Department of Health • 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

(STATE FILE NUMBER)

Notary Stamps and Signs/Dates Twice



	(APPLICATION NU			
APPLICATION TO MARRY				
1 GROOM'S NAME (First, Middle, Last)				2. DATE OF BIRTH (Month, Day, Year)
3a RESIDENCE - CITY, TOWN, OR LOCATION PRATT		3b. COUNTY PRATT	3c. STATE KS	BIRTHPLACE (State or Foreign Country) KANSAS
5a BRIDES NAME (First, Middle, Last)			5b MAIDEN SURNAME (If a ferent)	6. DATE OF BIRTH (Month, Day, Year)
7a RESIDENCE - CITY, T	OWN, OR LOCATION	7ь COUNTY PRATT	7c. STATE KS	8. BIRTHPLACE (State or Foreign Country) KANSAS
WE THE APPLICANT'S (AMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HE SELF. STATE THAT HE INFORMATION PROVIDED ON THIS RECORD! CORRECT TO THE BEST OF DUR KNOWLEDGE AND BELL. F. THAT HO LEGAL, OF RECTION TO THE MARRIAGE NOR THE ISSUAL & OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPL. FOR LICENSE TO MARRY				
	9. SIGNATUPE OF GROOM (Sign full	name u ng black mk) Groom S	Signs 10 SUBS CRIBED AND S	SWORN TO BEFORE ME ON (DATE) AU 2014
My A COSE	11 ITLE OF OFFICIAL NOTARY		12 SIGNATURE OF OFF	ICIAL (Le black ink)
STATE OF KAI		name using black ink) Bride S		D SWORI TO BEFORE ME ON (DATE) AU 2014
	NOTARY		16. SIGNATURE OF OFF	ICIAL (Use black mk)
	LICENSE TO MARKY			
€00°	AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN \$\frac{1}{2}\$ STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.			
NOTARY PUBLIC STATE OF KANSAS	17. COUNTY ISSUING LICENSE I, Bry vard	18. DATE LICENSE	18a late Lic 2045- e	2014 7-15-2014
	304 SIGNATURE OF COURT	E STATE		CIRCUIT COURT
	CERTIFICATE OF MARRIAGE			
	I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE 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, OR LOCATION OF MARRIAGE			
	Lake Buena Vista, FL			
	23a SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) 23c ADDRESS (Of person performing ceremony)			
SEAL SEAL				
NS E	230 NAME AND TITLE OF PERSON PERFORMING CEREMONY 24 SIGNATURE OF WITNESS TO CEREMONY (Use black mk)			
& [©]	Comment of the commen	JILLIAN M SHAW Commission My Commission Expires	25. SIGNATURE OF WIT	NESS TO CEREMONY (Use black mk)
F 1 3 1 1 1 2	INFORMATION RE	OW FOR USE BY VITAL S	TATISTICS ONLY. NOT TO	DE DECORDED