

MARRIAGE CERTIFICATE APPLICATION

APPLICANT 1:

FULL NAME BEFORE MARRIAGE: _____

APPLICANT 2:

FULL NAME BEFORE MARRIAGE: _____

DATE OF MARRIAGE: _____

PLACE OF MARRIAGE: _____

FEE: \$9.00 PER CERTIFICATE

_____ NUMBER OF CERTIFIED COPIES REQUESTED

_____ TOTAL AMOUNT REMITTED

****CHECKS SHOULD BE MADE PAYABLE TO "BELTRAMI COUNTY LICENSE CENTER"**

NAME AND ADDRESS OF INDIVIDUAL REQUESTING CERTIFICATE(S):

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

MAIL THIS APPLICATION AND THE APPROPRIATE FEE TO:

Beltrami County License Center
Beltrami County Administration Building
701 Minnesota Ave NW Suite 100
Bemidji MN 56601-3177

FOR OFFICE USE ONLY:

DATE ISSUED: _____

ISSUED BY: _____