

Marriage License Application



STATE OF WASHINGTON, King County		Affidavit	
The undersigned, being first duly sworn, deposes as follows: That I am eighteen (18) years of age or older or if not, have parental, guardian, or court waiver as documented on the attached supplemental application; that if I am afflicted with any contagious sexually transmitted disease, the condition is known to the other applicant, and further, that I am not related to the other applicant. I understand that this marriage license is not valid for three (3) days from the date the application is filed and is void if the marriage is not solemnized within (60) days of the issuance of the license. I further understand that the marriage must be solemnized in Washington State.			
Applicant's Full Legal Name (First Middle Last) _____		Signature _____	
Birth Date _____	Age _____	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
Birth Place _____		<input type="checkbox"/> Under Control of Guardian <small>(must complete supplemental application)</small>	
Present Address _____			
City _____		State _____ Zip _____	
Previous Address _____			
City _____		State _____ Zip _____	
Subscribed to and sworn before me this _____ day of _____, _____.		Signature of: <input type="checkbox"/> Deputy Auditor <input type="checkbox"/> Notary Public	
SEAL			

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SEAL			

➤ Please provide: Phone No. _____ Planned Wedding Date (if known) _____

OFFICIAL USE ONLY

Issued by _____ Location _____ Payment _____

