

**PROBATE COURT OF BUTLER COUNTY, OHIO**

IN THE MATTER OF \_\_\_\_\_

MARRIAGE LICENSE NO. \_\_\_\_\_

**AFFIDAVIT OF ATTENDING PHYSICIAN**

STATE OF OHIO, COUNTY OF BUTLER, SS.

I, \_\_\_\_\_, attending physician to  
\_\_\_\_\_ in practice and residing  
in Butler County, Ohio, do hereby state under oath that the above named individual is unable to appear  
in Probate Court to make application for a marriage license by reason of illness or other physical disability.  
(R.C. 3101.05)

\_\_\_\_\_

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public