



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	
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. USUAL RESIDENCE ADDRESS (NUMBER AND STREET)			10. DATE OF BIRTH(MO/DAY/YR)		11. BIRTHSTATE(IF NOT USA GIVE COUNTRY)
12. CITY/TOWN/LOCATION			13. INSIDE CITY LIMITS		14. COUNTY
			<input type="checkbox"/> Yes <input type="checkbox"/> No		15. STATE
16. FATHER'S NAME (FIRST/LAST)				17. BIRTHSTATE(IF NOT USA GIVE COUNTRY)	
18. MOTHER'S MAIDEN NAME (FIRST/LAST)				19. BIRTHSTATE(IF NOT USA GIVE COUNTRY)	
20. GROOM'S SIGNATURE				21. DATE SIGNED (MO/DAY/YR)	
X					
BRIDE					
22. BRIDE'S NAME		FIRST	MIDDLE	LAST	
23. MAIDEN NAME					
24. USUAL RESIDENCE ADDRESS (NUMBER AND STREET)			25. DATE OF BIRTH(MO/DAY/YR)		26. BIRTHSTATE(IF NOT USA GIVE COUNTRY)
27. CITY/TOWN/LOCATION			28. INSIDE CITY LIMITS		29. COUNTY
			<input type="checkbox"/> Yes <input type="checkbox"/> No		30. STATE
31. FATHER'S NAME (FIRST/LAST)				32. BIRTHSTATE(IF NOT USA GIVE COUNTRY)	
33. MOTHER'S MAIDEN NAME (FIRST/LAST)				34. BIRTHSTATE(IF NOT USA GIVE COUNTRY)	
35. BRIDE'S SIGNATURE				36. DATE SIGNED (MO/DAY/YR)	
X					
37. WITNESS' SIGNATURE			38. WITNESS' SIGNATURE		
X			X		
39. COUNTY AUDITOR'S SIGNATURE				40. DATE RECEIVED (MO/DAY/YR)	
X					

Social Security Number for Applicants	
<p>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.</p>	
41. GROOM'S SOCIAL SECURITY NUMBER	42. BRIDE'S SOCIAL SECURITY NUMBER

SOCIAL SECURITY DECLARATION
<p><i>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></p> <p><i>I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.</i></p> <p>Groom's Signature _____ Date _____</p> <p>Bride's Signature _____ Date _____</p>

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.