

# Marriage Packet



## Civil

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# **MARRIAGE GUIDE**

*This guide is for informational purposes only and the accuracy of this information is not guaranteed. This information is not legal advice and is not a substitute for legal advice. Court Clerks cannot give you legal advice.*

## **Who can marry under Puyallup Tribal law?**

A couple can marry under Puyallup Tribal law if:

- At least one person is a member of the Puyallup Tribe of Indians.
- Both persons are unmarried.
- Both persons are the age of consent or any persons under the age of consent have written consent to marry as set forth under Puyallup Tribal law. PTC 7.08.060(c).
- Both persons are mentally competent and not under the influence of drugs (whether legal or illegal) or alcohol.

## **How do we get married under Puyallup Tribal law?**

Step 1: Apply for a marriage license.

Step 2: Get your marriage license.

Step 3: Hold a marriage ceremony *on the reservation* within sixty (60) days of the marriage license being issued. Complete the certificates of marriage at the ceremony.

Step 4: Return the certificates of marriage to the Court Clerk's Office for filing within five (5) days of the ceremony.

## **How do we apply for a marriage license?**

- Pay a \$30.00 non-refundable fee at the time of application.
- Provide proof of identification at the time of application. (Enrollment card if Puyallup; State or Federally issued identification if non-Puyallup)
- Submit an application to the Court Clerk's Office. *There can be no blanks on your application.*
  - Application for Marriage License (Required)
  - Copies of Tribal Enrollment Card or Federally issued Identification Card (Required)
  - Consent Form to satisfy PTC 7.08.060(c) (Required if applicable)

## **What happens after we apply?**

If you meet the requirements for a license, the Court Clerk will prepare your marriage documents. The Court Clerk will provide you with these documents in the following manner:

- Private Ceremony on Reservation (off-site):
  - The Court Clerk will send you via mail: one (1) Marriage License, two (2) Puyallup Tribal Certificates of Marriage, and one (1) Washington State Certificate of Marriage.
  - You must complete relevant portions of all three (3) certificates at the ceremony.
  - You must return all three (3) completed certificates to the Court Clerk's Office within five (5) days of the ceremony.

- Civil Ceremony (at the Tribal Court):
  - The Court Clerk will send you via mail a copy of your marriage license.
  - The Court will hold all other documents to prepare for you at the Civil Ceremony.

**What happens after the ceremony?**

You must return the certificates of marriage to the Court Clerk’s Office for processing within five (5) days of the ceremony.

- Puyallup Tribal Certificate of Marriage:
  - Both originals will be signed, dated, and numbered by the Court Clerk.
  - The Court Clerk will also forward the license to Tribal Council for signature.
  - Once these documents are complete, one original will be mailed to you, and the other will be placed in the Court’s records.
- Washington State Certificate of Marriage:
  - The original will be sent to the Washington State Department of Health Center for Vital Statistics for registration in Washington.
  - A copy of the original will be placed in the Court’s records.

**What happens if the ceremony is not held on the reservation?**

If you do not hold your wedding ceremony *on the reservation*, then you are not eligible for a marriage license from the Puyallup Tribe and should make other arrangements.

**How do I change my name?**

- If you want to change your name, you must sign all *license application materials* using your current, legal name. At the ceremony, sign the *marriage certificates* using the married name you wish to take.
- After your marriage is registered with the state, then request certified copies of your marriage certificate. More information on ordering certificates is available at <https://www.doh.wa.gov>.
- The Court is not responsible for name changes with agencies. Each agency might have different requirements. You will need to contact each agency and follow their procedure for changing your name. Agencies include, but are not limited to:

LEGAL	WORK/SCHOOL	FINANCIAL	PERSONAL/MEDICAL
<input type="checkbox"/> Enrollment <input type="checkbox"/> BIA <input type="checkbox"/> Social Security Card <input type="checkbox"/> Driver’s License <input type="checkbox"/> Vehicle Registration & Title <input type="checkbox"/> Voter Registration	<input type="checkbox"/> Employer (W-2, Badge, etc.) <input type="checkbox"/> Your or your child(ren)’s School(s) <input type="checkbox"/> Day care	<input type="checkbox"/> Banks & Financial Institutions <input type="checkbox"/> Mortgage/Rent <input type="checkbox"/> Property tax <input type="checkbox"/> Utilities <input type="checkbox"/> Insurance <input type="checkbox"/> Creditors <input type="checkbox"/> IRS	<input type="checkbox"/> Doctors <input type="checkbox"/> Dentists <input type="checkbox"/> Pharmacies <input type="checkbox"/> Passport <input type="checkbox"/> US Postal Service <input type="checkbox"/> Memberships & Subscriptions <input type="checkbox"/> E-mail/online accounts

**IN THE COURTS OF THE PUYALLUP TRIBE OF INDIANS  
FOR THE PUYALLUP INDIAN RESERVATION  
TACOMA, WASHINGTON**

In re:

\_\_\_\_\_ *Full Name(s) of minor child(ren) or vulnerable Tribal adult*

\_\_\_\_\_ *DOB(s) of minor child(ren) or vulnerable Tribal adult*

=====

\_\_\_\_\_,  
\_\_\_\_\_,  
Plaintiff(s)/Petitioner(s),

v.

\_\_\_\_\_,  
\_\_\_\_\_,  
Defendant(s)/Respondent(s).

Case No. \_\_\_\_\_

**ADDRESS AUTHORIZATION FOR  
SERVICE BY:**

**FIRST CLASS MAIL**

**EMAIL**

**OTHER:** \_\_\_\_\_

**YOU MUST COMPLETE THIS FORM IF YOU ARE A PARTY TO THIS CASE**

My name is \_\_\_\_\_, and I am a party to this case.

I authorize to accept service by all parties and the court of all future pleadings, papers, and court orders for this case to the following address:

**FIRST CLASS MAIL:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**OTHER:** \_\_\_\_\_

**(Optional)** I also authorize to accept legal papers at the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Case No. \_\_\_\_\_

Address Authorization for Service

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**I understand that it is my responsibility to inform this Court and the other party if my address changes while this case remains open. I must also provide the other party with a copy of a Notice of Address Change and file this with this Court.**

\_\_\_\_\_  
*Party Signature*

\_\_\_\_\_  
*Date*

/s/  
\_\_\_\_\_  
*Print Name – Party Electronic Signature*

\_\_\_\_\_  
*Attorney/Advocate Bar No. (if applicable)*

\_\_\_\_\_  
*Co-Party Signature (if any)*

\_\_\_\_\_  
*Date*

/s/  
\_\_\_\_\_  
*Print Name – Party Electronic Signature*

\_\_\_\_\_  
*Attorney/Advocate Bar No. (if applicable)*

## APPLICATION FOR MARRIAGE LICENSE

PLEASE TAKE NOTICE if neither party is a Puyallup Tribal member, then you are not eligible for a marriage license from the Puyallup Tribe and should make other arrangements.

<b>PERSON 1</b>	<b>Bride</b>	<b>Groom</b>	<b>Spouse</b>
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FULL LEGAL NAME: \_\_\_\_\_

BIRTH NAME: \_\_\_\_\_

GENDER:  Female  Male  Other: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_  Minor/Under Guardianship

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ PTOI ENROLLMENT #: \_\_\_\_\_

A copy of my  Tribal Enrollment Card  Federally issued Identification Card is *attached*.

Marital Status:  Single  Widowed  Divorced

FATHER'S FULL BIRTH NAME: \_\_\_\_\_

FATHER'S BIRTH STATE: \_\_\_\_\_

MOTHER'S FULL BIRTH NAME: \_\_\_\_\_

MOTHER'S BIRTH STATE: \_\_\_\_\_

The undersigned, being first duly sworn, deposes as follows: That I am eighteen (18) years of age or older, or if not, have parental, guardian, or court waiver as documented on the *attached* Consent Form; that if I am afflicted with any contagious sexually transmitted disease, the condition is known to the other applicant; and further, that I am not related to the other applicant. I understand this marriage license is not valid for three (3) days from the date the application is filed and is void if the marriage is not solemnized within sixty (60) days of the issuance of the license. I further understand that the marriage must be solemnized within the exterior boundaries of the Puyallup Tribe of Indians Reservation.

**\*\* DO NOT SIGN UNTIL DIRECTED TO DO SO BY THE NOTARY PUBLIC \*\***

*I certify, under penalty of perjury under the laws of the Puyallup Tribe of Indians, that the foregoing statement and any attachments are true and correct to the best of my knowledge and belief. Puyallup Tribal Code § 5.12.1180.*

\_\_\_\_\_  
Party Signature

\_\_\_\_\_  
Attorney/Advocate Bar No. (if applicable)

/s/ \_\_\_\_\_  
Print Name – Party Electronic Signature

\_\_\_\_\_  
Date

Signed and sworn to before me on \_\_\_\_\_, by \_\_\_\_\_.

Date

Affiant

Notary \_\_\_\_\_  
Signature

Notary Public in and for the  
State of: \_\_\_\_\_

County of: \_\_\_\_\_

My commission expires: \_\_\_\_\_

*Affix stamp or seal*

**PERSON 2** Bride Groom Spouse

FULL LEGAL NAME: \_\_\_\_\_

BIRTH NAME: \_\_\_\_\_

GENDER:  Female  Male  Other: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_  Minor/Under Guardianship

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ PTOI ENROLLMENT #: \_\_\_\_\_

A copy of my  Tribal Enrollment Card  Federally issued Identification Card is *attached*.

Marital Status:  Single  Widowed  Divorced

FATHER'S FULL BIRTH NAME: \_\_\_\_\_

FATHER'S BIRTH STATE: \_\_\_\_\_

MOTHER'S FULL BIRTH NAME: \_\_\_\_\_

MOTHER'S BIRTH STATE: \_\_\_\_\_

The undersigned, being first duly sworn, deposes as follows: That I am eighteen (18) years of age or older, or if not, have parental, guardian, or court waiver as documented on the *attached* Consent Form; that if I am afflicted with any contagious sexually transmitted disease, the condition is known to the other applicant; and further, that I am not related to the other applicant. I understand this marriage license is not valid for three (3) days from the date the application is filed and is void if the marriage is not solemnized within sixty (60) days of the issuance of the license. I further understand that the marriage must be solemnized within the exterior boundaries of the Puyallup Tribe of Indians Reservation.

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*I certify, under penalty of perjury under the laws of the Puyallup Tribe of Indians, that the foregoing statement and any attachments are true and correct to the best of my knowledge and belief. Puyallup Tribal Code § 5.12.1180.*

\_\_\_\_\_  
*Party Signature*

\_\_\_\_\_  
*Attorney/Advocate Bar No. (if applicable)*

/s/ \_\_\_\_\_  
*Print Name – Party Electronic Signature*

\_\_\_\_\_  
*Date*

Signed and sworn to before me on \_\_\_\_\_, by \_\_\_\_\_.

*Date*

*Affiant*

Notary \_\_\_\_\_  
*Signature*

Notary Public in and for the

State of: \_\_\_\_\_

County of: \_\_\_\_\_

My commission expires: \_\_\_\_\_

*Affix stamp or seal*

## CEREMONY INFORMATION

PLEASE TAKE NOTICE if you do not hold your wedding ceremony *on the reservation*, then you are not eligible for a marriage license from the Puyallup Tribe and should make other arrangements. Further, Puyallup Tribal Court does not provide off-site officiant services. If you plan to host a private ceremony off-site, then you must make alternate officiant arrangements.

**Ceremony Type:**

- Private Ceremony on Reservation (off-site):  
Wedding Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm
- Civil Ceremony (at the Tribal Court):  
Wedding Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

**Vows:**

- We are exchanging rings.
- We have our own vows.

**Witnesses:**

Witness 1: \_\_\_\_\_

Witness 2: \_\_\_\_\_

**Post-Ceremony Introduction:**

- \_\_\_\_\_ & \_\_\_\_\_ \_\_\_\_\_
- \_\_\_\_\_ \_\_\_\_\_ & \_\_\_\_\_
- \_\_\_\_\_ \_\_\_\_\_

**Special Requests and/or Additional Information:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Person 1 Signature

\_\_\_\_\_  
Person 2 Signature

**FOR COURT USE ONLY**

- Fee Received     Application Complete     IDs Attached     Certificates Complete
- Tribal Judge Officiant: \_\_\_\_\_ Ceremony Date: \_\_\_\_\_ Time: \_\_\_\_\_
- Date: \_\_\_\_\_ Clerk Initials: \_\_\_\_\_  All Forms Completed and Returned





# Washington State CERTIFICATE OF MARRIAGE

<b>COUNTY OF LICENSE:</b>	
DATE VALID 	NOT VALID AFTER 

Marriage ceremony must be performed in the State of Washington.

Please type or print clearly in permanent black ink.

**State File Number**

<b>COUNTY AUDITOR</b>			
COUNTY AUDITOR'S SIGNATURE <b>X</b>		DATE RECEIVED (MM DD YYYY) 	
<b>PERSON A CHECK ONE</b> <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE		<b>PERSON B CHECK ONE</b> <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE	
LEGAL NAME BEFORE MARRIAGE (FIRST/MIDDLE/LAST)		LEGAL NAME BEFORE MARRIAGE (FIRST/MIDDLE/LAST)	
BIRTH NAME (IF DIFFERENT)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTH NAME (IF DIFFERENT)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CURRENT RESIDENCE – STREET, CITY/TOWN		CURRENT RESIDENCE – STREET, CITY/TOWN	
COUNTY OF RESIDENCE	STATE OF RESIDENCE	COUNTY OF RESIDENCE	STATE OF RESIDENCE
DATE OF BIRTH (MM DD YYYY) 	BIRTH STATE (IF NOT USA, PROVIDE COUNTRY)	DATE OF BIRTH (MM DD YYYY) 	BIRTH STATE (IF NOT USA, PROVIDE COUNTRY)
MOTHER/PARENT BIRTH NAME		MOTHER/PARENT BIRTH NAME	
FATHER/PARENT BIRTH NAME		FATHER/PARENT BIRTH NAME	
MOTHER/PARENT BIRTH STATE (OR COUNTRY)	FATHER/PARENT BIRTH STATE (OR COUNTRY)	MOTHER/PARENT BIRTH STATE (OR COUNTRY)	FATHER/PARENT BIRTH STATE (OR COUNTRY)
<b>OFFICIANT</b>			
<b>I certify that the undersigned, by authority of license issued by the County noted above, did on this day join in lawful wedlock with their mutual consent in the presence of witnesses. In testimony whereof, witness our signatures:</b>			
DATE OF MARRIAGE (MM DD YYYY) 	COUNTY OF CEREMONY	TYPE OF CEREMONY (CHECK ONE) <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> CIVIL	DATE SIGNED (MM DD YYYY) 
OFFICIANT'S ADDRESS (STREET, CITY, STATE AND ZIP CODE) PLEASE PRINT			OFFICIANT'S DAYTIME PHONE
OFFICIANT'S NAME (PRINT)		OFFICIANT'S SIGNATURE <b>X</b>	
WITNESS SIGNATURE <b>X</b>		WITNESS SIGNATURE <b>X</b>	
PERSON A SIGNATURE <b>X</b>		DATE SIGNED (MM DD YYYY) 	
PERSON B SIGNATURE <b>X</b>		DATE SIGNED (MM DD YYYY) 	

Social Security Number for Applicants	
<b>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.</b>	
PERSON A - SOCIAL SECURITY NUMBER	PERSON B - SOCIAL SECURITY NUMBER
PERSON A - NAME	PERSON B - NAME

Declaration in Absence of a Social Security Number	
I have not furnished a Social Security Number on my application for registration of a marriage certificate, because <b>I do not have a Social Security Number.</b> I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.	
Person A Signature	Date
Person B Signature	Date

Center for Health Statistics  
**MARRIAGE CERTIFICATE  
 INSTRUCTIONS**

**(RCW 26.04.090)**

**County Section**

- Dates Valid ----- Completed at the time the application for marriage license is filed.
- Spouse Information -- Completed at the time the application for marriage license is filed.
- Received ----- Completed by the county auditor when the certificate is filed.

**Officiant Section**

- Ceremony ----- Date and county of ceremony are required.
- Officiant Information-- Signature and complete address are required.
- Signatures ----- The signatures of the spouses, two witnesses and date signed are required.

**Back**

- SSN verification ----- Completed at the time the application for marriage license is filed.

**NOTE: The officiant is required by law to return the marriage certificate to the county auditor where the license was obtained within thirty (30) days of the marriage ceremony.**