License #_____

AFFIDAVIT REGARDING 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: _____

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