



Grays Harbor County Auditor

Joseph R. MacLean

100 W. Broadway, Suite 2, Montesano, WA 98563

(360) 249-4232

Affidavit for Oath – Must be read by both parties

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 if not, have parental or guardian consent (by signature below), or a court waiver is attached; that if I am afflicted with any contagious sexually transmitted disease, the condition is known to the other applicant, I do not currently have a spouse or registered domestic partner other than the party to this marriage and I am not related to the other applicant closer than second cousin. I understand that this marriage license is not valid for three (3) days from the date of application and is void if the marriage is not solemnized within sixty (60) days of the issuance of the license I further understand that the marriage must be solemnized in Washington State. RCW 26.04.210, 26.04.180

Applicant A

Full Legal Name: _____
First Middle Last

Male Female

AGE: ____ BIRTHDATE: _____ BIRTHPLACE: _____
Month/Day/Year

Under Control of a Guardian Yes No

Single Widowed Divorced

Parental Information

Fathers Full Name _____

Father Birth State or Country: _____

Mother Full Name (First Maiden): _____

Mother Birth State or Country: _____

Current Residential Address: _____

City/State/Zip _____

X _____

Signature of Applicant Must be signed in front of Notary or Deputy Auditor

Subscribed and sworn before me this ____ day of

_____, _____

Notary Seal

Occupation Signature of: Deputy Auditor Notary Public

Applicant B

Full Legal Name: _____
First Middle Last

Male Female

AGE: ____ BIRTHDATE: _____ BIRTHPLACE: _____
Month/Day/Year

Under Control of a Guardian Yes No

Single Widowed Divorced

Parental Information

Fathers Full Name _____

Father Birth State or Country: _____

Mother Full Name (First Maiden): _____

Mother Birth State or Country: _____

Current Residential Address: _____

City/State/Zip _____

X _____

Signature of Applicant Must be signed in front of Notary or Deputy Auditor

Subscribed and sworn before me this ____ day of

_____, _____

Notary Seal

Occupation Signature of: Deputy Auditor Notary Public

For Office Use Only

Application Date _____ Date License Valid _____ Not Valid After _____