

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:

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: First Middle	e Last
Age: Social Security Number:	
Date of Birth: Month Day Year	Sex of Applicant: () Male () Female
Applicant's current address:	
Name, relationship, and address of applicant's parents	, guardian, or next of kin:
	
I have also attached the original copy of Form PH-168 Department of Health, Office of Vital Records, the same future spouse. Signature of Applicant	
ACKNOWLEDGMENT	
State of County of	
On this day of, 20, before me personall	y appeared
	above-named applicant, who appeared to me to be
of sound mind and not intoxicated, and known to me to instrument, and acknowledged that the same was executive purpose therein set forth.	
Notary Public	
My commission expires:	