

Application and Affidavit for Marriage License (Applicant A)

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; that 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. I understand that the marriage license is not valid until 3 days after the date of issuance, and is void if the marriage is not solemnized in the State of Washington within sixty (60) days of issuance.

(Applicant A) Male Female

(Check One) Single Widowed Divorced Under Control of Guardian

Full Name _____ Last Name at Birth _____

Birthdate _____ Age _____ Birthplace _____ Phone _____

Current Address _____ County _____

Address Past Six Months _____ County _____

Signature _____ SSN _____

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; that 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. I understand that the marriage license is not valid until 3 days after the date of issuance, and is void if the marriage is not solemnized in the State of Washington within sixty (60) days of issuance.

(Applicant B) Male Female

(Check One) Single Widowed Divorced Under Control of Guardian

Full Name _____ Last Name at Birth _____

Birthdate _____ Age _____ Birthplace _____ Phone _____

Current Address _____ County _____

Address Past Six Months _____ County _____

Signature _____ SSN _____

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 _____.

Deputy Auditor/Notary Public

Date of Application

Date License Valid

Application Number