proud past, promising future

CLARK COUNTY
WASHINGTON

AUDITOR
GREG KIMSEY

MARRIAGE LICENSE
NOTARY PACKET INSTRUCTIONS

If you can't come to our office you can submit this application by mail. Please read the instructions carefully.

1. Complete the online application at www.clarkmarriage.org.
2. Print the Notary Packet and complete the application for both parties. Don't forget to provide Social Security numbers on second page, if applicable.
3. You must both sign the application in front of a Notary Public.
4. Mail or bring in your application to:
   Clark County Auditor
   Attn: Marriage License
   1300 Franklin Street 2nd floor
   P.O. Box 5000
   Vancouver, WA 98666-5000

You must wait three calendar days before the marriage can take place. The three-day waiting period will begin when we process your application.

Licenses may be picked up by anyone at the Auditor's Office between 9:00 a.m. and 4:30 p.m. Monday through Friday, **Closed on weekends and holidays.** No licenses will be mailed.

Applications must be received with the $72.00 non-refundable fee (**cash, cashier's check, or money order, payable to the Clark County Auditor)** before the license will be prepared.
Personal checks are not accepted.

If you have questions, please contact the Marriage License Department at 360-397-2243.

APPLICATION FOR

MARRIAGE LICENSE

AFFIDAVIT OF PERSON A
STATE OF WASHINGTON, COUNTY OF CLARK

The undersigned, do solemnly swear or affirm that the information provided herein to be true: that I do not have any contagious sexually transmitted disease, or if so, the condition is known to Person B; that I am not related to Person B; 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 the date of application and is void if marriage is not solemnized in the state of Washington within sixty (60) days of issuance of the license. Non-refundable fee of $72.00 due upon receipt.

Bride _____ Groom _____ Spouse _____ Male _____ Female _____

Age_____ Birthdate_____ Birthplace_____

Never Married_____ Divorced_____ Widowed_____ Under Control of Guardian_____

Occupation_____ Address_____
Number and Street

Printed Name_____ _____
FULL Legal Name First Middle Last City, State and Zip Code

Signature_____ *(place seal here)*

_____ Subscribed and sworn to before me this
Notary Public or Deputy Auditor Signature _____day of _____, 20_____.

AFFIDAVIT OF PERSON B
STATE OF WASHINGTON, COUNTY OF CLARK

The undersigned, do solemnly swear or affirm that the information provided herein to be true: that I do not have any contagious sexually transmitted disease, or if so, the condition is known to Person A; that I am not related to Person A; 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 the date of application and is void if marriage is not solemnized in the state of Washington within sixty (60) days of issuance of the license. Non-refundable fee of $7..00 due upon receipt.

Bride _____ Groom _____ Spouse _____ Male _____ Female _____

Age_____ Birthdate_____ Birthplace_____

Never Married_____ Divorced_____ Widowed_____ Under Control of Guardian_____

Occupation_____ Address_____
Number and Street

Printed Name_____ _____
FULL Legal Name First Middle Last City, State and Zip Code

Signature_____ *(place seal here)*

_____ Subscribed and sworn to before me this
Notary Public or Deputy Auditor Signature _____day of _____, 20_____.

THIS SPACE FOR AUDITOR'S OFFICE USE ONLY

Date of application_____ Date License Issued_____

Applicant A Phone ( ) Applicant B Phone ( )

Social Security Number for Applicants	
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.	
PERSON A – SOCIAL SECURITY NUMBER	**PERSON B** – SOCIAL SECURITY NUMBER
PERSON A - NAME	**PERSON B** - NAME

If you **do not have a Social Security Number**, you are required to sign a *Declaration in Absence of a Social Security Number* on the legal marriage certificate you will receive.

Additional Information

Person A

Mother's First Name:_____

Mother's **BIRTH** Last Name:_____

Mother's Birth Place:_____
(state **or** country if not US only)

Father's First Name:_____

Father's Last Name:_____

Father's Birth Place:_____
(state **or** country if not US only)

Person B

Mother's First Name:_____

Mother's **BIRTH** Last Name:_____

Mother's Birth Place:_____
(state **or** country if not US only)

Father's First Name:_____

Father's Last Name:_____

Father's Birth Place:_____
(state **or** country if not US only)

REMINDER

THE ONLINE MARRIAGE APPLICATION MUST BE COMPLETED BEFORE THIS NOTARY PACKET CAN BE PROCESSED.
VISIT *CLARKMARRIAGE.ORG* TO COMPLETE THE ONLINE APPLICATION.

Return To:
Clark County Auditor
Marriage & Recording Dept
1300 Franklin, 2nd Floor
P.O. Box 5000
Vancouver, WA 98666-5000