

**Instructions for completing the  
Application for Marriage License Forms**  
*(Please read carefully)*

**Marriage Applicants Information:**

**Applicant A & Applicant B:** Fill out all boxes. Make sure you use your full legal name, including your middle name if applicable. List your mother's maiden names in the parent's information area. List the states where your parents were born, or a country if not in the United States. Also, fill out the Social Security number and name portion. If you do not have a Social Security number please sign and date.

**Application and Affidavit for Marriage License:**

This form must be completed and signed by both parties; all signatures must be notarized. Please use full legal names when filling out this form. List the city and state of birthplace. Individuals who are seventeen years of age must have parental-guardian consent, and their signatures must also be notarized. Applicants who are sixteen or younger, must have parental-guardian consent, and submit a court order from the Superior Court with the application.

---

**Return** this instruction form along with the applicants information page and the notarized application with a money order or cashier's check, payable to the Clallam County Auditor, in the amount of \$62.00. Personal checks are not accepted.

Mail to:  
Clallam County Auditor  
223 E 4<sup>th</sup> St, Suite 1  
Port Angeles, WA 98362

Once the completed application forms and fees have been processed in our office, the three day waiting period starts before the marriage can take place. The marriage license is valid for 60 days from the date of the application.

**Please include the following information:**

Name and address of where to send the license:

Name: \_\_\_\_\_

Daytime Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Include a self-address stamped letter sized envelope so we can mail you a certified copy of your marriage license after your marriage.

## Marriage Applicants Information

Fill out all boxes. Make sure you use your full legal name, including your middle name, if applicable. List your mother's maiden names in the parent's information area. List the states where your parents were born, or a country if not in the United States. Fill out the social security number and name portion. If you do not have a social security number please sign and date.

### Applicant A

### Applicant B

LEGAL NAME BEFORE MARRIAGE (FIRST/MIDDLE/LAST)		LEGAL NAME BEFORE MARRIAGE (FIRST/MIDDLE/LAST)	
BIRTH NAME (IF DIFFERENT)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTH NAME (IF DIFFERENT)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CURRENT RESIDENCE - STREET, CITY/TOWN		CURRENT RESIDENCE - STREET, CITY/TOWN	
COUNTY OF RESIDENCE	STATE OF RESIDENCE	COUNTY OF RESIDENCE	STATE OF RESIDENCE
DATE OF BIRTH (MM DD YYYY) 	BIRTH STATE (IF NOT USA, PROVIDE COUNTRY)	DATE OF BIRTH (MM DD YYYY) 	BIRTH STATE (IF NOT USA, PROVIDE COUNTRY)
MOTHER/PARENT BIRTH NAME		MOTHER/PARENT BIRTH NAME	
FATHER/PARENT BIRTH NAME		FATHER/PARENT BIRTH NAME	
MOTHER/PARENT BIRTH STATE (OR COUNTRY)	FATHER/PARENT BIRTH STATE (OR COUNTRY)	MOTHER/PARENT BIRTH STATE (OR COUNTRY)	FATHER/PARENT BIRTH STATE (OR COUNTRY)

Social Security Number for Applicants	
<p><b>Department of Health is required to collect your Social Security Number in order to assist in child support laws (Section 7, Chapter 160 Laws of 1998). If you do not have a Social Security Number, you are required to complete the Social Security Declaration.</b></p>	
PERSON A - SOCIAL SECURITY NUMBER	PERSON B - SOCIAL SECURITY NUMBER
PERSON A - NAME	PERSON B - NAME

Declaration in Absence of a Social Security Number	
<p>I have not furnished a Social Security Number on my application for registration of a marriage certificate, because <b>I do not have a Social Security Number.</b></p> <p>I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.</p>	
Person A Signature	Date
Person B Signature	Date

Date of Application \_\_\_\_\_

Date License Valid \_\_\_\_\_

Marriage License No. \_\_\_\_\_

**Application and Affidavit for Marriage License (Applicant A)**

**State of WASHINGTON**

**County of Clallam**

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 do not have any contagious sexually transmitted disease, or if so,, the condition is known to the other applicant, and 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 application and is void if marriage is not solemnized in the State of Washington within sixty (60) days of issuance of license.

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Birth Place \_\_\_\_\_

Male  Female

(Check One) Single  Widowed  Divorced  Domestic Partnership

Under Control of Guardian

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

County \_\_\_\_\_

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

County \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Deputy Auditor/Notary Public \_\_\_\_\_

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

**Application and Affidavit for Marriage License (Applicant B)**

**State of WASHINGTON**

**County of Clallam**

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 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 application and is void if marriage is not solemnized in the State of Washington within sixty (60) days of issuance of license.

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Birth Place \_\_\_\_\_

Male  Female

(Check One) Single  Widowed  Divorced  Domestic Partnership

Under Control of Guardian

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

County \_\_\_\_\_

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

County \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Deputy Auditor/Notary Public \_\_\_\_\_

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

**Parents' or Guardians' Consent**

(Applicant A) Male / 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 his / her marriage to

(Applicant B) Male / 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 his / her marriage to

X

Signature Parent/Guardian of Applicant A

X

Signature Parent/Guardian of Applicant B

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

Deputy Auditor / Notary Public