



proud past, promising future

CLARK COUNTY
WASHINGTON

AUDITOR
GREG KIMSEY

MARRIAGE LICENSE

NOTARY PACKET INSTRUCTIONS

If you are unable to visit 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
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.

Applications may be dropped off at the Auditor's Office between 9:00 a.m. and 4:00 p.m. Monday through Thursday. **Offices are closed to the public on Friday, weekends, and holidays.** Licenses will be mailed once processed.

Applications must be received with the \$172.00 non-refundable fee (**cashier's check or money order made 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 564-397-2208.

Recording & Marriage Department

1300 Franklin Street 2nd Floor • P.O. Box 5000 • Vancouver, WA 98666-5000
(564) 397-2208 • www.clarkmarriage.org



Marriage License Application

Oath - Must be read by both parties

I, the undersigned, do solemnly swear or affirm:

- That I am eighteen (18) years old or older
- That I am not afflicted with any contagious sexually transmitted disease **OR** if I am afflicted with a contagious sexually transmitted disease that this fact is known to the other applicant;
- That I understand my marriage ceremony must take place after the three (3) day waiting period, and no later than 60 days from the date my marriage license is issued to be valid and legal;
- That the following is true and accurate.

Party A

Section 1: Complete in legible print with blue or black ink

Legal Name:

First Name

Middle Name

Last Name

Date of Birth:

mm/dd/yyyy

Age:

Place of Birth:

State (or country if outside USA)

Current

Address:

Street Address

City

State

Zip

Previous

Address:

Street Address

(if moved in last 6 months)

City

State

Zip

Check any boxes that apply:

☐ Single ☐ Divorced ☐ Widowed

Section 2: Complete in presence of Deputy Auditor or Notary Public

X

Signature of Party A

Subscribed and sworn before me this _____ day of

_____, _____.

X

Signature of Deputy Auditor / Notary Public

Place notary seal here

Party B

Section 1: Complete in legible print with blue or black ink

Legal Name:

First Name

Middle Name

Last Name

Date of Birth:

mm/dd/yyyy

Age:

Place of Birth:

State (or country if outside USA)

Current

Address:

Street Address

City

State

Zip

Previous

Address:

Street Address

(if moved in last 6 months)

City

State

Zip

Check any boxes that apply:

☐ Single ☐ Divorced ☐ Widowed

Section 2: Complete in presence of Deputy Auditor or Notary Public

X

Signature of Party B

Subscribed and sworn before me this _____ day of

_____, _____.

X

Signature of Deputy Auditor / Notary Public

Place notary seal here

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**