## STATE OF MISSOURI AFFIDAVIT OF ABSENT APPLICANT AND APPLICATION FOR MARRIAGE 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.]

STATE	OF) ) SS
COUN	TY OF )
	(Absent Applicant), firs
being d	uly 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
٠	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
	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	of) )ss y of)
	Subscribed and sworn to before me by, who personally appeared before
me an	d is known to me to be the person described in and who executed the foregoing Affidavit of Absent Applicant and Application for
Marria	age License and acknowledged that the facts set forth herein are true and correct to the best of his/her knowledge and information
and th	at 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)	
	(Print name)
	Title
	My Commission expires:

\*

## VERIFICATION OF PERSON ON ACTIVE MILITARY DUTY

I		(Command	ing Officer	r or Desi	ignee)
hereby certify that I am the Commanding Officer (or the commander)	s designee) o	f			_
(Name of	Military	Person/Applicant)	who is	located	at:
				[military	unit
designation and location], am currently over the age of 18 years of a				; and do so	on the
basis of personal knowledge.					
I certify that		(Na	me of Abser	nt Applicant)	) is the
person who executed this Affidavit of Absent Applicant and Applicant	pplication fo	r Marriage License	and is curre	ently station	ned at
,.		and is unable	e to appearb	efore the Re	corder
of Deeds or the Recorder's deputy for					
I also certify that the social security number	listed by				
(Name	of Absent A	applicant) on the Affic	lavit of Abs	sent Applica	nt and
Application for Marriage License is consistent with the records maint	ained by the	foregoing military.			
			, •	T	
Signature					
(Print name ber	neath signatu	re)			
Title/Rank or C	Grade				

Date\_\_\_\_\_