

Affidavit of Applicant A

Must be filled in by
Applicant A

Applicant A

Check one Bride Groom Spouse

State of WASHINGTON County of Lincoln The undersigned, being first duly sworn, deposes as follows: That I am eighteen years of age or older and that if I am afflicted with any contagious sexually transmitted disease, the condition is known to Applicant B; and further, that I do not currently have a spouse or a registered domestic partner other than Applicant B and that I am not related to Applicant B.	Birthdate _____ Age _____ Birthplace _____ <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Under Control of Guardian <input type="checkbox"/> Registered Domestic Partnership	_____ Print Name in Full _____ X _____ Signature in Full _____ Subscribed and Sworn to before me on _____ day month year _____ Deputy Auditor/Notary Public
Marriage license is not valid for three (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.	Address _____ (present) Street _____ City State Zip Address _____ (Past 6 Months) Street _____ City State Zip	

Affidavit of Applicant B

Must be filled in by
Applicant B

Applicant B

Check one Bride Groom Spouse

State of WASHINGTON County of Lincoln The undersigned, being first duly sworn, deposes as follows: That I am eighteen years of age or older and that if I am afflicted with any contagious sexually transmitted disease, the condition is known to Applicant A; and further, that I do not currently have a spouse or a registered domestic partner other than Applicant A and that I am not related to Applicant A.	Birthdate _____ Age _____ Birthplace _____ <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Under Control of Guardian <input type="checkbox"/> Registered Domestic Partnership	_____ Print Name in Full _____ X _____ Signature in Full _____ Subscribed and Sworn to before me on _____ day month year _____ Deputy Auditor/Notary Public
Marriage license is not valid for three (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.	Address _____ (present) Street _____ City State Zip Address _____ (Past 6 Months) Street _____ City State Zip	

Parents' or Guardians' Consent

Applicant A I hereby certify that I am (Parent-Guardian) of _____ _____ Who is _____ years of age and give my full consent to their marriage to _____ _____ X Signature Parent/Guardian of Applicant A	Applicant B I hereby certify that I am (Parent-Guardian) of _____ _____ Who is _____ years of age and give my full consent to their marriage to _____ _____ X Signature Parent/Guardian of Applicant B	_____ Subscribed and Sworn to before me on _____ day month year _____ Deputy Auditor/Notary Public
---	---	---

Date of Application

Date License Valid

Marriage License No.