

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

[NOTE: THIS AFFIDAVIT MUST BE DATED SIX MONTHS OR LESS PRIOR TO THE PRESENTATION OF THE COMPLETED APPLICATION TO THE RECORDER OF DEEDS.]

STATE OF \_\_\_\_\_ )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_ (Absent Applicant),

first being duly sworn on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, on his/her oath states:

*(Please print all information)*

Name *(First, Middle, Last)* \_\_\_\_\_

Social Security No: \_\_\_\_\_ (If do not have a Social Security Number, check here \_\_\_\_\_ )

Please check one: \_\_\_ Male \_\_\_ Female

State birth name if different: \_\_\_\_\_

Age Last Birthday: \_\_\_ Date of Birth *(Month, Day, Year)*: \_\_\_\_\_

o (NOTE: You must be eighteen years of age in order to submit this Affidavit.)

Birthplace *(State or Country)* \_\_\_\_\_

Residence *(City, Town or Location)* \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Number of this Marriage: \_\_\_\_\_

If previously married, last marriage ended by \_\_\_ Death; \_\_\_ Dissolution; \_\_\_ Annulment

Date last marriage ended: Month \_\_\_\_\_ Year \_\_\_\_\_

Race: \_\_\_ White; \_\_\_ Black; \_\_\_ American Indian; \_\_\_ Other (Specify) \_\_\_\_\_

Education (Specify highest grade completed) K-12 \_\_\_\_\_ College (No. of years completed) \_\_\_\_\_

I affirm I am over the age of 18 years of age, am legally competent to make an affidavit and do so on the basis of personal knowledge. and have capacity to enter into a marriage contract.

I affirm this proposed marriage is NOT a marriage between parent and child, between grandparent and grandchild of any degree, between brother and sister of the half or the whole blood, between uncle and niece, between aunt and nephew or between first cousins.

I also affirm that I have not been adjudged incapacitated.

I have attached a copy of one or more government issued identifications, which contain my photo.(If no photo is available/attached, check here \_\_\_\_\_)

I affirm I am making this Affidavit and Application for Marriage License to marry the following person:

Name (First, Middle, Last): \_\_\_\_\_

I am unable to appear in the presence of a Recorder of Deeds in the State of Missouri, for the reason selected below, which is confirmed by the Verification attached to this affidavit:

(Select one that applies)

I am currently incarcerated at \_\_\_\_\_; or

I am currently on active military duty

at \_\_\_\_\_;or

I have been diagnosed with a significant disability subject to the Americans with Disabilities Act .

I, \_\_\_\_\_ (Absent Applicant) solemnly swear

(or Affirm) that the information I have given in this Affidavit of Absent Applicant and completed Application for Marriage License to obtain a marriage license for the State of Missouri is true and correct.

Signature of Absent Applicant \_\_\_\_\_

(Print Name)\_\_\_\_\_

State of \_\_\_\_\_ )

)ss

County of \_\_\_\_\_)

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 executed the foregoing Affidavit of Absent Applicant and Application for Marriage License and acknowledged that the facts set forth herein are true and correct to the best of his/her knowledge and information and that he/she executed the Affidavit of Absent Applicant and Applicant for Marriage License as his/her free act and deed.

In Witness Whereof, I have hereunto set my hand and affixed my official seal on this \_\_\_\_\_ day of

\_\_\_\_\_20\_\_\_\_.

(Seal)

Signature\_\_\_\_\_

(Print name)\_\_\_\_\_

Title\_\_\_\_\_

My Commission expires:\_\_\_\_\_

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**VERIFICATION OF PERSON DIAGNOSED PURSUANT TO THE AMERICANS WITH DISABILITIES ACT**

I, \_\_\_\_\_ being first duly sworn upon my oath, state the following:

I 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 am a(n) \_\_\_\_\_ (physician [MD or DO], chiropractor, nurse [LPN or RN], physical therapist, occupational therapist, psychologist, professional counselor, or clinical social worker) who holds a valid license for the state of \_\_\_\_\_ to practice in such field. Based on my education, training, and experience and as a result of my evaluation of \_\_\_\_\_ (Name of Absent Applicant), who has been diagnosed with a significant disability that prevents him/her from appearing before the Recorder of Deeds or the Recorder's deputy for \_\_\_\_\_ County, Missouri to execute a marriage license application in the presence of such official.

To the best of my personal knowledge, the applicant has not been adjudged incapacitated.

Signature \_\_\_\_\_  
(Print name beneath signature)

Title \_\_\_\_\_

State License No. \_\_\_\_\_

Date \_\_\_\_\_