

STATE OF FLORIDA

FL

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

FL

CERTIFICATION OF BIRTH

STATE FILE NUMBER: [REDACTED]

DATE ISSUED: [REDACTED]

DATE FILED: [REDACTED]

CHILD'S INFORMATION

NAME:

KENDALL ROSE GUNDERSON

DATE OF BIRTH: [REDACTED]

TIME OF BIRTH (24 HOUR): [REDACTED]

SEX: [REDACTED]

BIRTH WEIGHT: [REDACTED]

PLACE OF BIRTH: [REDACTED]

CITY, COUNTY OF BIRTH: [REDACTED]

MOTHER'S/PARENT'S INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

NAME:

ASHLEY ROSE JONES

DATE OF BIRTH: [REDACTED]

BIRTHPLACE: [REDACTED]

FATHER'S/PARENT'S INFORMATION

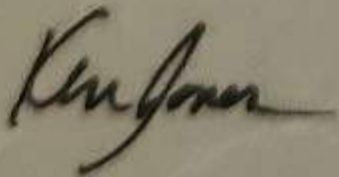
(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

NAME:

CRAIG ANTHONY GUNDERSON

DATE OF BIRTH: [REDACTED]

BIRTHPLACE: [REDACTED]



, STATE REGISTRAR

REQ: [REDACTED]

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE. THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

WARNING:



DH FORM 1946 (08/01/2022)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED