

**This is a sample of the Statement of Premarital Education. This information must be provided at the time of applying for the marriage license. A signed, dated and notarized statement from the person who provided the premarital education on their letterhead confirming that it was received must be provided. A church seal may now be used in lieu of a notary signature.**

**Minnesota Statute 517.08, subd. 1 c**

The marriage license fee for parties who have completed at least 12 hours of premarital education is \$40. In order to qualify for the reduced license fee, the parties must submit at the time of applying for the marriage license a signed, dated, and notarized statement from the person who provided the premarital education on their letterhead confirming that it was received. The premarital education must be provided by a licensed or ordained minister or the minister's designee, a person authorized to solemnize marriages under section 517.18, or a person authorized to practice marriage and family therapy under section 148B.33. The education must include the use of a premarital inventory and the teaching of communication and conflict management skills.

**STATEMENT OF PREMARITAL EDUCATION**

"I, \_\_\_\_\_, confirm that  
(Name of Educator)

\_\_\_\_\_ and \_\_\_\_\_  
Name of bride Name of groom

received at least 12 hours of premarital education that included the 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."

Dated: \_\_\_\_\_  
Signature of Educator

\_\_\_\_\_  
Printed Name of Educator

NOTE: The names of the parties in the educator's statement must be identical to the legal names of the parties as they appear in the marriage license application.

**NOTARY PUBLIC**

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Typed name of Notary

My commission expires: \_\_\_\_\_, 20\_\_\_\_.

**Notary Seal**

Dakota County  
Office Use only area