

Application and Affidavit for Marriage License (Applicant A)

State of WASHINGTON

County of Franklin

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 on the following page; 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 ____ **(Check One)** Single __ Widowed __ Divorced __ Under Control of Guardian __

Birth Place _____ Occupation _____

Address Present _____ County _____

Address Past Six Months _____ County _____

Name _____

Signature _____

Deputy Auditor/ Notary Public _____

Subscribed and sworn to before me on this ____ day of _____, ____ A.D.

(Notary Seal)

Application and Affidavit for Marriage License (Applicant B)

State of WASHINGTON

County of Franklin

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 on the following page; 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 ____ **(Check One)** Single __ Widowed __ Divorced __ Under Control of Guardian __

Birth Place _____ Occupation _____

Address Present _____ County _____

Address Past Six Months _____ County _____

Name _____

Signature _____

Deputy Auditor/ Notary Public _____

Subscribed and sworn to before me on this ____ day of _____, ____ A.D.

(Notary Seal)