

Marriage License Application



Affidavit

STATE OF WASHINGTON, King County

The undersigned, being first duly sworn, deposes as follows: That I am eighteen (18) years of age or older; that if I am afflicted with any contagious sexually transmitted disease, the condition is known to the other applicant, and further, that I am not related to the other 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's Full Legal Name (First Middle Last) _____

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

SEAL

Signature of: Deputy Auditor Notary Public

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

Signature _____

Single Widowed Divorced

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Signature of: Deputy Auditor Notary Public

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

OFFICIAL USE ONLY

Issued by _____ Location _____ Payment _____

