

Marriage License Application



Affidavit of Male

STATE OF WASHINGTON

The undersigned, being first duly sworn, deposes as follows: That I am eighteen years of age or older or if not, have parental, guardian, or court waiver as documented on the attached supplemental application; that if I am afflicted with any contagious sexually transmitted disease, the condition is known to the female applicant, and further, that I am not related to the female applicant. I understand that this marriage license is not valid for three (3) days from the date the application is filed and is void if the marriage is not solemnized within (60) days of the issuance of the license. I further understand that the marriage must be solemnized in Washington State.

Applicant Name (must print legal name in full) _____

Birth Date _____ Age _____

Birth Place _____

Present Address _____

City _____ State _____ Zip _____

Previous Address _____

City _____ State _____ Zip _____

Subscribed to and sworn before me this _____ day of _____, _____.

Signature _____

Single Widowed Divorced

Under Control of Guardian (must complete supplemental application)

SEAL

Signature of: Deputy Auditor Notary Public

Affidavit of Female

STATE OF WASHINGTON

The undersigned, being first duly sworn, deposes as follows: That I am eighteen years of age or older or if not, have parental, guardian, or court waiver as documented on the attached supplemental application; that if I am afflicted with any contagious sexually transmitted disease, the condition is known to the male applicant, and further, that I am not related to the male applicant. I understand that this marriage license is not valid for three (3) days from the date the application is filed and is void if the marriage is not solemnized within (60) days of the issuance of the license. I further understand that the marriage must be solemnized in Washington State.

Applicant Name (must print legal name in full) _____

Birth Date _____ Age _____

Birth Place _____

Present Address _____

City _____ State _____ Zip _____

Previous Address _____

City _____ State _____ Zip _____

Subscribed to and sworn before me this _____ day of _____, _____.

Signature _____

Single Widowed Divorced

Under Control of Guardian (must complete supplemental application)

SEAL

Signature of: Deputy Auditor Notary Public

➤ Please provide: Phone No. () _____ Planned Wedding Date (if known) _____

OFFICIAL USE ONLY

Issued by _____ Location _____ Payment _____

