## [SAMPLE]

## AFFIDAVIT FOR MARRIAGE LICENSE APPLICANT WITH DISABILITY \_\_\_\_\_COUNTY, TENNESSEE

(attach to application for marriage license)

The undersigned Applicant, being first duly sworn, states as follows:

I have a disability which prevents me from personally appearing in the office of the County Clerk to make application for a marriage license. In accordance with Tennessee Code Annotated Section 36-3-104, I am submitting the following information for the purpose of obtaining a marriage license so that I may join

Age: Social Security Number: Sex of Applicant: ( ) Male ( ) Female    Date of Birth:	in matrimony with			
Age: Social Security Number:  Date of Birth: Sex of Applicant: ( ) Male ( ) Female    Month   Day   Year		(Full name of future spouse)		
Age: Social Security Number: Sex of Applicant: ( ) Male ( ) Female  Applicant's current address:  Name, relationship and address of applicant's parents, guardian or next of kin:	Full Name of Applicant:			
Date of Birth: Sex of Applicant: ( ) Male ( ) Female Applicant's current address:		First	Middle	Last
Applicant's current address:  Name, relationship and address of applicant's parents, guardian or next of kin:  I have also attached the original copy of Form PH-1680, revised 6/99, provided by the Tennessee Department of Health, Office of Vital Records, the same having been completed and signed by me and my future spouse.  Signature of Applicant  ACKNOWLEDGMENT  STATE OF §  COUNTY OF §  On this day of, z0, before me personally appeared, the above-named applicant, who appeared to me to be of sound mind and not intoxicated, and known to me to be the person described in the foregoing instrument, and acknowledged that the same was executed by the applicant as a free act and deed, for the purpose therein set forth.  Notary Public	Age:	Social Security	Number:	
Applicant's current address:  Name, relationship and address of applicant's parents, guardian or next of kin:  I have also attached the original copy of Form PH-1680, revised 6/99, provided by the Tennessee Department of Health, Office of Vital Records, the same having been completed and signed by me and my future spouse.    Signature of Applicant	Date of Birth:		Sex of Applica	ant: ( ) Male ( ) Female
Name, relationship and address of applicant's parents, guardian or next of kin:		Day Ye		( )
Name, relationship and address of applicant's parents, guardian or next of kin:	Applicant's current address	s:		
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STATE OF			Signature of Applicar	nt
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My commission expires:				ny i ubiic