

# OFFICIANT INSTRUCTIONS

As the ordained Officiant performing the marriage ceremony in the State of Oregon, you have the following responsibilities:

- Complete all of the required ceremony information in lines 30a through 33
- All lines must be filled out correctly, legibly and in black ink only
- The completed marriage license must be returned to our office within 5 days of the ceremony. A pre-addressed envelope has been provided for return

## VALID CEREMONY DATES

The marriage ceremony may not be performed before the effective date nor after the expiration date. These dates are located at the top of the license on the right-hand side:

<b>Oregon Health</b> Authority CENTER FOR HEALTH STATISTICS		136-
<b>PLICATION, LICENSE, AND RECORD OF MARRIAGE</b>		State file number
<b>MULTNOMAH</b>	License effective on or after: <b>APRIL 28, 2022</b>	License expires (month, day, year): <b>JUNE 26, 2022</b>

## CEREMONY INFORMATION

**Please be aware** that if any information in the “CEREMONY” section on the marriage license is incomplete, incorrect or illegible we will be unable to process the license and it will be returned to you for correction.

30a. Date of marriage: <b>DATE CEREMONY WAS PERFORMED</b>	30b. Where married (city, town or location): <b>LOCATION OF CEREMONY (IN OREGON)</b>	30c. County: <b>COUNTY WHERE CEREMONY WAS PERFORMED</b> <b>OREGON</b>
31a. I certify that the above named persons were married on the date listed above (30a). Signature of person performing ceremony (officiant): ◆ <b>LEGAL SIGNATURE OF ORDAINED OFFICANT</b>		31b. Title: <b>TITLE OF OFFICANT</b>
31c. Officiant (person performing ceremony): Name: <b>PRINTED FULL NAME OF ORDAINED OFFICANT</b> Phone: <b>OFFICANT'S PHONE #</b> Address: <b>ADDRESS OF ORDAINED OFFICANT (NOT ADDRESS OF ORGANIZATION)</b> City, State, ZIP: <b>OFFICANT'S CITY, STATE &amp; ZIP</b>		
31d. Name of authorizing religious or secular congregation/organization of officiant: <b>FULL NAME OF AUTHORIZING CONGREGATION OR ORGANIZATION = NO INITIALS, NO ABBREVIATIONS, MUST BE ACTUAL NAME OF THE GROUP THAT ORDAINED THE OFFICANT</b>		
32. Witness name (print): <b>PRINTED NAME OF ADULT WITNESS #1 (NOT SIGNATURE)</b>	33. Witness name (print): <b>PRINTED NAME OF ADULT WITNESS #2 (NOT SIGNATURE)</b>	

Completed marriage licenses may be submitted to our office via any of the following:

- **In-person** via our drop-box or over the counter at the Multnomah Building located at 501 SE Hawthorne Blvd, #175, Portland, OR 97214 during our normal business hours (8:30am - 4:30pm, M-F)
- **By Mail** in the return envelope provided to:  
MULTNOMAH COUNTY DART, PO BOX 2716, PORTLAND, OR 97208-2716

**Please call our office if you have any questions: 503-988-3326**