



Office use only:	
Date Received	_____
Date of marriage	_____
Package number	_____
Approved by	_____

Administration Center
1590 Highway 55
Hastings, MN 55033

Northern Service Center
1 Mendota Road West
West St. Paul, MN 55118

Western Service Center
14955 Galaxie Avenue
Apple Valley, MN 55124

Affidavit to Amend a Marriage Record

Complete this section using the information as <u>currently shown</u> on the record			
Applicant 1	Before marriage first name	Before marriage middle name	Before marriage last name
	After marriage first name	After marriage middle name	After marriage last name
Applicant 2	Before marriage first name	Before marriage middle name	Before marriage last name
	After marriage first name	After marriage middle name	After marriage last name
Requester information – information about you			
I am requesting that Dakota county amend the marriage record because:			Requester's phone
Requester name		Requester address	
I have attached the following documentation in support of my request:			
I am:	<input type="checkbox"/> Applicant 1 or Applicant 2 <input type="checkbox"/> The person who officiated the marriage ceremony (in order to change the date or place of marriage) <input type="checkbox"/> A representative of Dakota County		
What item(s) do you want added, deleted or amended?		How do you want the information to show on the record?	
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	
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	



REQUIRED – Requester (applicant 1) sign this application in front of a County Clerk or a Notary Public						
<i>I certify that the information provided on this application is accurate and complete to the best of my knowledge.</i>						
Your (requester's) signature			Notary Stamp/Seal			
Sworn to/affirmed before me on _____ day of _____, 20_____.						
Printed name of Notary Public						
Notary Public signature		My commission expires				
REQUIRED – Requester (applicant 2) sign this application in front of a County Clerk or a Notary Public						
<i>I certify that the information provided on this application is accurate and complete to the best of my knowledge.</i>						
Your (requester's) signature			Notary Stamp/Seal			
Sworn to/affirmed before me on _____ day of _____, 20_____.						
Printed name of Notary Public						
Notary Public signature		My commission expires				
If changing the date or place of marriage, both applicants AND the officiant need to sign the form in front of a County Clerk or a Notary Public.						
Officiant Information	Officiant name		Officiant email		Officiant phone number	
	Officiant street address		City		State	Zip
<i>I certify that the information provided on this application is accurate and complete to the best of my knowledge.</i>						
Your signature				Notary Stamp/Seal		
Sworn to/affirmed before me on _____ day of _____, 20_____.						
Printed name of Notary Public						
Notary Public signature		My commission expires				
Marriage record amendment fee is due with the application and non-refundable.						\$40.00
Make checks payable to Dakota County.						