



disability, to appear in the presence of recorders of deeds or their deputies as a condition for issuance of a marriage license. It is further

ORDERED upon reasonable written proof as to (1) the authenticity of the signature of an applicant on a marriage license application; (2) reasonable proof of the fact that the applicant, 18 years of age or older, is unable to appear in the presence of the recorder of deeds at the time the application is completed; and (3) receipt of all fees and other documents required for the issuance of a marriage license under the laws of the State of Missouri, Defendant and members of the Defendant Class shall issue marriage licenses to any member of the Plaintiff Class without requiring any individual applicant unable to appear to execute or sign a marriage license application in the presence of the recorder of deeds or any deputy. Completion of the applicable attached Affidavit and Verification forms (Exhibit A) shall provide prima facie proof of the authenticity of the applicant's signature and proof of the fact that the applicant is physically unable to appear in the presence of the recorder of deeds at the time the application is completed. Future changes to the Affidavit and Verification forms should be coordinated with and agreed to by the counsel for the parties and presented to the Court for approval. It is further

ORDERED as reasonable written proof of the foregoing facts, the Defendant Class may require that the individual applicant who is unable to appear submit an affidavit or sworn statement on a form furnished by the recorder of deeds, which shall include the necessary information for the recorder of deeds to issue a marriage license under Chapter 451 of Missouri Revised Statutes. The affidavit or form shall also include an attestation signed by the applicant and an independent verification stating in substantial part that the applicant is unable to appear in the presence of the recorder of deeds as a result of the applicant's incarceration, military service, or disability. It is further

ORDERED Plaintiff is the prevailing party for purposes of 42 U.S.C. § 1988. It is further  
ORDERED the Court retains jurisdiction to enforce the judgment.

IT IS SO ORDERED.

DATED: February 26, 2015

/s/ Brian C. Wimes

JUDGE BRIAN C. WIMES

UNITED STATES DISTRICT COURT

# 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.]

STATE OF \_\_\_\_\_ )  
 ) SS  
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: \_\_\_ Groom \_\_\_ Bride
- Please check one: \_\_\_ Male \_\_\_ Female
- State maiden name if different: \_\_\_\_\_
- Age Last Birthday: \_\_\_\_\_ Date of Birth *(Month, Day, Year)*: \_\_\_\_\_
  - (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 the Recorder of Deeds for \_\_\_\_\_ County, 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)\_\_\_\_\_

State of \_\_\_\_\_ )  
 )ss  
County of \_\_\_\_\_ )

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)

Signature\_\_\_\_\_

(Print name)

Title \_\_\_\_\_

My Commission expires: \_\_\_\_\_

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## ***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 \_\_\_\_\_

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## ***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 \_\_\_\_\_

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***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 \_\_\_\_\_