

➤ 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 _____

(PrintName)_____

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 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 professional 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 Affidavit of Absent Applicant and Application for Marriage License and is currently incarcerated within the said institution.

I also certify that the social security number listed by _____
_____ (Name of Incarcerated Person) on the Affidavit of Absent Applicant and Application for Marriage License is consistent with the records maintained by the foregoing institution.

Signature _____
(Print name beneath signature)

Title _____

Date _____

VERIFICATION OF PERSON ON ACTIVE MILITARY DUTY

I _____ (Commanding Officer or Designee)

hereby certify that I am the Commanding Officer (or the commander's designee) of _____

_____ (Name of Military Person/Applicant) who is located at:

_____ [military unit

designation and location], 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 certify that _____ (Name of Absent Applicant) is the

person who executed this Affidavit of Absent Applicant and Application for Marriage License and is currently stationed at

_____ and is unable to appear before the Recorder

of Deeds or the Recorder's deputy for _____ County, Missouri.

I also certify that the social security number listed by _____

_____ (Name of Absent Applicant) on the Affidavit of Absent Applicant and

Application for Marriage License is consistent with the records maintained by the foregoing military.

Signature _____

(Print name beneath signature)

Title/Rank or Grade _____

Date _____

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 _____