGE TERMINATED DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/>		DATE TERMINATED (MM/DD/YYYY)	DISTRICT / CIRCUIT COURT	WHERE TERMINATED (COUNTY/REGION)
	PREVIOUS BIRTH/ MARRIED NAME (FIRST) (MIDDLE) (LAST)					
If either of the parties is under 18 years of age, give the name and address of his/her parents or guardian.			NAME ADDRESS			
Are the parties related to each other by blood or adoption? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, what is the relationship?						
APPLICANT 1'S NAME AFTER MARRIAGE (FIRST) (MIDDLE) (LAST)					NOTICE: Marriage must be performed within the geographical borders of Minnesota. (MN Statutes 517.07)	
APPLICANT 2'S NAME AFTER MARRIAGE (FIRST) (MIDDLE) (LAST)						
ADDRESS AFTER MARRIAGE (NUMBER & STREET)						
CITY			STATE		ZIP	
Does one or both 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?			APPLICANT 1 NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, JURISDICTION			
			APPLICANT 2 NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, JURISDICTION			
*Federal and State law requires that an applicant's social security number, if any, be collected on the Marriage License Application. Title 42, US Code Sec 666 (a)(13)(A), MN Statutes, Section 144.223, and MN Statutes, Section 517.08, Subd. 1a(9). 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 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, 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 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.						
I hereby solemnly swear 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, that I have fully complied with the notice of name change as required by Minnesota statutes. AND I hereby solemnly swear, 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 Public Welfare without written consent of the Commissioner of Public Welfare; that there is no legal impediment to this marriage; that neither of us has a spouse living.						
X _____ Applicant 1's signature (Do not sign until after you are given an oath and in the presence of a County Deputy.)			X _____ Applicant 2's signature (Do not sign until after you are given an oath and in the presence of a County Deputy.)			
SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20_____.			SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20_____.			
ANOKA COUNTY DEPUTY _____			ANOKA COUNTY DEPUTY _____			
COUNTY OF MARRIAGE		DATE OF MARRIAGE		TYPE OF CEREMONY <input type="checkbox"/> CIVIL <input type="checkbox"/> RELIGIOUS		DATE LICENSE ISSUED (NEXT BUSINESS DAY)