

King County Recorder's Office 201 S Jackson St, Suite 204 Seattle, WA 98104 **206-477-6620** Fax 206-205-8396 TTY Relay 711

## **Send Document(s) to:**

(Name/C	ompany)	
(Street Address)		(Apt/Unit)
(Use this line for continuation of you	ır shipping address	s)
(City)	(State)	(Zip Code)
Phone number: ()	-	

## **AFFIDAVIT OF LOSS**

(Marriage License)

I,	,, do hereby swear that the following locument(s)
	Marriage License (the document kept by the Officiant for their records)  Commemorative Marriage Certificate (decorative gold/red copy)
	State Department of Health Marriage Certificate (actual proof of marriage)
King furth not b upor rely, marr docu	ing Marriage License number, issued to me by the g County Recorder's Office, has/have been lost, stolen, and/or destroyed. I her swear that to the best of my knowledge said marriage document(s) has/have been used for fraudulent purposes. I make this statement as a material fact, a which I recognize and intend that the King County Recorder's Office will, and as an inducement to cause the issuance of duplicate or replacement riage documents. If the original(s) is/are found, I will destroy the duplicate ament(s) immediately.  //or designate my Officiant to file for the Affidavit of Loss.
	Signature
	ciant Signature: ciant Name (print):