

Instructions for completing the Application for Marriage License Forms

(Please read carefully)

Marriage Applicants Information:

Applicant A & B:

Fill out all boxes. Make sure you use your full legal name, including your middle name if applicable. List your mothers' 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 the declaration.

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.

Items to 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 \$162.

Personal checks are not accepted.

Mail to:

Clallam County Auditor
223 E 4 St, Suite 1
Port Angeles WA 98362

Once the completed application forms and fees have been processed in our office, a 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:

This tells us where to send your license packet and provides us contact information if needed.

Name(s): _____

Address: _____

Daytime phone: _____

Email: _____

Also, include a **self-address stamped letter-sized envelope** so we can mail you a certified copy of your Certificate of Marriage after the wedding.

Marriage Applicants Information

Fill out all boxes. Make sure you use your full legal name, including your middle name if applicable. List your mothers' 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 the declaration.

PERSON A CHECK ONE <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE		PERSON B CHECK ONE <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE	
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 <input type="checkbox"/> X	BIRTH NAME (IF DIFFERENT)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> X
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>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.</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 I do not have a Social Security Number.</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. 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 _____ (City & State) _____ Birthplace _____ Male Female X

(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. 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 _____ (City & State) _____ Birthplace _____ Male Female X

(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 _____, _____
