MA#:_____

AFFIDAVIT CONCERNING SOCIAL SECURITY NUMBER:

County of:_____

Pursuant to CRS 14-14-113 Under Oath I Swear or Affirm That I Do Not Have a Social Security Number.

1 ppiloune 1 (licant Name: First		Middle	Last
Date of Birtl	h: Month	Day	Year	
Signature:		Duy		
Subscribed and Sworn to Before Me ThisDay Of,Year				
(Seal)		Notary Public/Deputy County Clerk		

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