



MARRIAGE/STATE REGISTERED DOMESTIC PARTNERSHIP APPLICATION

This application can be accessed on the Department's website doc.wa.gov or sent by the incarcerated individual to the intended spouse/state registered domestic partner (i.e., partner). The individual and intended spouse/partner must submit the completed form to the assigned case manager for processing.

Individual's last name	First name	DOC number
Last name of intended spouse/partner	First name	Date of birth
Mailing address	City/State/Zip	

QUESTIONNAIRE

- 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/partner is incarcerated?
 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? _____
- Yes No Are you aware that this process will not automatically qualify you for the Extended Family Visit program?

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

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

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

_____ Signature _____ Date _____
Name (individual)

_____ Signature _____ Date _____
Name (intended spouse/SRDP)

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.

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