

Post Office Box 1566 Knoxville, TN 37901 (865)215-3302 www.knoxcounty.org/clerk

AFFIDAVIT FOR MARRIAGE LICENSE FOR APPLICANTS WITH DISABILITY

(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 mak application for a marriage license. In accordance with <i>Tennessee Code Annotated</i> Section 36-3-104, I am submitting the following information for the purpose of obtaining a marriage license so that I may join in matrimony with	
matrimony with	name of future spouse)
Full name of Applicant: First Middle	Sex of Applicant: () Male () Female
Name, relationship, and address of applicant's parents	s, guardian, or next of kin:
I have also attached the original copy of Form PH-168 Department of Health, Office of Vital Records, the sa my future spouse. Signature of Applicant	
ACKNOWLEDGMENT	
State of County of	
On this day of, 20, before me personal	ly appeared
of sound mind and not intoxicated, and known to me instrument, and acknowledged that the same was executive purpose therein set forth.	
Notary Public My commission expires:	