

Marriage License Application

STATE OF WASHINGTON, Benton County

AFFIDAVIT – APPLICANT A

The undersigned, being first duly sworn, deposes as follows: That I am eighteen (18) years of age or older; and that if I am afflicted with any contagious sexually transmitted disease, the condition is known to Applicant B and that I am not related to Applicant B. Marriage License is not valid for three (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.

Seal

Applicant A's Printed Full Legal Name (First Middle Last)

X _____

Signature

Birth Date _____ Age _____

Birthplace _____

Present Address _____

City State Zip

Previous Address _____

City State Zip

Applicant is: Single Widowed Divorced

X _____

Signature is: Notary Public or Deputy Auditor

Subscribed to and sworn before me this _____

day of _____, 20_____

STATE OF WASHINGTON, Benton County

AFFIDAVIT – APPLICANT B

The undersigned, being first duly sworn, deposes as follows: That I am eighteen (18) years of age or older; and that if I am afflicted with any contagious sexually transmitted disease, the condition is known to Applicant A and that I am not related to Applicant A. Marriage License is not valid for three (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.

Seal

Applicant B's Printed Full Legal Name (First Middle Last)

X _____

Signature

Birth Date _____ Age _____

Birthplace _____

Present Address _____

City State Zip

Previous Address _____

City State Zip

Applicant is: Single Widowed Divorced

X _____

Signature is: Notary Public or Deputy Auditor

Subscribed to and sworn before me this _____

day of _____, 20_____

Date of Application

Date License Valid

Auditor File No.