

➤ 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: _____

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 _____