Franklin County

STATE OF WASHINGTON

Marriage License Application – Supplemental

Affidavit of Guardian

I, the undersigned, being first duly sworn, deposes as follows:
I am the parent or legal guardian through:
Birth CertificateFamily Court WaiverLegal Guardianship Documents
of who is 17 years of age.
Applicant Name (must print legal name in full)
I give my full consent to his/her marriage to
Parent/Guardian Present Address:
Parent/Guardian Previous Address (past six months)
Subscribed to and sworn before me this day
of,, A.D.
Parent/Guardian Signature

Deputy Auditor/ Notary Public Signature