

**PROBATE COURT OF BUTLER COUNTY, OHIO**

**AFFIDAVIT OF APPLICANT UNABLE TO APPEAR BY REASON OF ILLNESS OR  
PHYSICAL DISABILITY**

[R.C. 3101.05]

Affiant being first duly sworn, deposes and says:

I, \_\_\_\_\_, being a person desiring to be married but by reason of illness or other physical disability unable to appear in court to personally make application for marriage license attest that the following information is true and correct;

- 1. Full Name \_\_\_\_\_
- 2. Social Security Number \_\_\_\_\_ Present Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- 3. Residence (including County & State) \_\_\_\_\_
- 4. Birthplace (County & State) \_\_\_\_\_
- 5. Occupation & Employer \_\_\_\_\_
- 6. Full Name of Father \_\_\_\_\_
- 7. Full Maiden Name of Mother \_\_\_\_\_
- 8. Number of Previous Marriages \_\_\_\_\_
  - a. Previously Married to: \_\_\_\_\_  
Divorce Date: \_\_\_\_\_ Case Number: \_\_\_\_\_  
County & State: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Name, Age, and Custodian of Minor Children \_\_\_\_\_
  - b. Previously Married to: \_\_\_\_\_  
Divorce Date: \_\_\_\_\_ Case Number: \_\_\_\_\_  
County & State: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Name, Age, and Custodian of Minor Children \_\_\_\_\_

I further state that I am not under the influence of any intoxicating liquor or controlled substance or infected with syphilis in a form that is communicable or likely to become communicable; that I am not nearer of kin than second cousins to \_\_\_\_\_; that there is no legal impediment to marriage; and that all of the above statements are true.

\_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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