

**Affidavit of MALE
Applicant for Marriage License**

**State of WASHINGTON
County of Franklin**

I, the undersigned, do solemnly swear or affirm, that the information on this form is true; and 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 female applicant, and further, that I am not related to the female 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 _____ Occupation _____
 Single _____ Widowed _____ Divorced _____ Under Control of Guardian _____
 Address Present _____
 Address Past Six Months _____
 Name _____

Signature _____

Deputy Auditor/Notary Public: _____
 Subscribed and sworn to before me on this _____ day of _____, _____

**Affidavit of FEMALE
Applicant for Marriage License**

**State of WASHINGTON
County of Franklin**

I, the undersigned, do solemnly swear or affirm, that the information on this form is true; and 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 male applicant, and further, that I am not related to the male 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 _____ Occupation _____
 Single _____ Widowed _____ Divorced _____ Under Control of Guardian _____
 Address Present _____
 Address Past Six Months _____
 Name _____

Signature _____

Deputy Auditor/Notary Public: _____
 Subscribed and sworn to before me on this _____ day of _____, _____

Parents' or Guardians' Consent

Male
 I hereby certify that I am the
 Parent or Guardian of

 who is 17 years of age and I give
 my full consent to his marriage to
 _____.

Female
 I hereby certify that I am the
 Parent or Guardian of

 who is 17 years of age and I give
 my full consent to her marriage to
 _____.

X

 Signature Parent/Guardian of Male Applicant
X

 Signature Parent/Guardian of Female Applicant
 Subscribed and sworn to before me
 on _____ day of _____ of 20 ____ .

 Deputy Auditor / Notary Public