Affidavit of Applicant for Marriage License

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.

Fee: \$72.00 Non-Refundable

| Birthdate | | , | Birth | Jiac e | | | | |
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| Single Widowe | d Divor | ced 🔲 | Under Contro | l of Guardian 🔲 | Social Security Nu | ımber | | |
| Address Present | | | | | | | | |
| | | Stree | et Address | City | State | Zip | | |
| Address Past six Mor | nths | | | | | | | |
| | | Stree | et Address | City | State | Zip | | |
| PRINT FULL NAME _ | | First | | Middle | | | ast | |
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| SIGNATURE | | | | | | | Place Notary Seal I | ⊣ere |
| Deputy Auditor / Nota | ry Public: | | | | | | | |
| Subscribed and swor | n to before me | on this | day | of | , 20 | | | |
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| State of WASHINGTO | DN. County of | KITSAP | | | | | | |
| I the undersigned do qualify as designated the other applicant. M | below. I am i | not afflict | ed with any co | ntagious sexually | transmitted disease | e, or if pre | sent, the condition is | known to |
| qualify as designated the other applicant. M of Washington within | below. I am i larriage licens sixty (60) day | not afflict e is not v s of issua | ed with any co valid for 3 days ance of license | ntagious sexually from date of appl | transmitted disease ication and is void it | e, or if pre | sent, the condition is | known to |
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