
VERIFICATION OF PERSON DIAGNOSED PURSUANT TO THE AMERICANS WITH DISABILITIES ACT

I, _____ being first duly sworn upon my oath, state the following:

I am currently over the age of 18 years of age; am legally competent to make an affidavit; and do so on the basis of personal knowledge.

I am a(n) _____ (physician [MD or DO], chiropractor, nurse [LPN or RN], physical therapist, occupational therapist, psychologist, professional counselor, or clinical social worker) who holds a valid license for the state of _____ to practice in such field. Based on my education, training, and experience and as a result of my evaluation of _____ (Name of Absent Applicant), who has been diagnosed with a significant disability that prevents him/her from appearing before the Recorder of Deeds or the Recorder's deputy for _____ County, Missouri to execute a marriage license application in the presence of such official.

To the best of my personal knowledge, the applicant has not been adjudged incapacitated.

Signature _____
(Print name beneath signature)

Title _____

State License No. _____

Date _____