

# AFFIDAVIT OF INABILITY TO PHYSICALLY APPEAR

COMPLETE ALL BOXES AND RETURN TO FRESNO CO. CLERK

**FIRST PERSON**

1A. NAME OF FIRST PERSON  <u>NEW LAST NAME (IF CHANGING)</u>		1B. MIDDLE  <u>NEW MIDDLE NAME (IF CHANGING)</u>	1C. CURRENT LAST NAME (IF DIFFERENT AT BIRTH)  1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C)	2. DATE OF BIRTH
3. STATE OF BIRTH	4. # OF PRIOR MARRIAGES	5A. LAST MARRIAGE ENDED BY: <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment <input type="checkbox"/> Term SRDP		5B. DATE MARRIAGE ENDED:
6A. FULL NAME OF FATHER/PARENT		6B. STATE OF BIRTH (IF OUTSIDE OF U.S. ENTER COUNTRY)		
8A. FULL NAME OF MOTHER (MAIDEN LAST NAME)		8B. STATE OF BIRTH (IF OUTSIDE OF U.S. ENTER COUNTRY)		

**SECOND PERSON**

10A. NAME OF SECOND PERSON  <u>NEW LAST NAME (IF CHANGING)</u>		10B. MIDDLE  <u>NEW MIDDLE NAME (IF CHANGING)</u>	10C. CURRENT LAST  10D. LAST NAME AT BIRTH (IF DIFFERENT THAN 10C)	11. DATE OF BIRTH
12.. STATE OF BIRTH	13. # OF PRIOR MARRIAGES	14A. LAST MARRIAGE ENDED BY: <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment <input type="checkbox"/> Term SRDP		14b. DATE MARRIAGE ENDED:
6A. FULL NAME OF FATHER/PARENT		6B. STATE OF BIRTH (IF OUTSIDE OF U.S. ENTER COUNTRY)		
8A. FULL NAME OF MOTHER (MAIDEN LAST NAME)		8B. STATE OF BIRTH (IF OUTSIDE OF U.S. ENTER COUNTRY)		

## CONTACT PHONE # (     ) **RESIDENCE**

RESIDENCE STREET & #	CITY:	ZIP CODE:	COUNTY:
MAILING ADDRESS—IF DIFFERENT	CITY:	ZIP CODE:	COUNTY:

**(NAME OF PERSON UNABLE TO APPEAR)**

**REASON OF INABILITY TO APPEAR -**

## DECLARATIONS:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE:		<b>SIGNATURE OF FIRST PERSON</b>	
DATE:		<b>SIGNATURE OF SECOND PERSON</b>	
DATE:		<b>SIGNATURE OF PERSON PERFORMING THE CEREMONY</b>	