

Marriage Record Correction Application

Cartridge/Image
Marriage has taken place
Marriage has not taken place

The as	sociated marriage is between –	Complete	e using t	the information as sl	hown on the record		
Applicant 1	Applicant 1 first name	Applicant	t 1 middl	e name	Applicant 1 last name		Name suffix (Jr, Sr, I, II, III, etc)
Applic	Applicant 1 date of birth (MM/DD/Y	YYY) A	Applicant	1 email address		Applicant 1 ph	none (xxx-xxx-xxxx)
	Applicant 2 first name	Applicant	t 2 middl	e name	Applicant 2 last name		Name suffix (Jr, Sr, I, II, III, etc)
Applicant	Applicant 2 date of birth (MM/DD/Y	YYY) A	pplicant	2 email address		Applicant 2 ph	one (xxx-xxx-xxxx)
Reque	ster information – information a	bout yo	u				
am requ	uesting that Hennepin County amer	d the mai	rriage red	cord because:			
Requeste	er name		Request	ter address			
have at	tached the following documentation	n in suppo	ort of my	request (if available/n	eeded):		
l am	 Applicant 1 and Applicant 2 The person who officiated t A representative of Hennep 		_	nony (complete Officia	nt section on the back)	
amend		ted or		•	he information to sh	ow on the re	cord?
item to	add/delete/amend			Show on record as			
Item to	add/delete/amend			Show on record as			
Item to	add/delete/amend			Show on record as			
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REQU	JIRED – Requester (applicant 1)	sign this application	on in front of	a Notary Public				
	fy that the information provided on				nowledge.			
Your (requester's) signature						Notary Stamp/Seal		
Sworn	n to/affirmed before me on	day of		, 20				
Printe	d name of notary public							
Notary	y public signature			My commission expires				
REQU	JIRED – Requester (applicant 2)	sign this application	on in front of	a Notary Public				
I certif	fy that the information provided on	this application is ac	curate and con	nplete to the best of my kr	nowledge.			
Your (requester's) signature				Notary Star	mp/Seal		
Sworn	n to/affirmed before me on	day of		, 20				
Printe	d name of notary public							
Notary	y public signature			My commission expires				
If OFF	FICIANT is the requester – sign t	his application in f	front of a Not	tary Public				
	Officiant name		iant email Officiant phone nu		ımber (xxx-xxx	-xxxx)		
Officiant information	Officiant street address		City		State	Zip		
I certij	fy that the information provided on	this application is ac	curate and cor	nplete to the best of my kr	nowledge.	-		
Your (requester's) signature					Notary Star	mp/Seal		
Sworn to/affirmed before me onday of, 20								
	ed name of notary public							
Notary	y public signature			My commission expires				

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Quantity and cost – make checks payable to: Hennepin County Treasurer			
One corrected marriage document		\$40	
Additional copies are \$9 each	# of additional copies	X \$9	
Fees are due with the application and are non-refundable. Minnesota Statutes, section 144.226.	Amount due Write in total if filling out by hand		
	Amount		

Send application and payment to Hennepin County Vital Records Office:

Vital Records Office – Marriage correction Hennepin County Government Center 300 South 6th St, MC - 026 Minneapolis MN 55487-0026

If you have questions, please contact us at rres.vitalrecords@hennepin.us or call 612-348-8919.

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