[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

in matrimony with				
•	(Full name of future spouse)			
Full Name of Applicant:				
	Firs	t	Middle	Last
Age:	Social Se	curity Number	:	
Date of Birth:			Sex of Applic	ant: () Male () Female
Month	Day	Year		
Applicant's current address:				
Name, relationship and add	ess of appli	cant's parents	, guardian or next of l	kin:
I have also attached the or Department of Health, Office future spouse.			-	
			Signature of Applica	nt
		ACKNOWLED	GMENT	
STATE OF			COUNTY OF	
On this day of				ppeared me to be of sound mind and
not intoxicated, and known me upon satisfactory evidence act and deed, for the purpose	to me to be ce, and ackn	the person de owledged that	escribed in the forego	ing instrument or proved to
			Nota	ary Public
My commission expires:				
(Rev 8/17)				