

MARRIAGE CERTIFICATE APPLICATION

APPLICANT 1:

FULL NAME BEFORE MARRIAGE: _____

APPLICANT 2:

FULL NAME BEFORE MARRIAGE: _____

DATE OF MARRIAGE: _____

NAME AND ADDRESS OF INDIVIDUAL REQUESTING CERTIFICATE(S):

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

MAIL THIS APPLICATION AND THE APPROPRIATE FEE TO:

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

FEE: \$9.00 PER CERTIFICATE

_____ NUMBER OF CERTIFIED COPIES REQUESTED

_____ TOTAL AMOUNT REMITTED

****MAKE CHECKS PAYABLE TO "BELTRAMI COUNTY LICENSE CENTER"**

****IF PAYING BY CREDIT CARD, YOU CAN EMAIL YOUR REQUEST TO:**

beltrami.licensecenter@co.beltrami.mn.us

Type of Card	<input type="radio"/> Visa <input type="radio"/> Mastercard <input type="radio"/> Discover <input type="radio"/> American Express	
Name on Card		Expiration Date
Card Number		Security Code
** A 2.15% Service Fee is charged on all Credit Card Transactions**		

FOR OFFICE USE ONLY:

DATE ISSUED: _____

ISSUED BY: _____