

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,  
Circuit or County court appears thereon

(STATE FILE NUMBER)

122022XX000049MLAXMX

(APPLICATION NUMBER)

**APPLICATION TO MARRY**

1a. NAME OF SPOUSE (First, Middle, Last) <b>ANTHONY JOSEPH PICKLO</b>		1b. MAIDEN SURNAME (if applicable)	2. DATE OF BIRTH (Month, Day, Year) [REDACTED]
3a. RESIDENCE - CITY, TOWN, OR LOCATION [REDACTED]	3b. COUNTY [REDACTED]	3c. STATE [REDACTED]	4. BIRTHPLACE (State or Foreign Country)
5a. NAME OF SPOUSE (First, Middle, Last) <b>ARIELLE MARIE EAGLE</b>		5b. MAIDEN SURNAME (if applicable)	6. DATE OF BIRTH (Month, Day, Year) 02/08/1991
7a. RESIDENCE - CITY, TOWN, OR LOCATION [REDACTED]	7b. COUNTY [REDACTED]	7c. STATE [REDACTED]	8. BIRTHPLACE (State or Foreign Country)

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 IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF SPOUSE (Sign full name using black ink)

► [Signature]

11. TITLE OF OFFICIAL

Deputy Clerk Belinda Scippio

13. SIGNATURE OF SPOUSE (sign full name using black ink)

► [Signature]

15. TITLE OF OFFICIAL

Deputy Clerk Belinda Scippio

10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

02/09/2022

12. SIGNATURE OF OFFICIAL (Use black ink)

► [Signature]

14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

02/09/2022

16. SIGNATURE OF OFFICIAL (Use black ink)

► [Signature]

**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 18. DATE LICENSE ISSUED 18a. DATE LICENSE EFFECTIVE 19. EXPIRATION DATE

[REDACTED]

20a. SIGNATURE OF COURT CLERK OR JUDGE

James M Swisher Jr

20b. TITLE

Clerk of the Circuit Court

20c. BY D.C.

Belinda Scippio

**CERTIFICATE OF MARRIAGE**

THEREBY 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)

[REDACTED]

22. CITY, TOWN, OR LOCATION OF MARRIAGE

[REDACTED]

23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)

► [Signature]

23c. ADDRESS (Of person performing ceremony)

[REDACTED]

23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp)

Brason Caley Minister

24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

► Andrew Picklo [Signature]

25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

► Kaiti Picklo [Signature]



SEAL