

**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. 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  Social Security Number \_\_\_\_\_

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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\_\_\_\_\_ Date of Application

\_\_\_\_\_ Date License Valid