

Affidavit of Applicant for Marriage License

Fee: \$68.00 Non-Refundable

State of WASHINGTON, County of KITSAP

I the undersigned do solemnly swear or affirm, that the information on this form is true: that I am eighteen years of age or older or qualify as designated below. I am not afflicted with any contagious sexually transmitted disease, or if present, the condition is known to the other 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 _____

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Street Address City State Zip

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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