

TRANSACTION #

**Affidavit of Male
Applicant for Marriage License**

Must be filled in
by male applicant

MALE

State of WASHINGTON } SS County of SKAMANIA }	Birth date _____ Age _____ Birthplace _____ Phone # _____ <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Under Control of Guardian	_____ Print Name in Full
	Address _____ (MAILING) Street	X _____ Signature in Full
The undersigned, being first duly sworn, deposes as follows: That if I am afflicted with any contagious sexually transmitted disease, the condition is known to the female 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.	City _____ State _____ Zip _____ Address _____ (STREET) Street	Subscribed and sworn to before me on _____ Month Day Year
	City _____ State _____ Zip _____ Address _____ (PAST 6 MONTHS) Street	Deputy Auditor – Notary Public:
	City _____ State _____ Zip _____	

**Affidavit of Female
Applicant for Marriage License**

Must be filled in
by female

FEMALE

State of WASHINGTON } SS County of SKAMANIA }	Birth date _____ Age _____ Birthplace _____ Phone # _____ <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Under Control of Guardian	_____ Print Name in Full
	Address _____ (MAILING) Street	X _____ Signature in Full
The undersigned, being first duly sworn, deposes as follows: That if I am afflicted with any contagious sexually transmitted disease, the condition is known to the male 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.	City _____ State _____ Zip _____ Address _____ (STREET) Street	Subscribed and sworn to before me on _____ Month Day Year
	City _____ State _____ Zip _____ Address _____ (PAST 6 MONTHS) Street	Deputy Auditor – Notary Public:
	City _____ State _____ Zip _____	

Parents' or Guardians' Consent

Male	Female	X _____ Signature Parent/Guardian of Male Applicant X _____ Signature Parent/Guardian of Female Applicant
I hereby certify that I am (Parent-Guardian) Of _____ Who is _____ years of age and give my full consent to his marriage To _____	I hereby certify that I am (Parent-Guardian) Of _____ Who is _____ years of age and give my full consent to her marriage To _____	
		Subscribed and sworn to before me on _____ Day Month Year
		Deputy Auditor – Notary Public

Date of Application

Date License Valid

Marriage License No.