

APPLICATION FOR MARRIAGE LICENSE
 STATE OF WASHINGTON – COUNTY OF FERRY



The undersigned applicants, being first duly sworn, depose as follows: That I am eighteen years of age or older or if not, have parental or guardian consent (by signature below), or a court waiver is attached; that if I am afflicted with any contagious sexually transmitted disease, the condition is known 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 within sixty (60) days of the issuance of the license (dates printed on license and certificates). I further understand that the marriage must be solemnized in Washington State. RCW 26.04.210

AGE _____ BIRTHDATE ____/____/____
Month Day Year

AGE _____ BIRTHDATE ____/____/____
Month Day Year

BIRTHPLACE _____
 Please check one box below:

BIRTHPLACE _____
 Please check one box below:

- SINGLE DIVORCED
 WIDOWED UNDER CONTROL OF GUARDIAN

- SINGLE DIVORCED
 WIDOWED UNDER CONTROL OF GUARDIAN

PRESENT RESIDENTIAL ADDRESS _____
 CITY STATE ZIP

PRESENT RESIDENTIAL ADDRESS _____
 CITY STATE ZIP

Print name in full _____

Print name in full _____

SIGNATURE _____

SIGNATURE _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS
 DAY OF _____, 20

SUBSCRIBED AND SWORN TO BEFORE ME THIS
 DAY OF _____, 20

Deputy Auditor, Ferry County, Washington OR Notary Public

Deputy Auditor, Ferry County, Washington OR Notary Public

•MALE APPLICANT'S PARENT/GUARDIAN

I hereby certify that I am (Parent/Guardian) of _____, who is under legal age, and give my full consent to his marriage to _____.

Signature _____ Print name in full _____

Deputy Auditor, Ferry County, Washington OR Notary Public

•FEMALE APPLICANT'S PARENT/GUARDIAN

I hereby certify that I am (Parent/Guardian) of _____, who is under legal age, and give my full consent to her marriage to _____.

Signature _____ Print name in full _____

Deputy Auditor, Ferry County, Washington OR Notary Public

DATE OF APPLICATION: _____

LICENSE VALID: _____

LICENSE NUMBER: _____