

King County Marriage License Application

STATE OF WASHINGTON The undersigned, being first duly sworn, deposes as follows parental, guardian, or court waiver as documented on the at any contagious sexually transmitted disease, the condition i related to the female applicant. I understand that this marri application is filed and is void if the marriage is not solemniz understand that the marriage must be solemnized in Washing Applicant Name (must print legal name in full) Birth DateAge	ttached supplemental application; that if I am afflicted with s known to the female applicant, and further, that I am not age license is not valid for three (3) days from the date the zed within (60) days of the issuance of the license. I further				
Present Address City State Zip Previous Address (past 6 months)	SEAL				
City State Zip Subscribed to and sworn before me this day of	Signature of: ☐ Deputy Auditor ☐ Notary Public				
STATE OF WASHINGTON The undersigned, being first duly sworn, deposes as follows: That I am eighteen 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 male applicant, and further, that I am not related to the male applicant. I understand that this marriage license is not valid for three (3) days from the date the application is filed and is void if the marriage is not solemnized within (60) days of the issuance of the license. I further understand that the marriage must be solemnized in Washington State.					
Applicant Name (must print legal name in full) Birth DateAge	Signature ☐ Single ☐ Widowed ☐ Divorced ☐ Under Control of Guardian (must complete supplemental application)				
Present Address	SEAL Signature of: □ Deputy Auditor □ Notary Public				
➤ Please provide: Phone No. () Planned Wedding Date (if known)					
Issued by Location_	use only Payment				