

**Affidavit of MALE
Applicant for Marriage License**

FEE: \$64.00 Non-Refundable

State of WASHINGTON
County of KITSAP

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 attached. I am not afflicted with any contagious sexually transmitted disease, or if present, the condition is known to the female applicant, and further, 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.

Birthdate _____ Age _____ Birthplace _____
City State

Single _____ Widowed _____ Divorced _____ Under Control of Guardian _____

Address Present _____
Street Address City State Zip

Address Past six Months _____
Street Address City State Zip

PRINT FULL NAME _____
First Middle Last

SIGNATURE _____

Place Notary Seal Here

Deputy Auditor / Notary Public: _____

Subscribed and sworn to before me on this _____ day of _____, 20 _____

**Affidavit of FEMALE
Applicant for Marriage License**

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 attached. I am not afflicted with any contagious sexually transmitted disease, or if present, the condition is known to the male applicant, and further, 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.

Birthdate _____ Age _____ Birthplace _____
City State

Single _____ Widowed _____ Divorced _____ Under Control of Guardian _____

Address Present _____
Street Address City State Zip

Address Past six Months _____
Street Address City State Zip

PRINT FULL NAME _____
First Middle Last

SIGNATURE _____

Place Notary Seal Here

Deputy Auditor / Notary Public: _____

Subscribed and sworn to before me on this _____ day of _____, 20 _____

Date of Application Date License Valid License Fee Collected