

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

Marriage License

**STATE OF MINNESOTA
COUNTY OF CLAY**

Marriage ID: 1812E0E61C75E

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 **12/17/2018** through **6/17/2019**

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 December 17, 2018

Kimberly S. Savageau, CLAY COUNTY RECORDER
807 11TH ST N, MOORHEAD MN 56560

Signature - Registrar/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. Verify all required Names and Signatures are on the certificate.
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:

PO Box 280

MOORHEAD, MN 56561

Marriage Certificate

Marriage ID: 1812E0E61C75E

STATE OF MINNESOTA
COUNTY OF CLAY

I hereby certify, that on _____, 20____, at
(Month, Date)

_____, Minnesota.
(Place/Address & City/County)

I, the undersigned, a/an _____ did join in marriage:
(Title)

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

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

The names of the parties after their marriage shall be:

JANE SUE ROE and
JOHN ROE

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)

Applicant Signatures:

(Phone Number)

(Signature of JANE DOE)

(Credentials Recorded) County, MN

(Signature of JOHN ROE)

--- County Staff ---

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

Filed and Recorded: _____
(Date)

(Signature - Registrar/Deputy)
Kimberly S. Savageau, CLAY COUNTY
RECORDER
807 11TH ST N, MOORHEAD MN 56560



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