

# Marriage License

STATE OF MINNESOTA  
COUNTY OF OTTER TAIL

Marriage ID: 0000000

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 **4/11/2018** through **10/11/2018**

**JANE DOE** (DOB 1/1/1999), the County of OTTER TAIL, State of MN and  
**JOHN DOE** (DOB 1/1/1999), the County of OTTER TAIL, State of MN

The names of the parties after their marriage shall be:

**JANE DOE** and  
**JOHN DOE**

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 FERGUS FALLS, MN on April 11, 2018

Lynn R Larson  
Otter Tail County Recorder

\_\_\_\_\_  
Signature - Registrar/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 Otter Tail County local vital records office within 5 days after the ceremony to avoid penalty. (M.S. 517.13)

**Mail Certificate To:**  
**OTTER TAIL COUNTY RECORDER**  
**565 FIR AVE WEST**  
**FERGUS FALLS, MN 56537**

# Marriage Certificate

Marriage ID: 0000000

STATE OF MINNESOTA  
COUNTY OF OTTER TAIL

I hereby certify, that on \_\_\_\_\_, 20\_\_\_\_, at  
*(Month, Date)*

\_\_\_\_\_, Minnesota.  
*(Place/Address & City/County)*

I, the undersigned, a/an \_\_\_\_\_ did join in marriage:

**This is the title of the person performing the ceremony, i.e., Pastor, Wedding Officiant, Ordained Minister**

**JANE DOE** (DOB 1/1/1999), the County of OTTER TAIL, State of MN and

**JOHN DOE** (DOB 1/1/1999), the County of OTTER TAIL, State of MN

The names of the parties after their marriage shall be:

**JANE DOE** and  
**JOHN DOE**

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 ---

County, MN

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

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

\_\_\_\_\_  
*(Signature - Registrar/Deputy)*

Lynn R Larson  
Otter Tail County Recorder



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