



## Application for Marriage License, by Mail

- ❖ Please return this Application with the original, notarized Affidavit for Marriage License.

Groom's Father's Legal Name (First/Last)	Father's Birth State or Country
Groom's Mother's Maiden Legal Name (First/Last)	Mother's Birth State or Country
Bride's Father's Legal Name (First/Last)	Father's Birth State or Country
Bride's Mother's Maiden Legal Name (First/Last)	Mother's Birth State or Country

- ❖ Both male and female affidavits must be completed (using current, full, legal names), signed and notarized, and the original document sent to Cowlitz County Marriage Licensing.
- ❖ Send completed Application, notarized Affidavit, and notarized guardian Consent Form, if necessary, along with a \$64.00 money order or cashier's check payable to Cowlitz County Auditor. No cash or personal checks will be accepted through the mail.

Mail to:           Cowlitz County Auditor  
                       Attn: Marriage Licensing  
                       207 North Fourth Avenue  
                       Kelso, WA 98626

- ❖ Once the Application and Affidavit are mailed, the marriage license can be picked up at the Cowlitz County Auditor's Office. Office hours are Monday through Thursday, 8:30 a.m. to 5:00 p.m., except holidays.
- ❖ Washington State marriage licenses become valid for use on the third day following receipt of the Application, Affidavit, and fee. Licenses are valid for 60 days. *Your waiting period will begin the day the Auditor's Office receives your completed Application, Affidavit, and fee.*
- ❖ We recommend calling to verify receipt of the Application and Affidavit: 360-577-3002
- ❖ If you would like the Marriage License and Marriage Certificates mailed to you, please provide a mailing address below:

\_\_\_\_\_

Street or PO Box

\_\_\_\_\_

City, State, ZIP

\* Failure to return Application will NOT hold up processing of the Affidavit for Marriage License

STATE OF WASHINGTON } AFFIDAVIT OF MALE APPLICANT FOR MARRIAGE LICENSE  
COUNTY OF COWLITZ } ss.  
}

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_ Phone Number \_\_\_\_\_

Single  Widowed  Divorced  Under Control of Guardian

Address \_\_\_\_\_

Address \_\_\_\_\_  
(past six months)

I, the undersigned, do solemnly swear or affirm that the information on this form is true and correct. I am eighteen (18) years of age or older, or qualify as designated through the consent of a parent or guardian. I am not afflicted with any contagious sexually transmitted diseases, or if present, the condition is known to the female applicant. I am not nearer of kin to the female applicant than second cousin. **Marriage license is not valid for 3 days from date of application and shall become void if marriage is not solemnized in the State of Washington within sixty (60) days of issuance of the license.**

He is at least 17 years of age and his parent's or guardian's written consent, in accordance with the laws of the State of Washington, accompanies this application.

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

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

KRISTINA K. SWANSON, COWLITZ COUNTY AUDITOR by: \_\_\_\_\_  
Notary or Deputy Auditor

STATE OF WASHINGTON } AFFIDAVIT OF FEMALE APPLICANT FOR MARRIAGE LICENSE  
COUNTY OF COWLITZ } ss.  
}

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_ Phone Number \_\_\_\_\_

Single  Widowed  Divorced  Under Control of Guardian

Address \_\_\_\_\_

Address \_\_\_\_\_  
(past six months)

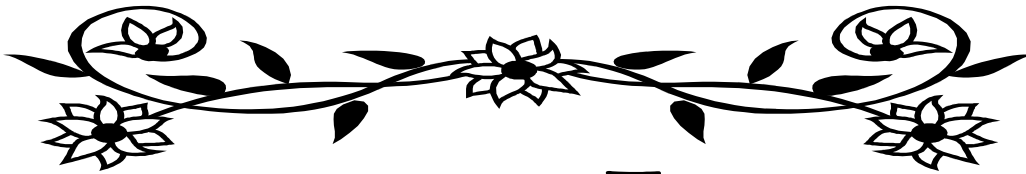
I, the undersigned, do solemnly swear or affirm that the information on this form is true and correct. I am eighteen (18) years of age or older, or qualify as designated through the consent of a parent or guardian. I am not afflicted with any contagious sexually transmitted diseases, or if present, the condition is known to the male applicant. I am not nearer of kin to the male applicant than second cousin. **Marriage license is not valid for 3 days from date of application and shall become void if marriage is not solemnized in the State of Washington within sixty (60) days of issuance of the license.**

She is at least 17 years of age and her parent's or guardian's written consent, in accordance with the laws of the State of Washington, accompanies this application.

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

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

KRISTINA K. SWANSON, COWLITZ COUNTY AUDITOR by: \_\_\_\_\_  
Notary or Deputy Auditor



# Consent Form

**PARENTS' OR GUARDIANS' CONSENT OF  
MALE APPLICANT FOR MARRIAGE LICENSE**

I hereby certify that I am the Parent or Guardian of

\_\_\_\_\_

who is 17 years of age and I give my full consent to his marriage to

\_\_\_\_\_

**X**

\_\_\_\_\_  
*Signature of Parent/Guardian of Male Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name of Parent/Guardian of Male Applicant*

**PARENTS' OR GUARDIANS' CONSENT OF  
FEMALE APPLICANT FOR MARRIAGE LICENSE**

I hereby certify that I am the Parent or Guardian of

\_\_\_\_\_

who is 17 years of age and I give my full consent to her marriage to

\_\_\_\_\_

**X**

\_\_\_\_\_  
*Signature of Parent/Guardian of Female Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name of Parent/Guardian of Female Applicant*

Subscribed and sworn to before me on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ .

\_\_\_\_\_  
*Deputy Auditor/Notary Public*

\_\_\_\_\_  
*Date*

