

**Application and Affidavit for Marriage License (Applicant A)**

**State of WASHINGTON  
County of Franklin**

I, the undersigned, do solemnly swear or affirm, that the information on this form is true; and that I am eighteen years of age or older or qualify as designated below. I am not afflicted with any contagious sexually transmitted disease, or if present, the condition is known to the other applicant, and further, that I am not related to the other applicant. Marriage license is not valid for 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.

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ **(Check One)** Single  Widowed  Divorced  Under Control of Guardian   
Birth Place \_\_\_\_\_ Occupation \_\_\_\_\_  
Address Present \_\_\_\_\_ County \_\_\_\_\_  
Address Past Six Months \_\_\_\_\_ County \_\_\_\_\_  
Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Deputy Auditor/Notary Public \_\_\_\_\_  
Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

**Application and Affidavit for Marriage License (Applicant B)**

**State of WASHINGTON  
County of Franklin**

I, the undersigned, do solemnly swear or affirm, that the information on this form is true; and that I am eighteen years of age or older or qualify as designated below. I am not afflicted with any contagious sexually transmitted disease, or if present, the condition is known to the other applicant, and further, that I am not related to the other applicant. Marriage license is not valid for 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.

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ **(Check One)** Single  Widowed  Divorced  Under Control of Guardian   
Birth Place \_\_\_\_\_ Occupation \_\_\_\_\_  
Address Present \_\_\_\_\_ County \_\_\_\_\_  
Address Past Six Months \_\_\_\_\_ County \_\_\_\_\_  
Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Deputy Auditor/Notary Public \_\_\_\_\_  
Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

**Parents' or Guardians' Consent**

**(Applicant A) Male / Female**  
I hereby certify that I am the Parent or Guardian of

\_\_\_\_\_ who is 17 years of age and I give my full consent to his / her marriage to

**(Applicant B) Male / Female**  
I hereby certify that I am the Parent or Guardian of

\_\_\_\_\_ who is 17 years of age and I give my full consent to his / her marriage to

**X**  
\_\_\_\_\_  
Signature Parent/Guardian of Applicant A

**X**  
\_\_\_\_\_  
Signature Parent/Guardian of Applicant B

**Subscribed and sworn to before me**  
on \_\_\_\_\_ day of \_\_\_\_\_ of 20 \_\_\_\_.

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