

This page is to be kept by the party performing the marriage ceremony.

# Marriage License

**STATE OF MINNESOTA  
COUNTY OF CLAY**

Marriage ID: 16101E6750705

To any person lawfully authorized to solemnize marriages within the State of Minnesota:

This license is granted to join these people in marriage. The license is valid from **10/5/2016** through **4/5/2017**

**JANE SUE DOE** (DOB 1/1/1970), the County of CLAY, State of MINNESOTA and  
**JOHN ROE** (DOB 12/31/1970), the County of CLAY, State of MINNESOTA

The names of the parties after their marriage shall be:

**JANE SUE ROE** and  
**JOHN ROE**

This license shall be your authority for solemnizing the marriage of said parties. You must return the completed certificate to the issuing Local Vital Records Office within five days after the ceremony as provided by law.

In testimony whereof, I have hereunto set my hand and affixed the seal of the said local Vital Records Registrar, at MOORHEAD, MN on October 05, 2016

DIANN M. STREIFEL, CLAY COUNTY RECORDER  
807 11TH ST N, MOORHEAD MN

Deputy

To be kept by the party performing the marriage ceremony

## **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 Clay County local vital records office within 5 days after the ceremony to avoid penalty. (M.S. 517.13)

### **Mail Certificate To:**

**CLAY COUNTY RECORDER  
P.O. BOX 280  
MOORHEAD, MN 56561**

# Marriage Certificate

Marriage ID: 16101E6750705

STATE OF MINNESOTA  
COUNTY OF CLAY

I hereby certify, that on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, Minnesota.  
*(Month, Date)*  
*(Place/Address & City/County)*

I, the undersigned, a/an \_\_\_\_\_ did join in marriage:  
*(Title)*

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

**JANE SUE DOE** (DOB 1/1/1970), the County of CLAY, State of MINNESOTA and  
**JOHN ROE** (DOB 12/31/1970), the County of CLAY, State of MINNESOTA

In the Presence of two witnesses:

Officiant:

**1** \_\_\_\_\_  
*(Signature of Witness age 16 or older)*

\_\_\_\_\_  
*(Signature of Officiating Person)*

\_\_\_\_\_  
*(Print Name)*

\_\_\_\_\_  
*(Print Name)*

**2** \_\_\_\_\_  
*(Signature of Witness age 16 or older)*

\_\_\_\_\_  
*(Street Address)*

\_\_\_\_\_  
*(Print Name)*

\_\_\_\_\_  
*(City, State Zip)*

\_\_\_\_\_  
*(Phone Number)*

--- County Staff ---

\_\_\_\_\_  
*(Credentials Recorded)* \_\_\_\_\_ County, MN

This is the county that your credentials are recorded in within the State of Minnesota.

Filed and Recorded: \_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Deputy)*

DIANN M. STREIFEL, CLAY COUNTY RECORDER  
807 11TH ST N, MOORHEAD MN



16101E6750705