



Marriage License Application Information

The Cowlitz County Auditor's Office would like to congratulate you on your upcoming marriage!

Before submitting an application for a MARRIAGE LICENSE, please read the following instructions carefully. Any questions you have may be directed to the County Auditor's Office at 360-577-3006 or visit our website at www.co.cowlitz.wa.us/auditor.

Important Facts You Need to Know:

- No physical or blood tests are required in the State of Washington.
- A 3-day waiting period is required before the license is valid. The waiting period begins on the day the application and fee are received in the Auditor's Office.
- The license becomes void if not used within 60 days of issuance.
- The ceremony must be performed in the state of Washington.
- Applications may be picked up at the Auditor's Office between 8:30 a.m. - 4:30 p.m., Monday through Friday. The Auditor's Office is closed on weekends and holidays.
- Applications must be received with the \$72 fee (cash or money order **only**, payable to the **Cowlitz County Auditor**) before the license will be prepared. Personal checks are not accepted.
- Both applicants must be 18 years of age. If either is 17 years of age, the form must have the notarized consent of the custodial parent/guardian.

Please Read the Following Instructions Before Completing Enclosed Paperwork:

- All sections of the APPLICATION AND AFFIDAVIT FOR MARRIAGE LICENSE, for both applicant A and B, must be completed with **signatures notarized**. Please include a phone number in case our office needs to contact you. Applicants in the Armed Services may sign before their commanding officer or a notary public.
- Sign your current name (not your name after marriage) on all the enclosed marriage documents. Your name will not change until you have physically made the changes at Social Security, Driver's Licensing, etc.
- Return completed original Affidavit, along with \$72 cash or money order, payable to the Cowlitz County Auditor. No personal checks will be accepted.
- Please type or print clearly in permanent ink.
- If an application is mailed, the marriage license and certificates must be picked up at the Auditor's Office; *marriage license will NOT be mailed*. Office hours are Monday through Friday, 8:30 a.m. - 4:30 p.m., except holidays.

Cowlitz County Auditor
Attn: Recording
207 North 4th Avenue
Kelso, WA 98626

Best wishes from the Cowlitz County Auditor's Office!



Application for Marriage License, by Mail

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

Applicant A - Legal Name (First/Middle/Last)	Select One: Male <input type="checkbox"/> Female <input type="checkbox"/>	Applicant A – Telephone Number
Applicant A - Father's Legal Name (First/MI/Last)		Father's Birth State or Country
Applicant A - Mother's Maiden Legal Name (First/MI/Last)		Mother's Birth State or Country
Applicant B - Legal Name (First/Middle/Last)	Select One: Male <input type="checkbox"/> Female <input type="checkbox"/>	Applicant B – Telephone Number
Applicant B - Father's Legal Name (First/MI/Last)		Father's Birth State or Country
Applicant B - Mother's Maiden Legal Name (First/MI/Last)		Mother's Birth State or Country

- ❖ All sections of the Application and Affidavit for Marriage License for both Applicant A and B must be legible and complete. Be sure to use current, full, legal names. This form must be signed and notarized. Send the original, with this Application and payment, to the Cowlitz County Auditor.
- ❖ Send completed Application, notarized Affidavit, and notarized guardian Consent Form, if necessary, along with a \$72 money order 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 received by the Auditor's Office, they will be receipted and processed. After the Application and Affidavit has been processed, the marriage packet (which includes the Marriage License, Ceremonial Marriage Certificate, and official Marriage Certificate) may be picked up at the Cowlitz County Auditor's Office. Office hours are Monday through Friday, 8:30 a.m. to 4:30 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 in the State of Washington 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: 360-577-3006.

Application and Affidavit for Marriage License (Applicant A)

State of WASHINGTON

County of Cowlitz

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.

Birth Date _____ Age _____ Birth Place _____

(Check One) Single Widowed Divorced Under Control of Guardian Domestic Partnership

Address Present _____ County _____

Address Past Six Months _____ County _____

Name _____

Signature _____

Deputy Auditor/Notary Public _____

Subscribed and sworn to before me on this _____ day of _____, _____

Application and Affidavit for Marriage License (Applicant B)

State of WASHINGTON

County of Cowlitz

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.

Birth Date _____ Age _____ Birth Place _____

(Check One) Single Widowed Divorced Under Control of Guardian Domestic Partnership

Address Present _____ County _____

Address Past Six Months _____ County _____

Name _____

Signature _____

Deputy Auditor/Notary Public _____

Subscribed and sworn to before me on this _____ day of _____, _____

Parents' or Guardians' Consent

(Applicant A) Male / Female

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 / her marriage to

(Applicant B) Male / Female

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 / her marriage to

X

Signature Parent/Guardian of Applicant A

X

Signature Parent/Guardian of Applicant B

Subscribed and sworn to before me on _____ day of _____ of 20 ____.

Deputy Auditor / Notary Public