

Application for Marriage License

**State of WASHINGTON
County of Spokane**

Affidavit of Applicant

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 or qualify as designated below; I do not have any contagious sexually transmitted disease, or if so, the condition is known to the other applicant; that I am not related to the other applicant; and, further, that I do not currently have a spouse or a registered domestic partner other than the other party to this marriage. Marriage license is not valid for 3 days from date of approved application and is void if marriage is not solemnized in the State of Washington within sixty (60) days of issuance of license.

Name _____
First/Middle/Last

Birth Date _____ Age _____ Birth Place _____
mm/dd/yyyy State or country

(Check One) Single ___ | Widowed ___ | Divorced ___ | Under Control of Guardian ___

Current Address _____
City/State/Zip _____ County _____

Address Past Six Months _____ County _____

Signature _____

Deputy Auditor/Notary Public _____

Subscribed and sworn to before me on this _____ day of _____, _____

Vital Statistics Information

(Check One) Bride ___ | Groom ___ | Spouse ___

Gender (Check One) Male ___ | Female ___

Are you in a registered domestic partnership in Washington State? (Check One) Yes ___ | No ___

Your Birth Name _____ Birthplace _____
State or Country (if not US)

Parent Information:

	Mother	Father
Birth/Maiden Name		
Place of Birth <small>State or Country (if not US)</small>		

Name of Your Intended Spouse: _____

Office Use Only:
Applicant A / B

Name _____

Information on this page is NOT released to the public

Social Security Number _____-_____-_____

Required by Federal Law Title 42 USC Chapter 7, Subchapter IV, Part D, Section 666(a)(13)

Contact Information AFTER WEDDING

Address to send certified copy to: _____

Telephone Number: _____

Probably date of ceremony: _____

When completed, return applications for both parties and single payment to:

MAILING ADDRESS:

STREET ADDRESS:

**MARRIAGE DESK
TELEPHONE NUMBER**

SPOKANE COUNTY AUDITOR
MARRIAGE DEPARTMENT
PO BOX 2353
SPOKANE WA 99210

SPOKANE COUNTY AUDITOR
MARRIAGE DEPARTMENT
1116 W BROADWAY AVE
SPOKANE WA 99260

(509) 477-2270

Payment

Single \$62 payment by check or money order made to Spokane County Auditor

*(If active duty military: \$59)