

Reduced Marriage Fee Educators Statement

Instructions:

- 1. Must be printed on the LETTERHEAD of the educator.**
- 2. Applicants names MUST match the names on the Marriage License Application.**

I, _____, confirm that _____ and
(Name of Educator) (Applicant 1, complete name)

_____ received at least 12 hours of premarital education that included the
(Applicant 2, complete name)

use of a premarital inventory and the teaching of communication and conflict management skills. I am a licensed or ordained minister, a person authorized to solemnize marriages under Minnesota Statutes, section 517.18, or a person licensed to practice marriage and family therapy under Minnesota Statutes, section 148B.33.

Date _____

(Signature of Educator)

(Print Name)

(Address)

(Phone Number)

State of

ss.

County of

ss.

Subscribed and sworn to before me on this _____ day of _____, 20____.

Notary
Seal

Signature of Notary Public

Phone Number of Notary Public