Instructions for use of Absent Applicant forms:

Deliver the two page "State of Missouri Affidavit of Absent Applicant and Application for Marriage License" along with the applicable, one page Verification document to the absent applicant.

Absent applicant must fill out the two page affidavit and application form completely (an incomplete document is not acceptable for marriage license application and will delay the issuance of same).

Absent applicant must produce all required documentation (including current, government issued photo ID and Social Security card or other proof of SSN).

Absent applicant must sign the affidavit in the presence of a currently commissioned Notary Public.

Notary Public must complete the full acknowledgement, then sign and seal it attesting to the information stated.

The applicable Verification form must be completed and signed by the designated authority (based upon the qualifying purpose for the absence of the marriage license applicant).

- In the case of an incarcerated applicant, the Warden, Sheriff, or other facility director must attest to the information provided by the inmate.
- In the case of military duty applicant, the commanding officer will attend to the verification duties.
- In the case of an applicant qualifying under the U. S. Americans with Disabilities Act, their doctor, or other qualified authority must complete and sign the Verification form.

Again, any incomplete or missing documentation is not acceptable for marriage licensing. So, double check all information, signatures and seals before returning the documents to the Recorder of Deeds.

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
COUNT	Y OF)
	(Absent Applicant), first
being du	ly sworn on this day of, 20, on his/her oath states:
(Please p	orint all information)
>	Name (First, Middle, Last)
>	Social Security No:(If do not have a Social Security Number, check here)
>	Please check one: Male Female
	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: MonthYear
>	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
	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
	□ 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)
	of))ss
Count	y of)
	Subscribed and sworn to before me by, who personally appeared before
	d is known to me to be the person described in and who executed the foregoing Affidavit of Absent Applicant and Application for
	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)	Signature
	(Print name)
	Title
	My Commission expires:

VERIFICATION OF INCARCERATED PERSON

Ι	(Professional, Official or Designee) am
currently over the age of 18 year	ars of age; am legally competent to make an affidavit; and do so on the basis of personal knowledge.
I hereby certify that I a	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 Affic	lavit 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

VERIFICATION OF PERSON ON ACTIVE MILITARY DUTY

r				(Comman	ding O	fficer	or Desi	ignee)
hereby certify that I am the Commanding Officer	or the comm	ander'	s designee) (of	····			_
	(Name	of	Military	Person/Applicant)	who	is	located	at:
							[military	unit
designation and location], am currently over the	nge of 18 yea	ırs of a	ge; am legal	ly competent to make	e an affic	lavit;	and do so	on the
basis of personal knowledge.						,		
I certify that				(N	ame of A	Absent	t Applicant) is the
person who executed this Affidavit of Absent	Applicant a	and A	pplication fo	or Marriage License	and is	curre	ntly statio	ned at
of Deeds or the Recorder's deputy for								
I also certify that the social								
		(Name	of Absent	Applicant) on the Aff	idavit of	Abse	ent Applica	nt and
Application for Marriage License is consistent wi	th the records	s maint	tained by the	foregoing military.				
	Signatur	e						
	(Print na	ime bei	neath signati	ire)				
	Title/Ra	nk or (Grade					

VERIFICATION OF PERSON DIAGNOSED PURSUANT TO THE AMERICANS WITH DISABILITIES ACT

Ι,	being first duly sworn upon my oat	h, state the
following:		
I am currently over the	e 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 [LP	N 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	n, training,
•	a result of my evaluation of ame of Absent Applicant), who has been diagnosed with a significant disability that preven	
from appearing before the Rec	corder of Deeds or the Recorder's deputy for	_ County,
Missouri to execute a marriage 1	license application in the presence of such official.	
To the best of my person	onal knowledge, the applicant has not been adjudged incapacitated.	
	Signature(Print name beneath signature)	
	Title	
	State License No.	
70.4		