

Department of Health- Office of Vital Statistics

(STATE FILE NUMBER)

**STATE OF FLORIDA
MARRIAGE RECORD**

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,

122022XX000032MLAXMX

(APPLICATION NUMBER)

APPLICATION TO MARRY

1a. NAME OF SPOUSE (First, Middle, Last) ERIK EDMUND CHIEUW		1b. MAIDEN SURNAME (if applicable)	2. DATE OF BIRTH (Month, Day, Year) 10/23/1992
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) EMMA MILES		5b. MAIDEN SURNAME (if applicable) MILES	6. DATE OF BIRTH (Month, Day, Year) 08/17/1990
7a. RESIDENCE - CITY, TOWN, OR LOCATION LAKE CITY	7b. COUNTY Columbia	7c. STATE Florida	8. BIRTHPLACE (State or Foreign Country) Alaska

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 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) 01/24/2022
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) 01/24/2022
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 01/24/2022	18a. DATE LICENSE EFFECTIVE 01/24/2022	19. EXPIRATION DATE 03/25/2022
20a. SIGNATURE OF COURT CLERK OR JUDGE James M Swisher Jr		20b. TITLE Clerk of the Circuit Court	20c. BY D.C. Valeria Coles

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) January 24th 2022	22. CITY, TOWN, OR LOCATION OF MARRIAGE Lake City
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) Daniel F Miles	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Daniel F Miles Minister	
23c. ADDRESS (Of person performing ceremony) 40 Bud Field Dr Palm Coast FL 32137	
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 1/24/2022

