STATE OF MISSOURI AFFIDAVIT OF ABSENT APPLICANT AND APPLICATION FORMARRIAGE LICENSE (Rev 7-14-15)

PRESENTA'		ED APPLICATION TO THE	E RECORDER OF DEEDS.]	
COUNTY OF				
			(Absent Applican	t),
first being duly sworn on this	day of	, 20_	, on his/her oath states:	
(Please print all information)				
Name (First, Middle,	, <i>Last</i>)			
Social Security No: _		(If do not have a Social S	Security Number, check here	_)
Please check one:	MaleFemale			
State birth name if d	lifferent:			
Age Last Birthday:	Date of Birth (Month, 1	Day, Year):		
o (NOTE: Ye	ou must be eighteen years o	f age in order to submit this A	Affidavit.)	
Birthplace (State or	Country)			
Residence (City, Tow	wn or Location)			
County	State		Zip	
Number of this Marr	iage:			
If previously married	l, last marriage ended by	Death;Dissolution;An	nulment	
Date last marriage er	nded: Month	Year		
Race:White;I	Black; American Indian	;Other (Specify)		
Education (Specify h	ighest grade completed)K-	12College(No. of yea	rs completed)	
I affirm I am over the	e age of 18 years of age, am	legally competent to make a	an affidavit and do so on the basis of	
personal knowledge.	and have capacity to enter	into a marriage contract.		
I affirm this proposed	d marriage is NOT a marria	age between parent and child	, between grandparent and grandchild o	of any
degree, between brot	ther and sister of the half or	r the whole blood, between u	incle and niece, between aunt and neph	ew or
between first cousins	s.			

I also affirm that I have not been adjudged incapacitated.

I have attached a copy	of one or more government issued identification	ons, which contain my photo.(If no photo is
available/attached, che	eck here)	
I affirm I am making t	his Affidavit and Application for Marriage Lic	ense to marry the following person:
Name (First, Middle, I	Last):	
I am unable to appear	in the presence of a Recorder of Deeds in the S	State of Missouri, for the reason selected below,
which is confirmed by	the Verification attached to this affidavit:	
(Select one that applies	s)	
I am currently incarc	erated at	; or
I am currently on act	ive military duty	
at		;or
Ū.	ed with a significant disability subject to the An	mericans with Disabilities Act . (Absent Applicant) solemnly swear
(or Affirm) that the information	on I have given in this Affidavit of Absent A	Applicant and completed Application for Marriage
License to obtain a marriage lic	cense for the State of Missouri is true and corre-	ct.
	Signature of Absent Applicant	
	(Print Name)	
State of County of))ss	
Subscribed and sworn	to before me by	, who personally appeared
before me and is known to me	to be the person described in and who execu	ted the foregoing Affidavit of Absent Applicant and
Application for Marriage Lice	ense and acknowledged that the facts set fort	h herein are true and correct to the best of his/her
knowledge and information an	id that he/she executed the Affidavit of Abser	nt Applicant and Applicant for Marriage License as
his/her free act and deed.		
In Witness Whereof, I	I have hereunto set my hand and affixed my of	ficial seal on this day of
	20	
(Seal)	Signature	
	(Print name)	
	Title	
My Commission expires:		

VERIFICATION OF INCARCERATED PERSON

I	(Professional, Official or Designee)
am currently over the age of 18 years	of age; am legally competent to make an affidavit; and do so on the basis of personal
knowledge.	
I hereby certify that I am the p	rofessional or official (or the designee of such person) who directs the operations of the
following jail or prison:	
and that	(Name of Incarcerated Person)
is the person who executed this Affidavi	t of Absent Applicant and Application for Marriage License and is currently incarcerated
within the said institution.	
I also certify that the social secu	rity number listed by
	(Name of Incarcerated Person) on the Affidavit of Absent Applicant and Application
for Marriage License is consistent with th	ne records maintained by the foregoing institution.
	Signature (Print name beneath signature)
	Title
Date	