## STATE OF MISSOURI AFFIDAVIT OF ABSENT APPLICANT AND APPLICATION FOR MARRIAGE LICENSE

[NOTE: THIS AFFIDAVIT MUST BE DATED SIX MONTHS OR LESS PRIOR TO THE PRESENTATION OF THE COMPLETED APPLICATION TO THE RECORDER OF DEEDS.]

	) SS (TY OF)
COUN	)
	(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: First Party Second Party
>	Please check one: Male Female
	Birth Surname 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.
4	I also affirm that I have not been adjudged incapacitated.

<b>&gt;</b>	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 the Recorder of Deeds forCounty, 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
	$\hfill \square$ I have been diagnosed with a significant disability subject to the Americans with Disabilities Act .
	I, (Absent Applicant) solemnly swear
(or Aff	irm) 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 of)
County	of)
	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	dge and information and that he/she executed the Affidavit of Absent Applicant and Applicant for Marriage License as
his/her f	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 Con	nmission expires:

£ 40

## VERIFICATION OF INCARCERATED PERSON

I	(Professional, Official or Designee
	of age; am legally competent to make an affidavit; and do so on the basis of persona
knowledge.	
I hereby certify that I am the p	rofessional or official (or the designee of such person) who directs the operations of the
following jail or prison:	
	(Name of Incarcerated Person
is the person who executed this Affidavi	t of Absent Applicant and Application for Marriage License and is currently incarcerated
within the said institution.	
I also certify that the social secu	urity number listed by
	_(Name of Incarcerated Person) on the Affidavit of Absent Applicant and Application
for Marriage License is consistent with the	ne records maintained by the foregoing institution.
	Signature(Print name beneath signature)
	Title
Date	