

Department of Health- Office of Vital Statistics

**STATE OF FLORIDA
MARRIAGE RECORD**


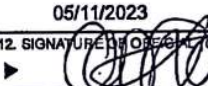
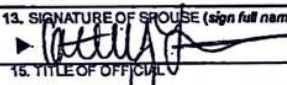
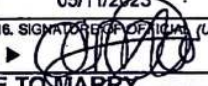
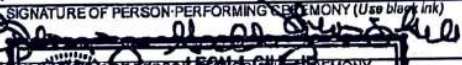


TYPE IN UPPER CASE
USE BLACK INK

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

(STATE FILE NUMBER)

122023XX000186MLAXMX

(APPLICATION NUMBER)

APPLICATION TO MARRY			
1a. NAME OF SPOUSE (First, Middle, Last) DYLAN LEON WITT		1b. MAIDEN SURNAME (if applicable) -	2. DATE OF BIRTH (Month, Day, Year) 05/02/1997
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) COURTNEY TAYLOR LETNER		5b. MAIDEN SURNAME (if applicable) LETNER	6. DATE OF BIRTH (Month, Day, Year) 01/27/2000
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 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) 05/11/2023	
11. TITLE OF OFFICIAL Deputy Clerk OLGA MARMAS		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) 05/11/2023	
15. TITLE OF OFFICIAL Deputy Clerk OLGA MARMAS		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 05/11/2023	18a. DATE LICENSE EFFECTIVE 05/14/2023	19. EXPIRATION DATE 07/10/2023
20a. SIGNATURE OF COURT CLERK OR JUDGE James M Swisher Jr		20b. TITLE Clerk of the Circuit Court	20c. BY D.C. OLGA MARMAS
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) 05-20-2023		22. CITY, TOWN, OR LOCATION OF MARRIAGE Brooker, Florida	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) 		23c. ADDRESS (Of person performing ceremony) LIVE OAK FL 1886 County Road 249 32060	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY MY COMMISSION # HH 085049 EXPIRES: March 30, 2025 Bonded Thru Notary Public Underwriters		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 **5-22-23**