

# Application for Marriage License



## State of Washington - County of Snohomish

## Affidavit of Party A

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.

Name \_\_\_\_\_  
(Print full legal name) Signature \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Birth Place \_\_\_\_\_  
(MM/DD/YYYY)

Check boxes that apply:  Single  Widowed  Divorced  Domestic partnership with Party B  Under control of guardian

Current Address \_\_\_\_\_  
Street Address (no PO Box) City, State, Zip

Previous Address \_\_\_\_\_  
Street Address (no PO Box) City, State, Zip

Subscribed and sworn to this \_\_\_\_\_ day of \_\_\_\_\_

Place notary seal here

\_\_\_\_\_  
Deputy Auditor / Notary Public Signature

*Notary signature and stamp required for each signature not completed in the presence of a Deputy Auditor.*

## State of Washington - County of Snohomish

## Affidavit of Party B

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.

Name \_\_\_\_\_  
(Print full legal name) Signature \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Birth Place \_\_\_\_\_  
(MM/DD/YYYY)

Check boxes that apply:  Single  Widowed  Divorced  Domestic partnership with Party A  Under control of guardian

Current Address \_\_\_\_\_  
Street Address (no PO Box) City, State, Zip

Previous Address \_\_\_\_\_  
Street Address (no PO Box) City, State, Zip

Subscribed and sworn to this \_\_\_\_\_ day of \_\_\_\_\_

Place notary seal here

\_\_\_\_\_  
Deputy Auditor / Notary Public Signature

*Notary signature and stamp required for each signature not completed in the presence of a Deputy Auditor.*