

# Marriage License Application



Department of Executive Services  
Records and Licensing Services

King County

STATE OF WASHINGTON, KING COUNTY **Affidavit**

The undersigned, being first duly sworn, deposes as follows: That I am eighteen 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 sixty (60) days of the issuance of the license. I further understand that the marriage must be solemnized in Washington State.

Applicant Name (must print legal name in full) \_\_\_\_\_ Signature \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_  Single  Widowed  Divorced

Birth Place \_\_\_\_\_  Under Control of Guardian (supplemental application) must complete

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Previous Address \_\_\_\_\_ (past 6 months)

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

Signature of:  Deputy Auditor  Notary Public

SEAL

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Signature of:  Deputy Auditor  Notary Public

SEAL

**Please provide:** Phone No. ( ) \_\_\_\_\_ Planned Wedding Date (if known) \_\_\_\_\_

OFFICE USE ONLY

Issued by \_\_\_\_\_ Location \_\_\_\_\_ Payment \_\_\_\_\_

