

# 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