



# Marriage License Application Information

## Cowlitz County, Washington

*Congratulations on your upcoming marriage! Cowlitz County wants to make the process quick and easy for you in 4 simple steps.*

### 1 - Fill out the application

Complete the application in person or by mail. If you cannot appear in person, you must sign the application in front of a notary. Some additional frequently asked questions:

- You must wait 3 calendar days before your marriage can take place. The waiting period begins when we process your application.
- Applicants must be 18. If not, notarized consent must be given by the custodial parent or guardian.
- The ceremony must be performed in WA State.
- The license is valid for 60 days from issuance.
- Blood tests are not required.

### 2 - Submit the application and \$72 fee

The easiest way to complete the process is to come to our office together, with government issued photo ID and the \$72 fee. If you mail this packet, please:

- Complete all sections of the application, printing clearly in blue or black ink.
- Have your application notarized.
- Return completed application with \$72 fee (money order, cashier's check, or personal check made payable to Cowlitz County Auditor are all acceptable).
- Mail application to:  
Cowlitz County Auditor  
207 N 4th Ave  
Kelso, WA 98626

Marriage licenses may be mailed to you or picked up in the Auditor's Office during business hours, Monday - Friday, 8:30 am to 4:30 pm. If you would like your license mailed to you, provide the mailing address on the line below and return this sheet with your packet:

### 3 - Get married

Have your original marriage certificate signed by you, your witness and officiant. Remember:

- The ceremony must be performed in WA State.
- Sign your current name (not your name after marriage).

### 4 - Return the certificate and get certified copies

After you are married, return the signed, original marriage certificate to the Auditor's Office. It can be returned by mail or in person. You may purchase certified copies for \$3 each. You'll need certified copies to:

- Change your name with social security.
- Apply for military benefits.
- Change your driver's license.

For more information, contact the Auditor's Office at (360) 577-3006.



# Marriage License Application

## Cowlitz County, Washington

### Affidavit for oath - must be read by both parties

I, the undersigned, do solemnly swear or affirm, that the information on this form is true: that I am eighteen years of age or older or qualify as designated below; I am not afflicted with any contagious sexually transmitted disease, or if present, the condition is known to the other applicant; I am not nearer of kin to the other applicant than second cousin; 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 date of application and is void if marriage is not solemnized in the State of Washington within sixty (60) days of issuance of license.

### Applicant A

(Check one)  Single  Widowed  Divorced  Under control of guardian

Print legal name \_\_\_\_\_ Birth name (if different) \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Birth city/state \_\_\_\_\_ Phone \_\_\_\_\_

Current address \_\_\_\_\_ City/state/zip/county \_\_\_\_\_

Mailing address \_\_\_\_\_ City/state/zip/county \_\_\_\_\_

Address for last 6 mos. if different \_\_\_\_\_

Father's legal name \_\_\_\_\_ Birth state or country \_\_\_\_\_

Mother's maiden legal name \_\_\_\_\_ Birth state or country \_\_\_\_\_

(Check one)  Bride  Groom  Spouse

Applicant A signature \_\_\_\_\_

Seal

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Deputy auditor/notary public \_\_\_\_\_

### Applicant B

(Check one)  Single  Widowed  Divorced  Under control of guardian

Print legal name \_\_\_\_\_ Birth name (if different) \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Birth city/state \_\_\_\_\_ Phone \_\_\_\_\_

Current address \_\_\_\_\_ City/state/zip/county \_\_\_\_\_

Mailing address \_\_\_\_\_ City/state/zip/county \_\_\_\_\_

Address for last 6 mos. if different \_\_\_\_\_

Father's legal name \_\_\_\_\_ Birth state or country \_\_\_\_\_

Mother's maiden legal name \_\_\_\_\_ Birth state or country \_\_\_\_\_

(Check one)  Bride  Groom  Spouse

Applicant B signature \_\_\_\_\_

Seal

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Deputy auditor/notary public \_\_\_\_\_