

Certificate #: _____

Page: _____

AFFIDAVIT CONCERNING SOCIAL SECURITY NUMBER:

STATE OF COLORADO

County of: _____

Pursuant to CRS 14-14-113 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: _____

Subscribed and Sworn to Before Me This _____ Day Of _____, _____
Year

(Seal)

Notary Public/Deputy County Clerk

This form, when properly executed and presented, is attached to Marriage Application.