

Reception #: _____
Certificate #: _____

CIVIL UNION LICENSE AFFIDAVIT CONCERNING SOCIAL SECURITY
NUMBER:

Pursuant to C.R.S. 14-15-109(1)(a)

STATE OF _____
County of: _____

I the undersigned, being first duly sworn, state upon oath that I **DO NOT** have a Social Security Number. I understand that I am making this sworn statement to accompany my application for a Colorado civil union license.

**All fields must be legible. Any alteration may invalidate this document.*

Applicant Name:

First Middle Last

Date of Birth:

Dated:

Signature of Applicant

STATE OF _____

County of _____

Subscribed and sworn to before me in the City of _____ State of _____, this _____ day of _____, 20_____.

Witness my hand and official seal.

(Seal)

Notary Public, Clerk and Recorder or Deputy Clerk and Recorder

My commission expires