



CERTIFICATE OF MARRIAGE

Please type or print clearly in permanent black ink.

State File Number

COUNTY OF LICENSE		DATE VALID	NOT VALID AFTER
OFFICIANT - I certify the persons named below were married on			
1. DATE OF MARRIAGE(MO/DAY/YR)	2. COUNTY OF CEREMONY	3. TYPE OF CEREMONY <input type="checkbox"/> Religious <input type="checkbox"/> Civil	4. DATE SIGNED(MO/DAY/YR)
5. OFFICIANT'S NAME (PRINT)		6. OFFICIANT'S SIGNATURE X	
7. OFFICIANT'S ADDRESS (STREET, CITY, STATE & ZIP)			
GROOM			
8. GROOM'S NAME		FIRST	MIDDLE LAST
9. CURRENT RESIDENCE ADDRESS (NUMBER AND STREET)		10. DATE OF BIRTH(MO/DAY/YR)	11. BIRTH STATE(IF NOT USA GIVE COUNTRY)
12. CITY/TOWN/LOCATION		13. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No	14. COUNTY 15. STATE
16. FATHER'S NAME (FIRST/LAST)		17. BIRTH STATE(IF NOT USA GIVE COUNTRY)	
18. MOTHER'S MAIDEN NAME (FIRST/LAST)		19. BIRTH STATE(IF NOT USA GIVE COUNTRY)	
20. GROOM'S SIGNATURE X		21. DATE SIGNED (MO/DAY/YR)	
BRIDE			
22. BRIDE'S NAME		FIRST	MIDDLE LAST
23. MAIDEN NAME			
24. CURRENT RESIDENCE ADDRESS (NUMBER AND STREET)		25. DATE OF BIRTH(MO/DAY/YR)	26. BIRTH STATE(IF NOT USA GIVE COUNTRY)
27. CITY/TOWN/LOCATION		28. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No	29. COUNTY 30. STATE
31. FATHER'S NAME (FIRST/LAST)		32. BIRTH STATE(IF NOT USA GIVE COUNTRY)	
33. MOTHER'S MAIDEN NAME (FIRST/LAST)		34. BIRTH STATE(IF NOT USA GIVE COUNTRY)	
35. BRIDE'S SIGNATURE X		36. DATE SIGNED (MO/DAY/YR)	
37. WITNESS' SIGNATURE X		38. WITNESS' SIGNATURE X	
39. COUNTY AUDITOR'S SIGNATURE X		40. DATE RECEIVED (MO/DAY/YR)	

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.

41. GROOM'S SOCIAL SECURITY NUMBER	42. BRIDE'S SOCIAL SECURITY NUMBER
------------------------------------	------------------------------------

Declaration in Absence of a Social Security Number

*I have not furnished a Social Security Number on my application for registration of a marriage certificate, because **I do not have a Social Security Number.***

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Groom's Signature Date

Bride's Signature Date

Center for Health Statistics
**MARRIAGE CERTIFICATE
INSTRUCTIONS**

(RCW 26.04.090)

- Items 1 - 7 ----- Completed by the Officiant. Signature and complete address required.
- Items 8 -19 ----- Completed at the time the application for marriage license is filed.
- Items 20 - 21 ----- The signature of the groom and date signed is required.
- Items 22 - 34 ----- Completed at the time the application for marriage license is filed.
- Items 35 - 36 ----- The signature or the bride and date signed is required.
- Items 37 - 38 ----- Signatures of two witnesses are required by law.
- Items 39 - 40 ----- Completed by the county auditor when the certificate is filed.
- Items 41 - 42 ----- Completed at the time the application for marriage license is filed.

NOTE: This form is to be transmitted to the county auditor for the county in which the license was obtained within thirty (30) days of the marriage.