CERTIFICATE OF FILING

MS 517.04 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 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 administrators 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 MINISTER.
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 of filing thereof. The place where the credentials are recorded shall be endorsed upon and recorded with each certificate of marriage granted by a minister.

_____My authority to perform marriages expires _____/_____/_____.

_____My authority to perform marriages has no expiration date.

Print name: _____

Address: _____

_____

Phone Number: _____

Age: _____ Date of Birth: _____/_____/_____

I, the undersigned, hereby declare under oath that I have read the above Minnesota State Statutes and confirm that I am qualified under MN Statute Section 517.04 to perform marriages and believe the attached document is in compliance with MN Statute Section 517.05 and the information provided to be true and correct.

Dated: _____/_____/_____ X_____
(Signature of Minister)

STATE OF _____)
)SS.
COUNTY OF _____)

Acknowledged before me this _____day of _____, 20_____ by _____.
(Notary must view photo ID to verify the person signing is the person named in this document)

_____
(Notary Public Signature)

(Notary seal must be legible)

_____
(Print Notary Public Name)

_____
(Notary Address)

_____

_____
(Notary Phone Number)

STATE OF MINNESOTA
COUNTY OF WADENA
The documentation you have presented, which you state is in compliance with MS 517.04 & MS 517.05, has been filed in this office this _____ day of _____, 20_____.

_____
Soledad Henriksen, Wadena County Recorder
File No. _____ Local Registrar (seal)