

Date of Application _____

Date License Valid _____

Marriage License No. _____

Application and Affidavit for Marriage License (Applicant A)

State of WASHINGTON

County of Clallam

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 qualify as designated below. I do not have any contagious sexually transmitted disease, or if so,, the condition is known to the other applicant, and 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 _____ Birth Place _____

Male Female

(Check One) Single Widowed Divorced Domestic Partnership

Under Control of Guardian

Address Present _____

County _____

Address Past Six Months _____

County _____

Name _____

Signature _____

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 Clallam

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 qualify as designated below. 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 _____ Birth Place _____

Male Female

(Check One) Single Widowed Divorced Domestic Partnership

Under Control of Guardian

Address Present _____

County _____

Address Past Six Months _____

County _____

Name _____

Signature _____

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

(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

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 20 ____.

Deputy Auditor / Notary Public