



CERTIFICATE OF FILING

MS 517.04 - SOLEMNIZATION PERSONS AUTHORIZED TO PERFORM MARRIAGES

Marriages may be solemnized throughout the state by an individual who has attained the age of 21 years and is a judge of a court of record, a retired judge of a court of record, a court administrator, a retired court administrator with the approval of the judicial district, a former court commissioner who is employed by the court system or is acting pursuant to an order of the chief judge of the commissioner's judicial district, the residential school superintendent of the Minnesota State Academy for the Deaf and the Minnesota State Academy for the Blind, a licensed or ordained minister of any religious denomination, or by any mode recognized in section 517.18.

MS 517.05 – CREDENTIALS OF MINISTRY

Ministers of any religious denomination, before they are authorized to solemnize a marriage, shall file a copy of their credentials of license or ordination or, if their religious denomination does not issue credentials, authority from the minister's spiritual assembly, with the local registrar of a county in this state, who shall record the same and give a certificate thereof. The place where the credentials are recorded shall be endorsed upon and recorded with each certificate of marriage granted by a minister.

I do hereby acknowledge that I have read the above Minnesota State Statutes and confirm that I am qualified under MS 517.04 to perform marriage and believe the attached document is in compliance with MS 517.05.

- My authority to perform marriages has no expiration date.
- My authority to perform marriages expires on: Date _____

Signature of Officiant: _____

Printed Name: _____

Street Address: _____

City, State & Zip: _____

Phone: _____ Email: _____

STATE OF MINNESOTA / COUNTY OF OLMSTED

This documentation you have presented, which you state is in compliance with MS 517.05, has been filed in this office on day _____ of _____, 20_____.

Mary Blair-Hoeft, Vital Records & Licensing By: _____

Deputy



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Payment and Mailing

OFFICIANTS NAME:

--Payment of \$20 required for filing Ordination Credentials--

PAYMENT OPTIONS:

PAYMENT BY PERSONAL CHECK OR MONEY ORDER

Please make payable to: *Olmsted County Vital Records*

PAYMENT BY CREDIT CARD (Cardholder name must match officiants name)

(There will be a 2.49% convenience fee for all card payments)

[CIRCLE ONE] Visa - Mastercard - Discover - American Express

Credit Card Number: _____

Expiration Date: ____/____

Security Code: _____

Your name as it appears on your card: _____

Signature Authorizing Credit Card Charge: _____

SEND APPLICATION AND PAYMENT:

BY FAX:

(507) 328-7965

BY MAIL:

Olmsted County Vital Records

151 4th Street SE

Rochester, Minnesota 55904-3709