

# Marriage License Application

STATE OF WASHINGTON, Yakima County

**AFFIDAVIT / Must Be Read by both applicants**

I, the undersigned, do solemnly swear or affirm, that the information on this form is true: that I am eighteen (18) years of age or older or if not, have parental, guardian, or court waiver as documented on the attached supplemental application, that if I am afflicted with any contagious sexually transmitted disease, the condition is known to the other applicant and that I am not related to the other applicant. The 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.

## Applicant A

Full Legal Name (First Middle Last) \_\_\_\_\_

Signature \_\_\_\_\_

Current Marital Status:

- ☐ Single  
☐ Widowed  
☐ Divorced

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Birthplace \_\_\_\_\_  
(State or Country if outside the USA)

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Seal

Subscribed to and sworn before me this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

Signature is: ☐ Notary Public or ☐ Deputy Auditor

## Applicant B

Full Legal Name (First Middle Last) \_\_\_\_\_

Signature \_\_\_\_\_

Current Marital Status:

- ☐ Single  
☐ Widowed  
☐ Divorced

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Birthplace \_\_\_\_\_  
(State or Country if outside the USA)

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Seal

Subscribed to and sworn before me this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

Signature is: ☐ Notary Public or ☐ Deputy Auditor