

Department of Health • 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)

Inst 201112003418 Date 3/7/2011 Time 11:39 AM  
 DC.P DeWitt Casor Columbia County Page 1 of 1 B 1210 P 2472

(APPLICATION NUMBER)

APPLICATION TO MARRY			
1 GROOM'S NAME (First, Middle, Last) <b>BRANDEN GREGORY PARRISH</b>			2 DATE OF BIRTH (Month, Day, Year) <b>1</b>
3a. RESIDENCE CITY TOWN OR LOCATION	3b. COUNTY	3c. STATE	4. BIRTHPLACE (State or foreign Country) <b>ID</b>
5a. BRIDE'S NAME (First, Middle, Last) <b>SHANNON MICHELLE BULLARD</b>		5b. MAIDEN SURNAME (If different) <b>BROWN</b>	6. DATE OF BIRTH <b>--</b>
7a. RESIDENCE CITY TOWN OR LOCATION	7b. COUNTY	7c. STATE	8 BIRTHPLACE (State or foreign Country) <b>FL</b>
<p>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</p>			
9 SIGNATURE OF GROOM (Sign full name using black ink) <i>Branden Gregory Parrish</i>		10 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)	
11 TITLE OF OFFICIAL <b>P DEWITT CASON, CLERK OF COURT</b>		12 SIGNATURE OF OFFICIAL (Use black ink) <i>Kathy R. Ford DC</i>	
13 SIGNATURE OF BRIDE (Sign full name using black ink) <i>Shannon Michelle Bullard</i>		14 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)	
15 TITLE OF OFFICIAL <b>P DEWITT CASON, CLERK OF COURT</b>		16 SIGNATURE OF OFFICIAL (Use black ink) <i>Kathy R. Ford DC</i>	
LICENSE TO MARRY			
<p>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.</p>			
17 COUNTY ISSUING LICENSE	18. DATE LICENSE ISSUED	18a DATE LICENSE EFFECTIVE	19 EXPIRATION DATE
20a. SIGNATURE OF COURT CLERK OR JUDGE <b>P DEWITT CASON, CLERK OF COURT</b>		20b. TITLE <b>CLERK OF CIRCUIT CRT</b>	20c. BY D.C. <i>KAL</i>
CERTIFICATE OF MARRIAGE			
I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE 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 <b>Lake City, FL</b>	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Pastor Terry Elison Jr.</i>		23c. ADDRESS (Of person performing ceremony) <b>28026 NW CR 241, Lake City, FL 32615</b>	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) <b>Pastor Terry Elison Jr.</b>		24 SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Brenda Anne D</i>	
		25 SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Brenda Anne D</i>	

SEAL

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY, NOT TO BE RECORDED

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 *[Signature]*  
 Deputy Clerk  
 Date **03/29/2025**

