

VOID IF MARRIAGE IS NOT SOLEMNIZED ON OR BEFORE



APPLICATION FOR MARRIAGE LICENSE

STATE OF WASHINGTON - COUNTY OF THURSTON

LICENSE NUMBER: _____

DATE OF APPLICATION: _____

RCW 26.04.180

AFFIDAVIT FOR OATH – MUST BE READ BY BOTH PARTIES

The undersigned applicants, being first duly sworn, depose as follows: That I am eighteen years of age or older or if not, have parental or guardian consent (by signature below), or a court waiver is attached; that if I am afflicted with any contagious sexually transmitted disease, the condition is known to the other applicant and I am not related to the other applicant closer than second cousin. 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 within sixty (60) days of the issuance of the license (dates printed on license and certificates). I further understand that the marriage must be solemnized in Washington State. RCW 26.04.210, 26.04.180

Male Applicant

Female Applicant

AGE _____ BIRTHDATE _____
Month Day Year

AGE _____ BIRTHDATE _____
Month Day Year

BIRTHPLACE _____

BIRTHPLACE _____

Please check one box below:

SINGLE WIDOWED DIVORCED UNDER CONTROL OF GUARDIAN

SINGLE WIDOWED DIVORCED UNDER CONTROL OF GUARDIAN

PRESENT RESIDENTIAL ADDRESS _____

PRESENT RESIDENTIAL ADDRESS _____

CITY STATE ZIPCODE

CITY STATE ZIPCODE

Print name in full _____

Print name in full _____

SIGNATURE _____

SIGNATURE _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____

DAY OF _____, 20____.

DAY OF _____, 20____.

Deputy Auditor, Thurston County, Washington
Or Notary Public

Deputy Auditor, Thurston County, Washington
Or Notary Public

Parent or Guardian's Consent

MALE APPLICANT'S PARENT/GUARDIAN

I hereby certify that I am (Parent/Guardian) of _____, who is under legal age, and give my full consent to his marriage to _____

Signature _____

Print name in full _____

Deputy Auditor, Thurston County, WA or Notary Public

FEMALE APPLICANT'S PARENT/GUARDIAN

I hereby certify that I am (Parent/Guardian) of _____, who is under legal age, and give my full consent to her marriage to _____

Signature _____

Print name in full _____

Deputy Auditor, Thurston County WA or Notary Public

For Auditor's Use Only

Male Applicant :

Last First MI

Female Applicant :

Last First MI

THREE DAY WAITING PERIOD RCW 26.04.180

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

Kim Wyman, Thurston County Auditor

Deputy