



proud past, promising future

CLARK COUNTY
WASHINGTON

AUDITOR
GREG KIMSEY

MARRIAGE LICENSE NOTARY PACKET INSTRUCTIONS

If you can't come to our office you can submit the application by mail. Please read the instructions carefully.

1. Complete the online application at clarkmarriage.org.
2. Print the Notary Packet and complete the application for both parties. Don't forget to provide Social Security numbers on second page, if applicable.
3. You must both sign the application in front of a Notary Public.
4. Mail or bring in your application to:
Clark County Auditor
Attn: Marriage License
1300 Franklin Street 2nd floor
P.O. Box 5000
Vancouver, WA 98666-5000

You must wait three calendar days before the marriage can take place. Your three-day waiting period will begin when we process your application.

Licenses may be picked up by anyone at the Auditors Office between 8:00 a.m. and 5:00 p.m., Monday through Friday, except Wednesday between 9:00 a.m. and 5:00 p.m. **Closed on weekends and holidays.** No licenses will be mailed.

Mail-in applications must be received with the \$66.00 non-refundable fee (**cashier's check or money order, payable to the Clark County Auditor**) before the license will be prepared. **Personal checks are not accepted.**

If you have questions please contact our Marriage Licensing Department at 360-397-2243.

STATE OF WASHINGTON

APPLICATION FOR MARRIAGE LICENSE

AFFIDAVIT OF PERSON A

COUNTY OF CLARK

The undersigned, do solemnly swear or affirm that the information provided herein to be true: that I do not have any contagious sexually transmitted disease, or if so, the condition is known to Person B; that I am not related to Person B; 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 the date of application and is void if marriage is not solemnized in the State of Washington within sixty (60) days of issuance of the license. Non-refundable fee of \$66.00 due upon receipt.

___ Bride ___ Groom ___ Spouse ___ Male ___ Female

Age ___ Birthdate ___ Birthplace _____

___ Never Married ___ Divorced ___ Widowed ___ Under Control of Guardian _____

Occupation _____ Address _____
Number and Street

Signature _____
City, State and Zip Code

Person A's FULL Legal Name _____
First Middle (Full) Last

(place seal here)

Notary Public or Deputy Auditor Signature Subscribed and sworn to before me this
_____ day of _____, 20 _____.

STATE OF WASHINGTON

APPLICATION FOR MARRIAGE LICENSE

AFFIDAVIT OF PERSON B

COUNTY OF CLARK

The undersigned, do solemnly swear or affirm that the information provided herein to be true: that I do not have any contagious sexually transmitted disease, or if so, the condition is known to Person A; that I am not related to Person A; 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 the date of application and is void if marriage is not solemnized in the State of Washington within sixty (60) days of issuance of the license. Non-refundable fee of \$66.00 due upon receipt.

___ Bride ___ Groom ___ Spouse ___ Male ___ Female

Age ___ Birthdate ___ Birthplace _____

___ Never Married ___ Divorced ___ Widowed ___ Under Control of Guardian _____

Occupation _____ Address _____
Number and Street

Signature _____
City, State and Zip Code

Person B's FULL Legal Name _____
First Middle (Full) Last

(place seal here)

Notary Public or Deputy Auditor Signature Subscribed and sworn to before me this
_____ day of _____, 20 _____.

Date of application _____

Date License Issued _____

This space for Auditor's use only

Applicant A Phone ()

Applicant B Phone ()

Social Security Number for Applicants	
Department of Health is required to collect your Social Security Number in order to assist in child support laws (Section 7, Chapter 160 Laws of 1998). If you do not have a Social Security Number, you are required to complete the Social Security Declaration.	
PERSON A - SOCIAL SECURITY NUMBER	PERSON B - SOCIAL SECURITY NUMBER
PERSON A - NAME	PERSON B - NAME

If you **do not have a Social Security Number**, you are required to sign a Declaration of in Absence of a Social Security Number on the legal marriage certificate you will receive.

****** NOTICE ******

YOU MUST ALSO COMPLETE THE ONLINE MARRIAGE APPLICATION BEFORE YOUR LICENSE CAN BE PROCESSED

<https://www.clark.wa.gov/auditor/marriage-license>

360-397-2243

Return To:

**Clark County Auditor
Marriage & Recording Dept
P.O. Box 5000
Vancouver, WA 98666-5000**