

License Number: _____

STATE OF WASHINGTON }
COUNTY OF JEFFERSON } SS.

**AFFIDAVIT OF MALE APPLICANT FOR MARRIAGE LICENSE
MUST BE FILLED IN BY MALE APPLICANT**

Age _____ Birthdate _____ Birthplace _____

Single Widowed Divorced Under Control of Guardian

Address _____

Address _____
(past six months if different from above)

The undersigned, being first duly sworn, deposes as follows: I swear that no contagious sexually transmitted disease is present or that the condition is known to the female applicant, and that I am not related to the female applicant. **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.**

He is at least 17 years of age and his parent's or guardian's written consent, in accordance with the laws of the State of Washington, accompanies this application.

FULL NAME _____ SIGNATURE _____

Subscribed and sworn to before me this _____

DONNA M. ELDRIDGE, JEFFERSON COUNTY AUDITOR by _____
Notary or Deputy Auditor

STATE OF WASHINGTON }
COUNTY OF JEFFERSON } SS.

**AFFIDAVIT OF FEMALE APPLICANT FOR MARRIAGE LICENSE
MUST BE FILLED IN BY FEMALE APPLICANT**

Age _____ Birthdate _____ Birthplace _____

Single Widowed Divorced Under Control of Guardian

Address _____

Address _____
(past six months if different from above)

The undersigned, being first duly sworn, deposes as follows: I swear that no contagious sexually transmitted disease is present or that the condition is known to the male applicant, and that I am not related to the male applicant. **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.**

She is at least 17 years of age and her parent's or guardian's written consent, in accordance with the laws of the State of Washington, accompanies this application.

FULL NAME _____ SIGNATURE _____

Subscribed and sworn to before me this _____

DONNA M. ELDRIDGE, JEFFERSON COUNTY AUDITOR by _____
Notary or Deputy Auditor