

Crow Wing County

SUPPLEMENTAL TO APPLICATION FOR MARRIAGE LICENSE FOR PARTY NOT APPEARING

If one the parties cannot appear in person at the Local Registrar's Office at the time of application for marriage, the applicant appearing will complete the full application, supplying all of the information for both parties. This supplemental application must be completed by the non-appearing marriage applicant.

Notice: A party who has a felony conviction for a crime committed under Minnesota law or the law of another state or federal jurisdiction may not use a different name after marriage except as authorized by Minnesota statute 259.13, and doing so is a gross misdemeanor.

Full Legal Name: _____

Name After Marriage: _____

I hereby swear or affirm that I have either committed no felony crimes under any Law, or if I have committed a felony crime, that I have complied with the notice requirements as set forth in Minnesota Statutes. I understand that a person who has a felony conviction who does not comply with Minnesota Statute 259.13 and uses a different name after marriage than what was used before is guilty of a gross misdemeanor.

If NOT applicable, please check here: Signature: _____

OR

If applicable, Date Prosecutor Served: _____ Signature: _____

Attach Affidavit of Service

Certification to accuracy of Marriage Application:

My Social Security number is: _____ - _____ - _____

I certify that I do not have a Social Security number.

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 provide it per (title 42 US Code Sec 666(a) (13) (a) MN Statutes section 144.223, and MN Statutes, sec 517.08 subd 1a. Your Social Security number is reported to the Minnesota 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(ren).

I hereby certify that I am the party listed as an applicant on this marriage application. I was unable to appear in person to make this application. I have reviewed the information supplied by the party appearing and certify to the accuracy of the information.

Signature (must be notarized)

Date

Subscribed and sworn before me this day _____ of _____, 20____

Notary

My Commission Expires: _____ (seal)