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.]

OUNTY OF) SS		
		· · · · · · · · · · · · · · · · · · ·	(Absent Applicant),
st being duly sworn on this d	ay of	, 20, on his/l	her oath states:
lease print all information)			
Name (First, Middle, Last)			
Social Security No:	(If do no	ot have a Social Security Nu	mber, check here
Please check one: Male			
State birth name if different:			
Age Last Birthday Date	of Birth (Month, Day, Year):		
(NOTE: You must b	be eighteen years of age in orde	er to submit this Affidavit.)	
Birthplace (State or Country)_		·	
Residence (City, Town or Local	tion)		
County	State		Zip
Number of this Marriage:			
If previously married, last marr	iage ended byDeath;D	issolution;Annulment	
Date last marriage ended: Mo	nth	Year	
Race:White;Black;	_ American Indian;Other (Specify)	
Education (Specify highest grad	de completed) K-12Co	llege(No. of years completed))
I affirm I am over the age of 18	years of age, am legally comp	petent to make an affidavit an	nd do so on the basis of persona
knowledge. and have capacity	y to enter into a marriage contra	act.	
I affirm this proposed marriage	is NOT a marriage between pa	arent and child, between grand	dparent and grandchild of any
degree, between brother and s	ister of the half or the whole b	lood, between uncle and niec	e, between aunt and nephew or
between first cousins.			
Lalso affirm that I have not bee	n adjudged incapacitated		

I have attached a copy of or	ne or more government	issued identifications, which contain my photo.(If no	o photo is
available/attached, check her	e)		
I affirm I am making this Affid	avit and Application for I	Marriage License to marry the following person:	
Name (First, Middle, Last):			
I am unable to appear in the pr	esence of a Recorder of D	eeds in the State of Missouri, for the reason selected be	low, which
is confirmed by the Verificat	on attached to this affida	vit;	
(Select one that applies)			
□I am currently incarcerated	at		; or
□I am currently on active mil	itary duty at	;or	
□ I have been diagnosed with	a significant disability su	bject to the Americans with Disabilities Act	
Ι,		(Absent Applicant) solemnly	y swear (or
Affirm) that the information I have give	en in this Affidavit of Ab	sent Applicant and completed Application for Marriage	
License to obtain a marriage license for	or the State of Missouri is	true and correct.	
Si	gnature of Absent Applica	ant	<u>-</u>
	(Print Name)		
State of)			
)ss County of)	;		
Subscribed and sworn to be	fore me by	, who personall	y appeared
before me and is known to me to be t	he person described in ar	nd who executed the foregoing Affidavit of Absent App	olicant and
Application for Marriage License and	i acknowledged that the	facts set forth herein are true and correct to the best	of his/her
knowledge and information and that l	he/she executed the Affic	lavit of Absent Applicant and Applicant for Marriage	License as
his/her free act and deed.			
In Witness Whereof, I have l	nereunto set my hand and	affixed my official seal on this day of	
(Seal)	Signature		_
	(Print nam	ne)	-
	Title		Му
Commission		expires:	

VERIFICATION OF INCARCERATED PERSON

I	(Professional, Official or Designee
am currently over the age	e of 18 years of age; am legally competent to make an affidavit; and do so on the basis of personal
knowledge.	
I hereby certi	fy 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 execute	d 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 consis	tent with the records maintained by the foregoing institution.
	Signature
	(Print name beneath signature)
	Title
Date	
