

Date of Application \_\_\_\_\_

Date License Valid \_\_\_\_\_

Marriage License No. \_\_\_\_\_

**Application and Affidavit for Marriage License (Applicant A)**

State of WASHINGTON

County of \_\_\_\_\_

I, the undersigned, do solemnly swear or affirm, that the information on this form is true: that I am eighteen years of age or older or qualify as designated below; I do not have any contagious sexually transmitted disease, or if so, the condition is known to the other applicant; that I am not related to the other applicant; and, further, that I do not currently have a spouse or a registered domestic partner other than the other party to this marriage. Marriage license is not valid for 3 days from date of application and is void if marriage is not solemnized in the State of Washington within sixty (60) days of issuance of license.

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Birth Place \_\_\_\_\_ Male  Female   
(Check One) Single  Widowed  Divorced  Domestic Partnership  Under Control of Guardian

Address Present \_\_\_\_\_ County \_\_\_\_\_

Address Past Six Months \_\_\_\_\_ County \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Deputy Auditor/Notary Public \_\_\_\_\_

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

**Application and Affidavit for Marriage License (Applicant B)**

State of WASHINGTON

County of \_\_\_\_\_

I, the undersigned, do solemnly swear or affirm, that the information on this form is true: that I am eighteen years of age or older or qualify as designated below; I do not have any contagious sexually transmitted disease, or if so, the condition is known to the other applicant; that I am not related to the other applicant; and, further, that I do not currently have a spouse or a registered domestic partner other than the other party to this marriage. Marriage license is not valid for 3 days from date of application and is void if marriage is not solemnized in the State of Washington within sixty (60) days of issuance of license.

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Birth Place \_\_\_\_\_ Male  Female   
(Check One) Single  Widowed  Divorced  Domestic Partnership  Under Control of Guardian

Address Present \_\_\_\_\_ County \_\_\_\_\_

Address Past Six Months \_\_\_\_\_ County \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Deputy Auditor/Notary Public \_\_\_\_\_

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

**Parents' or Guardians' Consent**

(Applicant A) Male / Female

I hereby certify that I am the Parent or Guardian of

\_\_\_\_\_ who is 17 years of age and I give my full consent to his / her marriage to

(Applicant B) Male / Female

I hereby certify that I am the Parent or Guardian of

\_\_\_\_\_ who is 17 years of age and I give my full consent to his / her marriage to

X

\_\_\_\_\_  
Signature Parent/Guardian of Applicant A

X

\_\_\_\_\_  
Signature Parent/Guardian of Applicant B

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

\_\_\_\_\_  
Deputy Auditor / Notary Public