



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.

Applications may be dropped off at the Auditor's Office between 9:00 a.m. and 4:30 p.m. Monday through Friday, **Closed on weekends and holidays.** Licenses will be mailed.

Applications must be received with the \$72.00 non-refundable fee (**cashier's check, or money order, payable to the Clark County Auditor**) before the license will be prepared. **Personal checks are accepted at this time.**

If you have questions, please contact the Marriage License Department at 564-397-2208.

**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)

Notary Public or Deputy Auditor Signature Subscribed and sworn to before me this _____ 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 \$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)

Notary Public or Deputy Auditor Signature Subscribed and sworn to before me this _____ 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**