Washington County
Marriage License Number# _____

AFFIDAVIT REGARDING SOCIAL SECURITY NUMBER

STATE OF COLORADO
County of_____

Pursuant to C.R.S. 14-15-109 Under Oath I Swear or Affirm That I **Do Not** have a Social Security Number.

Applicant Name:_____
First Middle Last

Date of Birth: _____
Month Day Year

Signature: _____

This Form, when properly executed and presented, is attached to Marriage License Application