

**COMPLETE THIS AFFIDAVIT IF ONE PARTY IS MILITARY AND UNABLE TO
ATTEND CEREMONY AND A PROXY IS NEEDED**

**MILITARY MARRIAGE BY PROXY – APPLICATION FOR MARRIAGE LICENSE
INSTRUCTIONS**

PLEASE READ CAREFULLY

The support of a proxy affidavit is to be used to apply for a Marriage License when one party is **UNABLE** to appear in the County Clerk's Office due to military service.

1. The party who will not be able to appear in the County Clerk's Office must complete and sign this form. All fields 1-15 on the form must be completed by the person signing.
2. The other party must appear in the County Clerk's office no more than 90 days prior to the ceremony.
3. The absent applicant must appoint any adult, **except the other applicant** to act as proxy for the purpose of participating in the marriage license process and the ceremony. The person to act as proxy must be named on the form and **must appear in person** with the other party and present his/her identification. ****The proxy must appear during the marriage license issuance and ceremony processes.****

WHAT TO BRING INTO THE COUNTY CLERK'S OFFICE:

Bring the fully completed and **notarized affidavit (questions 1-15)**

Bring your Proxy (stand in for absent applicant) **with their identification**

An acceptable form of **identification for both wedding parties** may include the following:

1. Valid driver's License – *
2. Valid U.S. Passport *
3. State issue ID *
4. Military ID *
5. Certified Copy/Original birth Certificate **NO COPIES**

*Copies acceptable for absentees **Note:** Identification for applicant appearing in person must be original.

The names of both parties will appear on the marriage license exactly as they do on the identification that was provided to our office.

PLEASE ALLOW 30 MINUTES TO ISSUE MARRIAGE LICENSE

Department Hours: 8 a.m. - 5 p.m. Monday through Friday
Phone number for the County Clerk's Office is (903) 536-2352.

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ATTEND CEREMONY AND A PROXY IS NEEDED**

THE STATE OF _____
COUNTY OF _____

PROXY AFFIDAVIT OF ABSENT APPLICANT FOR MARRIAGE LICENSE

I, _____ (name), of _____ (county), _____ (state),
on my oath say and declare that I am eighteen 18 years of age or older and not incapacitated in any way and that the statements herein set forth,
including answers to questions propounded, constitute a true, correct and complete statement and declaration.

1. FULL NAME (including maiden name) _____

2. ADDRESS _____
City State Zip

3. DATE OF BIRTH _____ 4. SOCIAL SECURITY NUMBER _____
Month/Day/Year xxx-xx-xxxx

5. PLACE OF BIRTH _____
City County State

6. IF DIVORCED: Did the divorce occur within the last 30 days? (*never married=No*)..... Yes _____ No _____

7. I am NOT presently married at this time..... True _____ False _____

8. I am NOT presently delinquent in the payment of court-ordered child support..... True _____ False _____

9. The other applicant is NOT related to me True _____ False _____
(as 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)

10. The party I desire to marry is: _____ 11. Whose age is: _____

12. Their address is _____
City State Zip

13. Approximate date of Marriage: _____
(*Must Be Completed*) Month Day Year

14. I am unable to appear in person before the County Clerk due to _____

15. I am unable to attend the ceremony and for that reason I hereby appoint _____
to act as proxy for the purpose of participating in the ceremony. (Full Name of Proxy)

I solemnly swear (or affirm) that the information I have given in this declaration is correct.
Executed _____, 20____

Absent Applicant's Signature

STATE OF _____
COUNTY OF _____

SUBSCRIBED AND SWORN TO before me by the said _____ this the _____
day of _____, A.D., 20____.

(notary sign)

(seal)

Notary Public in and for the State of _____
Printed Name: _____
My Commission Expires: _____

**IF THIS FORM IS NOT FILLED OUT COMPLETELY & CORRECTLY IT WILL BE TURNED AWAY AT
THE COUNTY CLERK'S OFFICE.**