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**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 \_\_\_\_\_

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**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 \_\_\_\_\_

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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 \_\_\_\_\_