

# Application For Marriage License – Kittitas County, WA

## AFFIDAVIT OF APPLICANTS:

RCW 26.04.020, 210

The undersigned applicants, being first duly sworn, depose as follows that: I am not afflicted with any contagious sexually transmitted disease, or if so, the condition is known to the other applicant; I am not related to the other applicant; and that I am 18 years old or over, or qualify as designated below. **Valid three (3) days from application date. Void if marriage is not solemnized within sixty (60) days of date of issuance of the license. License valid only in the State of Washington.**

Name \_\_\_\_\_ Birthplace \_\_\_\_\_

Present Address \_\_\_\_\_ Birthdate \_\_\_\_\_

Address Past Six Months \_\_\_\_\_ Age \_\_\_\_\_

Select  
One



Single

Widowed

Divorced

Under Control of Guardian

*Applicant Signature*   x   \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

  x   \_\_\_\_\_

Deputy Auditor or Notary Public

Name \_\_\_\_\_ Birthplace \_\_\_\_\_

Present Address \_\_\_\_\_ Birthdate \_\_\_\_\_

Address Past Six Months \_\_\_\_\_ Age \_\_\_\_\_

Select  
One



Single

Widowed

Divorced

Under Control of Guardian

*Applicant Signature*   x   \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

  x   \_\_\_\_\_

Deputy Auditor or Notary Public

### Affidavit of Consent for Underage Applicant

I hereby certify that I am the Parent/Guardian of \_\_\_\_\_, who is 17 years of age, and give my full consent to the marriage of the underage applicant to \_\_\_\_\_.

*Signature of Parent or Guardian*   x   \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

  x   \_\_\_\_\_

Deputy Auditor or Notary Public

#### OFFICE USE ONLY:

Date of Application \_\_\_\_\_ Date License Valid \_\_\_\_\_ Date License Expires \_\_\_\_\_