

**Application and Affidavit for Marriage License (Applicant A)**  
**State of WASHINGTON**  
**County of Columbia**

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 do not have any contagious sexually transmitted disease, or if so, the condition is known to the other applicant; that I am not related to the other applicant; and further, that I do not currently have a spouse or a registered domestic partner other than the other party to this marriage. 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 \_\_\_\_\_ Birth Place \_\_\_\_\_ Male  Female   
 (Check One) Single  Widowed  Divorced  Domestic Partnership  # \_\_\_\_\_ Under Control of Guardian   
 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 Columbia**

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 do not have any contagious sexually transmitted disease, or if so, the condition is known to the other applicant; that I am not related to the other applicant; and further, that I do not currently have a spouse or a registered domestic partner other than the other party to this marriage. 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 \_\_\_\_\_ Birth Place \_\_\_\_\_ Male  Female   
 (Check One) Single  Widowed  Divorced  Domestic Partnership  # \_\_\_\_\_ Under Control of Guardian   
 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 \_\_\_\_\_  
 \_\_\_\_\_  
**X**  
 Signature Parent/Guardian of Applicant A

(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 B

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ of 20\_\_\_\_.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Deputy Auditor / Notary Public

Date of Application \_\_\_\_\_ License Valid \_\_\_\_\_ License Number \_\_\_\_\_



Washington State  
**CERTIFICATE OF MARRIAGE**

COUNTY OF LICENSE:	
DATE VALID	NOT VALID AFTER

Marriage ceremony must be performed in the State of Washington.

Please type or print clearly in permanent black ink.

State File Number

<b>COUNTY AUDITOR</b>			
COUNTY AUDITOR'S SIGNATURE <b>X</b>		DATE RECEIVED (MM DD YYYY)	
<b>PERSON A</b> CHECK ONE <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE		<b>PERSON B</b> CHECK ONE <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE	
LEGAL NAME BEFORE MARRIAGE (FIRST/MIDDLE/LAST)		LEGAL NAME BEFORE MARRIAGE (FIRST/MIDDLE/LAST)	
BIRTH NAME (IF DIFFERENT)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTH NAME (IF DIFFERENT)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CURRENT RESIDENCE – STREET, CITY/TOWN		CURRENT RESIDENCE – STREET, CITY/TOWN	
COUNTY OF RESIDENCE	STATE OF RESIDENCE	COUNTY OF RESIDENCE	STATE OF RESIDENCE
DATE OF BIRTH (MM DD YYYY)	BIRTH STATE (IF NOT USA, PROVIDE COUNTRY)	DATE OF BIRTH (MM DD YYYY)	BIRTH STATE (IF NOT USA, PROVIDE COUNTRY)
MOTHER/PARENT BIRTH NAME		MOTHER/PARENT BIRTH NAME	
FATHER/PARENT BIRTH NAME		FATHER/PARENT BIRTH NAME	
MOTHER/PARENT BIRTH STATE (OR COUNTRY)	FATHER/PARENT BIRTH STATE (OR COUNTRY)	MOTHER/PARENT BIRTH STATE (OR COUNTRY)	FATHER/PARENT BIRTH STATE (OR COUNTRY)
<b>OFFICIANT</b>			
I certify that the undersigned, by authority of license issued by the County noted above, did on this day join in lawful wedlock with their mutual consent in the presence of witnesses. In testimony whereof, witness our signatures:			
DATE OF MARRIAGE (MM DD YYYY)	COUNTY OF CEREMONY	TYPE OF CEREMONY (CHECK ONE) <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> CIVIL	DATE SIGNED (MM DD YYYY)
OFFICIANT'S ADDRESS (STREET, CITY, STATE AND ZIP CODE) PLEASE PRINT			OFFICIANT'S DAYTIME PHONE
OFFICIANT'S NAME (PRINT)		OFFICIANT'S SIGNATURE <b>X</b>	
WITNESS SIGNATURE <b>X</b>		WITNESS SIGNATURE <b>X</b>	
PERSON A SIGNATURE <b>X</b>			DATE SIGNED (MM DD YYYY)
PERSON B SIGNATURE <b>X</b>			DATE SIGNED (MM DD YYYY)

Social Security Number for Applicants	
Department of Health is required to collect your Social Security Number in order to assist in child support laws (Section 7, Chapter 160 Laws of 1998). If you do not have a Social Security Number, you are required to complete the Social Security Declaration.	
PERSON A - SOCIAL SECURITY NUMBER	PERSON B - SOCIAL SECURITY NUMBER
PERSON A - NAME	PERSON B - NAME

Declaration in Absence of a Social Security Number	
I have not furnished a Social Security Number on my application for registration of a marriage certificate, because <b>I do not have a Social Security Number.</b>	
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.	
Person A Signature	Date
Person B Signature	Date

Center for Health Statistics  
**MARRIAGE CERTIFICATE  
INSTRUCTIONS**

(RCW 26.04.090)

**County Section**

- Dates Valid ----- Completed at the time the application for marriage license is filed.
- Spouse Information -- Completed at the time the application for marriage license is filed.
- Received ----- Completed by the county auditor when the certificate is filed.

**Officiant Section**

- Ceremony ----- Date and county of ceremony are required.
- Officiant Information-- Signature and complete address are required.
- Signatures ----- The signatures of the spouses, two witnesses and date signed are required.

**Back**

- SSN verification ----- Completed at the time the application for marriage license is filed.

**NOTE:** *The officiant is required by law to return the marriage certificate to the county auditor where the license was obtained within thirty (30) days of the marriage ceremony.*