



THE STATE OF _____ COUNTY OF _____

AFFIDAVIT OF ABSENT APPLICANT FOR MARRIAGE LICENSE

The form and content of this affidavit is prescribed by section 2.007 of the Texas Family Code.

| | | |
|--|---|--------------------------------|
| Name of Absent Applicant (First, Middle, Last, Suffix) | | Maiden Surname (If applicable) |
| Address (Street, city, state, zip) | | |
| Date of Birth | Place of Birth (including city, county and state) | |
| Social Security Number | Citizenship | |

I have not been divorced within the last 30 days. TRUE FALSE

I am not presently married. TRUE FALSE

I am currently married to the other applicant. TRUE FALSE

I am not presently delinquent in the payment of court ordered child support.

TRUE FALSE

The other applicant is not presently married TRUE FALSE

I am not related to the other applicant as: TRUE FALSE

- an ancestor or descendant, by blood or adoption;
- a brother or sister, of the whole or half blood or by adoption;
- a parent's brother or sister, of the whole or half blood or by adoption;
- a son or daughter of a brother or sister, of the whole or half blood or by adoption;
- a current or former stepchild or stepparent; or
- a son or daughter of a parent's brother or sister, of the whole or half blood or by adoption;

I desire to marry:

| | | |
|---|-----|--|
| Name of Other Applicant (First, Middle, Last, Suffix) | | |
| Maiden Surname (If applicable) | Age | Approximate date on which the marriage is to occur |
| Address (Street, city, state, zip) | | |

The Reason I am unable to appear personally before the county clerk for the issuance of the license:

THE FOLLOWING SECTION CAN ONLY BE COMPLETED BY MEMBERS OF THE ARMED FORCES OF THE UNITED STATES STATIONED IN ANOTHER COUNTRY IN SUPPORT OF COMBAT OR ANOTHER MILITARY OPERATION WHO ARE UNABLE TO ATTEND THE CEREMONY:

Name of adult person, other than the other applicant, to act as proxy for the purpose of participating in the ceremony:

I SOLEMNLY SWEAR (OR AFFIRM) THAT THE INFORMATION I HAVE GIVEN IN THIS DECLARATION IS TRUE AND CORRECT. I AM AWARE THAT MAKING A FALSE STATEMENT ON THIS DOCUMENT IS PUNISHABLE TO UP TO 2 TO 10 YEARS IN PRISON AND UP TO A \$10,000 FINE [HSC §195.003]

Your Signature: _____

Date: _____

| | | |
|------------------------------------|--------------------------------|--------|
| Signature of Notary | | (Seal) |
| Printed Name and Title: | | |
| Subscribed and sworn before me on: | Expiration date of Commission: | |