

Department of Health- Office of Vital Statistics

**STATE OF FLORIDA
MARRIAGE RECORD**

TYPE IN UPPER CASE
USE BLACK INK

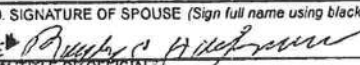

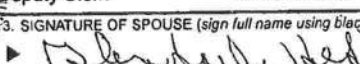
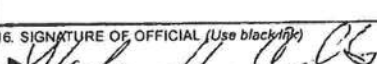
This license not valid unless seal of Clerk,
Circuit or County court appears thereon.

(STATE FILE NUMBER)

(APPLICATION NUMBER)



APPLICATION TO MARRY			
1a. NAME OF SPOUSE (First, Middle, Last) ROGER CURTIS HOFMANN		1b. MAIDEN SURNAME (if applicable)	2. DATE OF BIRTH (Month, Day, Year)
3a. RESIDENCE - CITY, TOWN, OR LOCATION		3b. COUNTY	3c. STATE
4. BIRTHPLACE (State or Foreign Country)			
5a. NAME OF SPOUSE (First, Middle, Last) GLENDA JEANETTE HEFT		5b. MAIDEN SURNAME (if applicable) COX	6. DATE OF BIRTH (Month, Day, Year)
7a. RESIDENCE - CITY, TOWN, OR LOCATION		7b. COUNTY	7c. STATE
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) 	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
11. TITLE OF OFFICIAL Deputy Clerk Valeria Coles	12. SIGNATURE OF OFFICIAL (Use black ink) 
13. SIGNATURE OF SPOUSE (sign full name using black ink) 	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
15. TITLE OF OFFICIAL Deputy Clerk Valeria Coles	16. SIGNATURE OF OFFICIAL (Use black ink) 


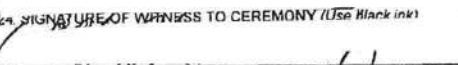
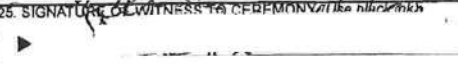
LICENSE TO MARRY

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	18a. DATE LICENSE EFFECTIVE	19. EXPIRATION DATE
20a. SIGNATURE OF COURT CLERK OR JUDGE 	20b. TITLE Clerk of Courts	20c. BY D.C. 	

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)	22. CITY, TOWN, OR LOCATION OF MARRIAGE
23. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) 	23c. ADDRESS (Of person performing ceremony)
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) James M Swisher Jr, Clerk of Courts	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) 
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) 

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

Deputy Clerk

Date

4/18/2022



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

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER:

DATE ISSUED:

DECEDENT INFORMATION

DATE FILED:

NAME: BUERL A HEFT

DATE OF DEATH:

SEX:

AGE

DATE OF BIRTH:

SSN:

BIRTHPLACE:

PLACE WHERE DEATH OCCURRED:

FACILITY NAME OR STREET ADDRESS

LOCATION OF DEATH: