

Application and Affidavit for Marriage License (Applicant A)

Transaction # _____

State of WASHINGTON

County of Skamania

I, the undersigned, do solemnly swear or affirm, that the information on this form is true: 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.

(Applicant A) Male Female

(Check One) Single Widowed Divorced Under Control of Guardian

First Name _____ **Middle Name (s)** _____ **Last Name** _____

Birth Date _____ Age _____ Birth Place _____ Phone # _____

Address Physical Present _____ County _____

Address Mailing Present _____ County _____

Address Past Six Months _____ County _____

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 Skamania

I, the undersigned, do solemnly swear or affirm, that the information on this form is true: 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.

(Applicant B) Male Female

(Check One) Single Widowed Divorced Under Control of Guardian

First Name _____ **Middle Name (s)** _____ **Last Name** _____

Birth Date _____ Age _____ Birth Place _____ Phone # _____

Address Physical Present _____ County _____

Address Mailing Present _____ County _____

Address Past Six Months _____ County _____

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