Fee: \$62.00 Non-Refundable

AFFIDAVIT FOR APPLICANT A:

STATE OF WASHINGTON

COUNTY OF SKAGIT

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 or qualify as attached. I am not afflicted with any contagious sexually transmitted disease, or if present, the condition is known to the other applicant, and further, that I am not related to the other applicant. 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 license.

| BIRTHDATE | AGE BIR | TH STATE | | | |
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| SINGLE | DIVORCED | WIDOWED | UNDER CO | NTROL OF GUARDIAN | |
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| FULL NAME | FIRST | MIDDLE | | LAST | |
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| SIGNATURE | | | | PLACE NOTARY SEAL HERE | |
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| SUBSCRIBED AND SWORN | TO BEFORE ME THIS | | | | |
| DAY OF | , 20 | | | | |
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| AFFIDAVIT FOR APP | | | | | |
| STATE OF WASHING | | | | | |
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| not valid for 3 days from t | other applicant, and he date of application | nunner, macrami on and is void if ma | rriage is not sole | e other applicant, Mainag emnized in the State of Wa | ge licerise is Ishinatan |
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| DEPUTY AUDITOR/ NOTAR | Y PUBLIC: | | | | |
| SUBSCRIBED AND SWORN | TO BEFORE ME THIS | | | | |
| DAY OF | , 20 | | | | |
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| FOR OFFICIAL USE ONLY: | | | | | |
| APPLICATION DATE: | VALID | DATE: | LICE | ENSE NUMBER: | |