

Affidavit of Applicant A
Applicant for Marriage License

Must be filled in by
Applicant A

Applicant A

State of WASHINGTON County of Pend Oreille The undersigned, being first duly sworn, deposes as follows: That if I am afflicted with any contagious sexually transmitted disease, the condition is known to 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	_____ Print Name in Full X _____ Signature in Full Subscribed and Sworn to before me on _____ day month year
	Address _____ (present) Street _____ City State Zip	
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 _____ (Past 6 Months) Street _____ City State Zip	_____ Deputy Auditor/Notary Public
	_____ City State Zip	_____ Deputy Auditor/Notary Public

Affidavit of Applicant B
Applicant for Marriage License

Must be filled in by
Applicant B

Applicant B

State of WASHINGTON County of Pend Oreille The undersigned, being first duly sworn, deposes as follows: That if I am afflicted with any contagious sexually transmitted disease, the condition is known to 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	_____ Print Name in Full X _____ Signature in Full Subscribed and Sworn to before me on _____ day month year
	Address _____ (present) Street _____ City State Zip	
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 _____ (Past 6 Months) Street _____ City State Zip	_____ Deputy Auditor/Notary Public
	_____ City State Zip	_____ Deputy Auditor/Notary Public

Parents' or Guardians' Consent

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

_____ **Date of Application**

_____ **Date License Valid**

_____ **Marriage License No.**