

MA#:\_\_\_\_\_

## 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	
	Day Year	
Signature:		
Subscribed and Sworn to Befo	re Me ThisDa	ay Of,Year
(Seal)	N	otary Public/Deputy County Clerk
(Seal)	N	otary Public/Deputy County Clerk

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