



**APPLICATION FOR MARRIAGE LICENSE**  
STATE OF WASHINGTON – COUNTY OF FERRY

**AFFIDAVIT FOR OATH – MUST BE READ BY BOTH PARTIES**

The undersigned applicants, being first duly sworn, depose as follows: 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 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 (dates printed on license and certificates). I further understand that the marriage must be solemnized in Washington State. RCW 26.04.210

**Applicant A**

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

BIRTHPLACE \_\_\_\_\_

Please check one box below for marital status and gender:

- SINGLE     DIVORCED     MALE     FEMALE
- WIDOWED     UNDER CONTROL OF GUARDIAN

PRESENT RESIDENTIAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Print name in full \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_

DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Deputy Auditor, Ferry County, Washington OR Notary Public

**Applicant B**

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

BIRTHPLACE \_\_\_\_\_

Please check one box below for marital status and gender:

- SINGLE     DIVORCED     MALE     FEMALE
- WIDOWED     UNDER CONTROL OF GUARDIAN

PRESENT RESIDENTIAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Print name in full \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_

DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Deputy Auditor, Ferry County, Washington OR Notary Public

**Parent or Guardian's Consent**

• **APPLICANT A'S PARENT/GUARDIAN**

I hereby certify that I am (Parent/Guardian) of \_\_\_\_\_, who is under legal age, and give my full consent to this marriage to \_\_\_\_\_.

Signature \_\_\_\_\_ Print name in full \_\_\_\_\_

\_\_\_\_\_  
Deputy Auditor, Ferry County, Washington OR Notary Public

• **APPLICANT B'S PARENT/GUARDIAN**

I hereby certify that I am (Parent/Guardian) of \_\_\_\_\_, who is under legal age, and give my full consent to this marriage to \_\_\_\_\_.

Signature \_\_\_\_\_ Print name in full \_\_\_\_\_

\_\_\_\_\_  
Deputy Auditor, Ferry County, Washington OR Notary Public

**For Auditor's Use Only**

DATE OF APPLICATION: \_\_\_\_\_

LICENSE VALID: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_