Application for Marriage License



Affidavit of Party A

State of Washington - County of Snohomish

The undersigned, being first duly sworn, deposes as follows: I am not afflicted with any contagious sexually transmitted disease or if I am afflicted with a contagious sexually transmitted disease, this fact is known to the other applicant and 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 of application and is void if the marriage is not solemnized in the State of Washington within sixty (60) days of the issuance of the license and that the following is true and accurate.

(Print full legal name)				Signature		
Date of Birth		Age		Birth Place		
-	(MM/DD/YYY	YY)				
Check boxes that apply:	Single	U Widowed	Divorced	Domestic partnership with Party B	Under contro	of guardian
Current Address						
	S	itreet Address (no F	PO Box)	City,	State,	Zip
Previous Addres	S					
	S	itreet Address (no F	PO Box)	City,	State,	Zip
				Place not	tary seal here	
Subscribed and	sworn to this	da	ay of			
		_ ,	·			
Deputy Au	ditor / Notary P	ublic Signature				
	,	с. <u>к</u>		the presence of a Deputy Audito		
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