

APPLICATION FOR MARRIAGE LICENSE



State of Washington - County of Snohomish

Affidavit of Male

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 female applicant and that I am not related to the female 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 (Must Print Legal Name in Full)		Signature	
Birth Date _____ Age _____		<input type="radio"/> Single	<input type="radio"/> Widowed <input type="radio"/> Divorced
Birth Place _____		<input type="radio"/> Under Control of Guardian	
Present Address _____ (Street Address - No PO Boxes)	City _____	State _____	Zip _____
Previous Address _____ (Past 6 Months)	City _____	State _____	Zip _____
Subscribed and sworn to this _____ day of _____, _____.		_____ Deputy Auditor / Notary Public USE BLACK INK ONLY	

State of Washington - County of Snohomish

Affidavit of Female

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 male applicant and that I am not related to the male 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 (Must Print Legal Name in Full)		Signature	
Birth Date _____ Age _____		<input type="radio"/> Single	<input type="radio"/> Widowed <input type="radio"/> Divorced
Birth Place _____		<input type="radio"/> Under Control of Guardian	
Present Address _____ (Street Address - No PO Boxes)	City _____	State _____	Zip _____
Previous Address _____ (Past 6 Months)	City _____	State _____	Zip _____
Subscribed and sworn to this _____ day of _____, _____.		_____ Deputy Auditor / Notary Public USE BLACK INK ONLY	