

MARRIAGE LICENSE

State of Minnesota

To any person lawfully authorized to solemnize marriages within the State of Minnesota: License is hereby granted to join in marriage within six months from the date hereof,

_____ of the County of _____,
State of _____ Date of Birth _____, and

_____ of the County of _____,
State of _____ Date of Birth _____

The names of the parties after their marriage, shall be:

_____ and _____

Wherefore, this shall be your authority for solemnizing the marriage of said parties, and making return thereof within five days as provided by law.

In Testimony, Whereof, I have hereunto set my hand and affixed the seal of the said County Recorder at Polk _____, on March 5th _____, year 2018

Michelle M. Cote

County Recorder

By: _____

Deputy

NOTICE TO OFFICIANT

1. The couple and witnesses must be present at the ceremony and you must view ID of all four. (M.S. 517.06)
2. Only the officiant and witnesses print and sign their names on the certificate. (M.S. 517.10)
3. You must fill in the county in Minnesota where your credentials are filed authorizing you to perform marriages in Minnesota. (M.S. 517.05)
4. Complete and return the original certificate to the Polk County Recorder within 5 days after the ceremony to avoid penalty. (M.S. 517.13)

TO BE KEPT BY PARTY PERFORMING MARRIAGE CEREMONY

STATE OF MINNESOTA
COUNTY OF POLK

License # _____

Marriage Certificate

I hereby certify that on _____, year _____
at _____ (Marriage Location) _____ (Marriage City),
in _____ County,
I, the undersigned, a

_____ (Officiating Person's Title)
did join in marriage:

This is the title of person performing the ceremony. Examples: Pastor, Wedding Officiant, Ordained Minister

_____ of the County of _____,
State of _____ Date of Birth _____, and

_____ of the County of _____,
State of _____ Date of Birth _____

The names of the parties after their marriage shall be:

and _____

In the presence of:

(Signature of First Witness)

(Type or Print Name)

(Signature of Second Witness)

(Type or Print Name)

(Signature of Officiating Person)

(Type or Print Name)

(Address)

(City, State, Zip)

_____ Co., Minn.
(Credentials Recorded)

This is the county where your credentials are filed within the State of Minnesota.

Filed: _____ By: _____