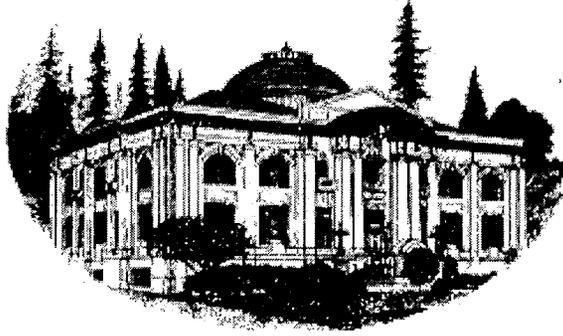


PACIFIC COUNTY AUDITOR

JOYCE KIDD
County Auditor & Recorder
PO Box 97
South Bend, WA 98586



Pacific County Courthouse
300 Memorial Ave
South Bend, WA 98586

Willapa Harbor Area - (360) 875-9318
Peninsula Area - (360) 642-9318
Naselle - (360) 484-7318
North Cove Area - (360) 267-8318
FAX - (360) 875-9333
TDD - (360) 875-9400

PACIFIC COUNTY COURTHOUSE
National Historic Site

Dear Applicants,

Enclosed is your Marriage Application. Please complete the application in ink and have each signature notarized.

The fee is \$53.00 check or cash. Checks made payable to the Pacific County Auditor.

Return this form, your application and payment to:

Attention Recording Clerk
Pacific County Auditor
PO Box 97
South Bend, WA 98586

Please complete:

Applicants name _____

Mailing Address _____

Phone number with area code _____

We will mail your Certificate of Marriage and forms once we receive your application completed. The Certificate of Marriage has a 3 day waiting period and is good for 60 days from the validation date indicated on the form.

Any questions please call 360-875-9318.

Application and Affidavit for Marriage License (Applicant A)

State of WASHINGTON County of Pacific

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 designated below. 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 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 _____ Occupation _____

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

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 Pacific

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 designated below. 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 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 _____ Occupation _____

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

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