

**BROWN COUNTY,
MINNESOTA
CERTIFICATE OF FILING**

MINNESOTA STATUTE 517.04 PERSONS AUTHORIZED TO PERFORM CIVIL MARRIAGES.

Civil 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 chief judge 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, an individual who registers as a civil marriage officiant with a local registrar in a county of this state, or by any mode recognized in section 517.18. For purposes of this section, a court record includes the Office of Administrative Hearings under section 14.48.

MINNESOTA STATUTE 517.05 CREDENTIALS OF MINISTER.

Ministers of any religious denomination, before they are authorized to solemnize a civil 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 of filing thereof. The place where the credentials are recorded shall be endorsed upon and recorded with each certificate of civil marriage granted by a minister.

Choose One:

I am qualified under M.S. 517.04 to perform marriages.

I am qualified under M.S. 517.05 to perform marriages and attached credentials or a letter of good standing.

Choose One:

My authority to perform marriages has no expiration date.

My authority to perform marriages expires on _____.

Print Name: _____

Address: _____

Phone Number: _____

Email: _____

Age _____ Date of Birth _____

I, the undersigned, hereby declare under oath that I have read the above Minnesota State Statutes and I declare the information provided to be true and correct. A copy of my credentials of license or ordination or letter of good standing is attached per MN Statute 517.05, if applicable.

Dated: _____ X _____
(Signature of Officiant)

STATE OF _____)

COUNTY OF _____)

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

(Seal) _____

STATE OF MINNESOTA, COUNTY OF BROWN

The documentation you have presented, which you state is in compliance with MS 517.05, has been filed in this office on _____, as file number _____.

Mary Schriener, Local Registrar of Vital Statistics _____, Deputy

Filing Instructions**In Person:**

Need a valid government issued photo ID
 Sign Certificate of Filing when present at the Recorder's Office
 Present credentials of license or ordination or letter of good standing if applicable (M.S. 517.05)

Brown County Courthouse
 14 South State Street
 New Ulm MN 56073

By Mail:

Complete Certificate of Filing – Signature will need to be notarized
 Present credentials of license or ordination or letter of good standing if applicable (M.S. 517.05)
 Filing Fee – Check is made payable to the Brown County Auditor/Treasurer

Brown County Recorder's Office
 P O Box 248
 New Ulm MN 56073

By E-Mail/Fax:

Complete Certificate of Filing – Signature will need to be notarized
 Present credentials of license or ordination or letter of good standing if applicable (M.S. 517.05)
 Scan will need to be a black and white scan PDF or TIFF format. Photos are not allowed.

E-mail: recorder@co.brown.mn.us
 Fax to: 507-233-6668

Certificate of Filing and ordination certificate or letter of good standing, if submitted, will be returned by mail to the address on the certificate of filing.

Fee and Payment Information

Item	Fee Per Item	Total
Certificate of Filing	\$50.00	
<input type="checkbox"/> Check – Make payable to Brown County	\$ 0.00	
<input type="checkbox"/> Credit Card – A \$3.00 fee will be added	\$ 3.00	
Name on Card:		
Card Number:		
Expiration Date:	Security Code:	
	Total	