**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.

**Return completed application with verification to the St. Charles County Recorder of Deeds.** The Recorder must have this paperwork before taking the application of the second party. So, this documentation will most likely be hand delivered by the “non-absent” applicant when they come to complete their part of the marriage application.

When all documentation is in order (for both applicants) and all fees are received, the Recorder can issue the Marriage License. Once it is issued, it must be used within 30 days or it will expire. If the license expires before the ceremony is performed, the expired license must be returned to the issuing Recorder marked “Unused” and a new application must be completed, verified and paid for before the marriage may be solemnized.

**If you have questions, please contact the St. Charles County Recorder of Deeds Office at 636-949-7506**
[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__________________________)  
COUNTY OF __________________________)  

____________________________(Absent Applicant), first being 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: ___ 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) _____________________________________________________________
  County__________________________State____________________________________ Zip ______________
➢ Number of this Marriage: ______
➢ If previously married, last marriage ended by___Death; ___Dissolution;___Annulment
  Date last marriage ended: Month ____________________________ Year __________
➢ Race: ___White; ___Black; ___ American Indian; ___Other (Specify) _______________________________________
➢ Education (Specify highest grade completed) K-12 _____College (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_____________________________________________________________; 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 __________________________________________

(Print Name)_________________________________________________________

(Seal)__________________________

My Commission expires:___________________________

Subscribed and sworn to before me by ________________________________, who personally appeared before me and is known to me to be the person described in and who executed the foregoing Affidavit of Absent Applicant and Application for Marriage License and acknowledged that the facts set forth herein are true and correct to the best of his/her knowledge and information and that 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 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_____________________________________________
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_____________________________
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_____________________________