



Affidavit for Marriage License State of WASHINGTON, Stevens County

I, the undersigned, do solemnly swear or affirm, that the information on this form is true; and that I am eighteen years of age or older or if not, have parental or guardian consent, or a court wavier attached. I am not afflicted with any contagious sexually transmitted diseases, or if I am aware that I am afflicted with any contagious sexually transmitted diseases, the condition is known to the other applicant. I am not related to the other applicant. I am not registered under a Domestic Partnership. I understand that this marriage license is not valid for three (3) days from the date of application and is void if the marriage is not solemnized in the State of Washington within sixty (60) days of issuance of license.

Person A

Bride Groom Spouse

- I am eighteen years of age or older.
- I am at least seventeen years of age and my parent's or guardian's written consent for this marriage accompanies this application.

Name
First: _____ Middle: _____ Last: _____

Male Female Birth Name: _____

Single Widowed Divorced Under Control of Guardian Phone Number: _____

Current Address
Number and Street: _____ City: _____ County: _____ State: _____

Date of Birth: _____ Age: _____ Birth Place: _____ If not USA give Country: _____

Previous Address (Past 6 months)

Number and Street: _____ City: _____ County: _____ State: _____

Mother's Name (First/Middle/MaidenName): _____ Birth State/Country: _____

Father's Name (First/Middle/Last): _____ Birth State/Country: _____

Signature: _____

Subscribed and sworn to before me this _____ day of _____, _____

Deputy Auditor/Notary _____

Person B

Bride Groom Spouse

- I am eighteen years of age or older.
- I am at least seventeen years of age and my parent's or guardian's written consent for this marriage accompanies this application.

Name
First: _____ Middle: _____ Last: _____

Male Female Birth Name: _____

Single Widowed Divorced Under Control of Guardian Phone Number: _____

Current Address
Number and Street: _____ City: _____ County: _____ State: _____

Date of Birth: _____ Age: _____ Birth Place: _____ If not USA give Country: _____

Previous Address (Past 6 months)

Number and Street: _____ City: _____ County: _____ State: _____

Mother's Name (First/Middle/MaidenName): _____ Birth State/Country: _____

Father's Name (First/Middle/Last): _____ Birth State/Country: _____

Signature: _____

Subscribed and sworn to before me this _____ day of _____, _____

Deputy Auditor/Notary _____

I hereby certify that on the _____ day of _____, _____ I issued a marriage license in accordance with the above affidavits.

Tim Gray, Stevens County Auditor _____ *Deputy.*

Date of Application _____ Date License Issued: _____ License No.: _____



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State of WASHINGTON, Stevens County**

Social Security Number for Applicants

Department of Health is required to collect your Social Security Number in order to assist in child support laws (Section 7, Chapter 160 Laws of 1998). If you do not have a Social Security Number, you are required to complete the Social Security Declaration.

Person A Name

First: _____ Middle: _____ Last: _____

Social Security Number: _____

Person B Name

First: _____ Middle: _____ Last: _____

Social Security Number: _____

Declaration in Absence of a Social Security Number

*I have not furnished a Social Security Number on my application for registration of a marriage certificate, because
I do not have a Social Security Number.*

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Person A Signature _____ **Date** _____

Person B Signature _____ **Date** _____