Lincoln County, Washington Application for Marriage License

Affidavit of Applicant A

Must be filled in by Applicant A — **Applicant A**

Check one ☐ Bride ☐ Groom ☐ Spouse

State of WASHINGTON
County of Lincoln

The undersigned, being first duly sworn, deposes as follows:

That if I am afflicted with any contagious sexually transmitted disease, the condition is known to Applicant B and that I am not related to Applicant B.

Marriage 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 of license.

Birthdate _____ Age _____

Birthplace _____

☐ Single ☐ Widowed ☐ Divorced

☐ Under Control of Guardian

Address _____
(present) Street

City State Zip

Address _____
(Past 6 Months) Street

City State Zip

_____
Print Name in Full

X _____
Signature in Full

Subscribed and Sworn to before me on

_____
day month year

_____
Deputy Auditor/Notary Public

Affidavit of Applicant B

Must be filled in by Applicant B — **Applicant B**

Check one ☐ Bride ☐ Groom ☐ Spouse

State of WASHINGTON
County of Lincoln

The undersigned, being first duly sworn, deposes as follows:

That if I am afflicted with any contagious sexually transmitted disease, the condition is known to Applicant A and that I am not related to Applicant A.

Marriage 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 of license.

Birthdate _____ Age _____

Birthplace _____

☐ Single ☐ Widowed ☐ Divorced

☐ Under Control of Guardian

Address _____
(present) Street

City State Zip

Address _____
(Past 6 Months) Street

City State Zip

_____
Print Name in Full

X _____
Signature in Full

Subscribed and Sworn to before me on

_____
day month year

_____
Deputy Auditor/Notary Public

Parents' or Guardians' Consent

Applicant A

I hereby certify that I am (Parent-Guardian) of

_____

Who is _____ years of age and give my full consent to their marriage to

_____

X

Signature Parent/Guardian of Applicant A

Applicant B

I hereby certify that I am (Parent-Guardian) of

_____

Who is _____ years of age and give my full consent to their marriage to

_____

X

Signature Parent/Guardian of Applicant B

Subscribed and Sworn to before me on

_____
day month year

_____
Deputy Auditor/Notary Public

Date of Application | **Date License Valid** | **Marriage License No.**