PROBATE COURT OF BUTLER COUNTY, OHIO
JOHN M. HOLCOMB, JUDGE

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