Certificate #:	
Page:	

## AFFIDAVIT CONCERNING SOCIAL SECURITY NUMBER:

STATE OF COLORADO			
County of:	_		
Pursuant to CRS 14-14-113 Unde	er Oath I Swear or Affirm That	I <u>Do Not</u> Have a Social Se	curity Number.
Applicant Name:			
First	Middle	Last	
Date of Birth:			
Month Day	y Year		
Signature:			
Subscribed and Sworn to Before	Me ThisDay Of		
		Year	
(Seal)			
(Scar)	Notary Public/	Deputy County Clerk	

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