

Department of Health- Office of Vital Statistics

**STATE OF FLORIDA
MARRIAGE RECORD**

TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk.

(STATE FILE NUMBER)

122022XX000346MLAXMX

(APPLICATION NUMBER)

APPLICATION TO MARRY			
1a. NAME OF SPOUSE (First, Middle, Last) ALEXANDER THOMAS CROSSMAN		1b. MAIDEN SURNAME (if applicable)	2. DATE OF BIRTH (Month, Day, Year) 10/24/1992
3a. RESIDENCE - CITY, TOWN, OR LOCATION LAKE CITY	3b. COUNTY Columbia	3c. STATE Florida	4. BIRTHPLACE (State or Foreign Country) Florida
5a. NAME OF SPOUSE (First, Middle, Last) DANIELLE LINDSEY PATTERSON		5b. MAIDEN SURNAME (if applicable) PATTERSON	6. DATE OF BIRTH (Month, Day, Year) 07/15/1991
7a. RESIDENCE - CITY, TOWN, OR LOCATION LAKE CITY	7b. COUNTY Columbia	7c. STATE Florida	8. BIRTHPLACE (State or Foreign Country) Florida
WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.			
9. SIGNATURE OF SPOUSE (Sign full name using black ink) <i>Alex Crossman</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 09/02/2022	
11. TITLE OF OFFICIAL Deputy Clerk Valeria Coles		12. SIGNATURE OF OFFICIAL (Use black ink) <i>Valeria Coles</i>	
13. SIGNATURE OF SPOUSE (Sign full name using black ink) <i>Danielle Patterson</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 09/02/2022	
15. TITLE OF OFFICIAL Deputy Clerk Valeria Coles		16. SIGNATURE OF OFFICIAL (Use black ink) <i>Valeria Coles</i>	
LICENSE TO MARRY			
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 THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.			
17. COUNTY ISSUING LICENSE Columbia	18. DATE LICENSE ISSUED 09/02/2022	18a. DATE LICENSE EFFECTIVE 09/02/2022	19. EXPIRATION DATE 11/01/2022
20a. SIGNATURE OF COURT CLERK OR JUDGE James M Swisher Jr		20b. TITLE Clerk of the Circuit Court	20c. BY D.C. Valeria Coles
CERTIFICATE OF MARRIAGE			
I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.			
21. DATE OF MARRIAGE (Month, Day, Year) 9-24-22		22. CITY, TOWN, OR LOCATION OF MARRIAGE Lake City	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Robby Kassel</i>		23c. ADDRESS (Of person performing ceremony) 16091 NW 122nd Ln Alachua FL 32310	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Robby Kassel, Pastor		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Amanda Clements</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	

SEAL

STATE OF FLORIDA, COUNTY OF COLUMBIA
I HEREBY CERTIFY, that the above and foregoing
is a true copy of the original filed in this office.
JAMES M SWISHER JR, CLERK OF COURTS

By

Date

Valeria Coles
Deputy Clerk

9/27/2022

