



MARRIAGE/STATE REGISTERED DOMESTIC PARTNERSHIP APPLICATION

For intended spouse/domestic partner use

This application may be accessed on the Department's internet website or sent by the incarcerated individual to his/her intended spouse/state registered domestic partner. The intended spouse/state registered domestic partner should submit the completed form to the assigned case manager for processing.

_____	_____	_____
Last name	First name	DOC number
_____	_____	_____
Last name of intended spouse/ state registered domestic partner	First name	Date of birth
_____	_____	
Mailing address	City/State/Zip	

QUESTIONNAIRE

Answer the following questions and use an additional paper as needed.

How long have you known your intended spouse/state registered domestic partner? _____
Years Months

What is the nature of the relationship? _____

Yes No Do you have children belonging to both of you?

Yes No Do children reside with you?

List name(s) and age(s) of all children:

_____	_____	_____
Last name	First name	Date of birth

_____	_____	_____
Last name	First name	Date of birth

_____	_____	_____
Last name	First name	Date of birth

Yes No Do you know the reason your intended spouse/state registered domestic partner is incarcerated?

If yes, explain: _____

Yes No Do you have any history of domestic violence, either as a victim or a perpetrator?

If yes, explain: _____

Yes No Are you aware that once married/entered into a state registered domestic partnership you may become financially responsible for the incarcerated individual's debt, fines, and credit history? _____

How do you feel about marrying/entering into a state registered domestic partnership with an incarcerated individual? Are you ready for this type of relationship?

Complete the following information if you have been in a prior marriage/common law relationship/
state registered domestic partnership.

Name of former spouse/ state registered domestic partner	Date and place	Date of divorce/ dissolution or legal separation

I acknowledge that I am legally free to marry/enter into state registered domestic partnership and I am not being pressured to do so.

Name Signature Date

CASE MANAGER COMPLETES

Date application received: _____

Comments:

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Imaging system