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.]

| | OF)) SS |
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| COUNT | Y OF |
| | (Absent Applicant), |
| first bei | ng 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: MaleFemale |
| | 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) |
| | CountyZip |
| > | Number of this Marriage: |
| > | If previously married, last marriage ended byDeath;Dissolution;Annulment |
| | Date last marriage ended: Month Year |
| > | Race:White;Black; American Indian;Other (Specify) |
| > | Education (Specify highest grade completed)K-12College(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 |
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| | 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 Affi | rm) that the information I have given in this Affidavit of Absent Applicant and completed Application for Marriago |
| License | to obtain a marriage license for the State of Missouri is true and correct. |
| | Signature of Absent Applicant |
| | (Print Name) |
| State of |) |
| County | |
| | Subscribed and sworn to before me by, who personally appeared |
| before r | ne and is known to me to be the person described in and who executed the foregoing Affidavit of Absent Applicant and |
| Applica | tion for Marriage License and acknowledged that the facts set forth herein are true and correct to the best of his/her |
| knowled | lge and information and that he/she executed the Affidavit of Absent Applicant and Applicant for Marriage License as |
| his/her f | ree 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 Con | nmission expires: |

VERIFICATION OF INCARCERATED PERSON

| I | (Professional, Official or Designee) |
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| am currently over the age o | f 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 the | nis Affidavit of Absent Applicant and Application for Marriage License and is currently incarcerated |
| within the said institution. | |
| I also certify that the | e social security number listed by |
| | (Name of Incarcerated Person) on the Affidavit of Absent Applicant and Application |
| for Marriage License is consi | stent with the records maintained by the foregoing institution. |
| | |
| | Signature(Print name beneath signature) |
| | Title |
| D. (| |

| Ι | | | | (Com | manding | Office | er or Designee |
|-------------------------------------------------------------------------------------|-------------------------|---------|-------------|---------------------|------------|--------|------------------|
| hereby certify that I am the Commanding Officer (o | or the comm | ander | 's designee |) of | | | |
| | · | | • | Person/Applican | | | located at |
| designation and location], am currently over the ag | e of 18 year | rs of a | ige; am leg | ally competent to n | nake an at | ffidav | it; and do so or |
| the basis of personal knowledge. | | | | | | | |
| I certify that | | | | | _ (Name | of At | sent Applicant |
| is the person who executed this Affidavit of Absen | | | | _ | | | • |
| Recorder of Deeds or the Recorder's deputy for I also certify that the social secu | | | | Cou | nty, Misso | ouri. | |
| and Application for Marriage License is consistent | | | | Applicant) on the | | of A | bsent Applican |
| | Signature (Print nar | | neath signa | ture) | | | |
| | Title/Ran | ık or (| Grade | | | | |

VERIFICATION OF PERSON DIAGNOSED PURSUANT TO THE AMERICANS WITH DISABILITIES ACT

| I, | being first duly sworn upon my oath |
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| 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, occupation | nal 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 expe | erience and as a result of my evaluation of |
| (1 | Name of Absent Applicant), who has been diagnosed with a significant disability that prevents |
| him/her from appearing before | e 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 per | rsonal knowledge, the applicant has not been adjudged incapacitated. |
| | |
| | Signature(Print name beneath signature) |
| | Title |
| | State License No. |
| Data | |