**AFFIDAVIT OF MARITAL HISTORY**

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ §

 §

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ §

Before me, the undersigned authority, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereafter, “Affiant”) who resides at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who, being of lawful age and being first duly sworn, upon oath states the following:

I am personally familiar with and knowledgeable of the marital history of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Person”). My personal knowledge is based upon the following: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**CHOOSE ONE:**

[ ]  Person is a single person and has never been married.

[ ]  Person has been married but one time only, to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and has been continuously married to said spouse since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*enter date of marriage*). The marriage occurred in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*location of marriage*).

[ ]  Person has been married but one time only, to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and said marriage occurred at the following date and place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*enter date and location of marriage*). Said marriage ended upon the death of Person’s spouse on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*enter date of spouse’s death*), and Person has remained single continuously from that date to the present date.

[ ]  Person has been married but one time only, to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and said marriage occurred at the following date and place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*enter date and location of marriage*). Said marriage ended upon divorce from Person’s spouse on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*enter date and location of final divorce decree*), and Person has remained single continuously from that date to the present date.

[ ]  Person has been married more than once. Below is the marriage history of Person (list names in order of marriage):

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Spouse** | **Date Married****(date & location)** | **Living/Deceased****(if deceased, give date)** | **Divorced?****(yes/no)****(give date and location)** |
|  |  |  |  |
|  |  |  |  |
| **Name of Spouse** | **Date Married****(date & location)** | **Living/Deceased****(if deceased, give date)** | **Divorced?****(yes/no)****(give date and location)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**IF APPLICABLE, ENTER THE FOLLOWING INFORMATION:**

The marriage of Person and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*enter name of spouse*) is/was a common law marriage. To the best of my knowledge and belief, Person and said spouse started living together as married spouses on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*enter month, date and year*) in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*enter name of State or Country*), and that said State or Country recognizes the validity of common law marriage. Person and said spouse are/were generally treated and reputed to be married spouses in their place of residence. Affiant is aware of no facts or circumstances that would prevent said marriage from being recognized under the laws of this state, including but not limited to a prior marriage of either party that did not terminate by death or divorce.

Further Affiant sayeth not.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, on this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

[SEAL] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public, State of \_\_\_\_\_\_\_\_\_\_

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ §

 §

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ §

The foregoing instrument was acknowledged before me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*enter name of Affiant*).

[SEAL] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public, State of \_\_\_\_\_\_\_\_\_\_