Marriage License Application



STATE OF WASHINGTON, King County	Affidavit		
The undersigned, being first duly sworn, deposes as follows: That I am eighteen (18) 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 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	Signature □ Single □ Widowed □ Divorced		
Birth Place	☐ Under Control of Guardian (must complete supplemental application)		
Present Address	4		
City State Zip Previous Address	SEAL		
City State Zip			
Subscribed to and sworn before me this day of			
	Signature of: ☐ Deputy Auditor ☐ Notary Public		
The undersigned, being first duly sworn, deposes as follows: That I am eighteen (18) 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 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.			
The undersigned, being first duly sworn, deposes as follow have parental, guardian, or court waiver as documented on with any contagious sexually transmitted disease, the cond not related to the other applicant. I understand that this mathe application is filed and is void if the marriage is not sole	the attached supplemental application; that if I am afflicted ition is known to the other applicant, and further, that I am rriage license is not valid for three (3) days from the date mnized within (60) days of the issuance of the license.		
The undersigned, being first duly sworn, deposes as follow have parental, guardian, or court waiver as documented on with any contagious sexually transmitted disease, the cond not related to the other applicant. I understand that this mathe application is filed and is void if the marriage is not sole	s: That I am eighteen (18) years of age or older or if not, the attached supplemental application; that if I am afflicted ition is known to the other applicant, and further, that I am rriage license is not valid for three (3) days from the date mnized within (60) days of the issuance of the license.		
The undersigned, being first duly sworn, deposes as follow have parental, guardian, or court waiver as documented on with any contagious sexually transmitted disease, the cond not related to the other applicant. I understand that this mathe application is filed and is void if the marriage is not sole I further understand that the marriage must be solemnized Applicant's Full Legal Name (First Middle Last)	s: That I am eighteen (18) years of age or older or if not, the attached supplemental application; that if I am afflicted ition is known to the other applicant, and further, that I am rriage license is not valid for three (3) days from the date mnized within (60) days of the issuance of the license. in Washington State. Signature		
The undersigned, being first duly sworn, deposes as follow have parental, guardian, or court waiver as documented on with any contagious sexually transmitted disease, the cond not related to the other applicant. I understand that this ma the application is filed and is void if the marriage is not sole I further understand that the marriage must be solemnized Applicant's Full Legal Name (First Middle Last) Birth Date Age	s: That I am eighteen (18) years of age or older or if not, the attached supplemental application; that if I am afflicted ition is known to the other applicant, and further, that I am rriage license is not valid for three (3) days from the date mnized within (60) days of the issuance of the license. in Washington State. Signature Signature Signature		
The undersigned, being first duly sworn, deposes as follow have parental, guardian, or court waiver as documented on with any contagious sexually transmitted disease, the cond not related to the other applicant. I understand that this ma the application is filed and is void if the marriage is not sole I further understand that the marriage must be solemnized Applicant's Full Legal Name (First Middle Last) Birth Date Age Birth Place	s: That I am eighteen (18) years of age or older or if not, the attached supplemental application; that if I am afflicted ition is known to the other applicant, and further, that I am rriage license is not valid for three (3) days from the date mnized within (60) days of the issuance of the license. in Washington State. Signature		
The undersigned, being first duly sworn, deposes as follow have parental, guardian, or court waiver as documented on with any contagious sexually transmitted disease, the cond not related to the other applicant. I understand that this mathe application is filed and is void if the marriage is not sole I further understand that the marriage must be solemnized Applicant's Full Legal Name (First Middle Last) Birth Date Age Birth Place Present Address City State Zip	s: That I am eighteen (18) years of age or older or if not, the attached supplemental application; that if I am afflicted ition is known to the other applicant, and further, that I am rriage license is not valid for three (3) days from the date mnized within (60) days of the issuance of the license. in Washington State. Signature Signature Signature Under Control of Guardian Instrumental application		
The undersigned, being first duly sworn, deposes as follow have parental, guardian, or court waiver as documented on with any contagious sexually transmitted disease, the cond not related to the other applicant. I understand that this mathe application is filed and is void if the marriage is not sole I further understand that the marriage must be solemnized Applicant's Full Legal Name (First Middle Last) Birth Date Age Birth Place Present Address	s: That I am eighteen (18) years of age or older or if not, the attached supplemental application; that if I am afflicted ition is known to the other applicant, and further, that I am rriage license is not valid for three (3) days from the date mnized within (60) days of the issuance of the license. in Washington State. Signature Signature Signature Under Control of Guardian Instrumental application		
The undersigned, being first duly sworn, deposes as follow have parental, guardian, or court waiver as documented on with any contagious sexually transmitted disease, the cond not related to the other applicant. I understand that this mathe application is filed and is void if the marriage is not sole I further understand that the marriage must be solemnized Applicant's Full Legal Name (First Middle Last) Birth Date Age Birth Place Present Address City State Zip Previous Address	s: That I am eighteen (18) years of age or older or if not, the attached supplemental application; that if I am afflicted ition is known to the other applicant, and further, that I am rriage license is not valid for three (3) days from the date mnized within (60) days of the issuance of the license. in Washington State. Signature Signature Signature Under Control of Guardian Instrumental application		
The undersigned, being first duly sworn, deposes as follow have parental, guardian, or court waiver as documented on with any contagious sexually transmitted disease, the cond not related to the other applicant. I understand that this mathe application is filed and is void if the marriage is not sole I further understand that the marriage must be solemnized Applicant's Full Legal Name (First Middle Last) Birth Date Age Birth Place Present Address City State Zip City State Zip	s: That I am eighteen (18) years of age or older or if not, the attached supplemental application; that if I am afflicted ition is known to the other applicant, and further, that I am rriage license is not valid for three (3) days from the date mnized within (60) days of the issuance of the license. in Washington State. Signature Signature Signature Under Control of Guardian Instrumental application		
The undersigned, being first duly sworn, deposes as follow have parental, guardian, or court waiver as documented on with any contagious sexually transmitted disease, the cond not related to the other applicant. I understand that this mathe application is filed and is void if the marriage is not sole I further understand that the marriage must be solemnized Applicant's Full Legal Name (First Middle Last) Birth Date Age Birth Place Present Address City State Zip Previous Address	s: That I am eighteen (18) years of age or older or if not, the attached supplemental application; that if I am afflicted ition is known to the other applicant, and further, that I am rriage license is not valid for three (3) days from the date mnized within (60) days of the issuance of the license. in Washington State. Signature Signature Signature Under Control of Guardian Industry complete supplemental application)		
The undersigned, being first duly sworn, deposes as follow have parental, guardian, or court waiver as documented on with any contagious sexually transmitted disease, the cond not related to the other applicant. I understand that this mathe application is filed and is void if the marriage is not sole I further understand that the marriage must be solemnized Applicant's Full Legal Name (First Middle Last) Birth Date Age Birth Place Present Address City State Zip City State Zip	s: That I am eighteen (18) years of age or older or if not, the attached supplemental application; that if I am afflicted ition is known to the other applicant, and further, that I am rriage license is not valid for three (3) days from the date mnized within (60) days of the issuance of the license. in Washington State. Signature Signature Signature Under Control of Guardian (must complete supplemental application)		
The undersigned, being first duly sworn, deposes as follow have parental, guardian, or court waiver as documented on with any contagious sexually transmitted disease, the cond not related to the other applicant. I understand that this mat the application is filed and is void if the marriage is not sole I further understand that the marriage must be solemnized Applicant's Full Legal Name (First Middle Last) Birth Date Age Birth Place Present Address City State Zip Subscribed to and sworn before me this day of,	s: That I am eighteen (18) years of age or older or if not, the attached supplemental application; that if I am afflicted ition is known to the other applicant, and further, that I am rriage license is not valid for three (3) days from the date mnized within (60) days of the issuance of the license. in Washington State. Signature Signature Signature Under Control of Guardian (must complete supplemental application)		

OFFICIAL USE ONLY			
Issued by	Location	_ Payment	