Department of Health ullet Vital Statistics STATE OF FLORIDA MARRIAGE RECORD

TYPE IN UPPER CASE

USE BLACK INK
This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(APPLICATION NUMBER)													
APPLICATION TO MARRY													
1. GROOM'S NAME (First, Middle, Last)										2. DATE OF BIRTH (Month, Day, Year)			
3a. RESIDENCE – CITY, TOWN, OR LOCATION 3b. (COUNTY			3c. STATE			4. BIRTHPLACE (State or Foreign Country)			
5a. BRIDE	S NAME (First, M	51			bb. MAIDEN SURNAME (If different)			6. DATE OF BIRTH (Month, Day, Year)					
				b. COUNTY			7c. STATE			8. BIRTHPLACE (State or Foreign Country)			
		WE THE APPLICANTS NAMED IN THIS CERTIFICA' ON THIS RECORD IS CORRECT TO THE BEST OF NOR THE ISSUANCE OF A LICENSE TO AUTHOR					, EACH FOR HIMSELF OR HERSELF. STATE THAT THE INFORMATION PROVIDED UR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE E THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.						
9. SIGNATURE OF GROOM (Sign full name				using black ink)				10. SUB					
	11. TITLE OF OFFICIAL DEPUTY CLERK						12. SIGNATURE OF OFFICIAL (Use black ink) D.C.					D.C.	
	13. SIGNATURE OF BRIDE (Sign full name using black ink)							14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)					
	15. TITLE OF OFFICIAL DEPUTY CLERK							16. SIGNATURE OF OFFICIAL (Use black ink) D.				D.C.	
	LIC							ISE TO MARRY					
	A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA A						NY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST FORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.						
	17. COUNTY ISSUING LICENSE				18. DATE LICENSE ISSUED				18a. DATE LICENSE EFFECTIVE		19. EXPIRATION DATE		
	20a. SIGNATURE OF COURT CLERK OR JUDGE						20b. TITLE 20c. BY D.C. CLERK OF CIRCUIT COURT						
	CERTIF							ICATE OF MARRIAGE					
	I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WE						ERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.						
	21. DATE OF MARRIAGE (Month, Day, Year) 22. CITY, TOWN, OF							DR LOCATION OF MARRIAGE					
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)						k ink)	23c. ADDRESS (Of person performing ceremony)						
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp)							24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)						
							25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)						
		INFORI	MATION BELO	W FOR US	SE BY VITA	AL STATI	STICS	ONL'	Y - NOT TO BE REC	ORDED			
	26. SOCIAL SECURITY NUMBER 27. RACE						R IS 'YI	'ES' TO ITEM 28, THEN COMPLETE I S 29b. LAST MARRIAGE ENDED B'					
GROOM				MARRIED' NO		MARR			LAST MARKIAGE ENDED B		o., Day, Year)	WARRIAGE ENDED	
	30. SOCIAL SE	CURITY NUMBER	31. RACE	32. WERE	YOU EVER	IF ANSWE	R IS 'YI	ES' TO I	TEM 32, THEN COMPLETE I	TEMS 33a, 33	Bb, and 33c		
BRIDE	-			PREVIOUS MARRIED	SLY ?	33a. NO. C MARRIAG	OF THIS					MARRIAGE ENDED	
				NO	YES								

(STATE FILE NUMBER)