

AFFIDAVIT REGARDING SOCIAL SECURITY NUMBER

STATE OF COLORADO

COUNTY OF: SUMMIT

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

Signature: _____

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