

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) JEREMIAH WILSON GARLING		1b. MAIDEN SURNAME (if applicable)	2. DATE OF BIRTH (Month, Day, Year)
3a. RESIDENCE - CITY, TOWN, OR LOCATION LAKE CITY		3b. COUNTY	4. BIRTHPLACE (State or Foreign Country) Florida
5a. NAME OF SPOUSE (First, Middle, Last) CASSIE MARTINA ROBINSON		5b. MAIDEN SURNAME (if applicable) ROBINSON	6. DATE OF BIRTH (Month, Day, Year)
7a. RESIDENCE - CITY, TOWN, OR LOCATION		7b. COUNTY	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) 06/16/2021	
11. TITLE OF OFFICIAL Deputy Clerk Lori B Koon		12. SIGNATURE OF OFFICIAL (Use black ink) Lori B Koon	
13. SIGNATURE OF SPOUSE (Sign full name using black ink) Cassie Robinson		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 06/16/2021	
15. TITLE OF OFFICIAL Deputy Clerk Lori B Koon		16. SIGNATURE OF OFFICIAL (Use black ink) Lori B Koon	
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 06/16/2021	19a. DATE LICENSE EFFECTIVE 06/19/2021	19b. EXPIRATION DATE 09/15/2021
20a. SIGNATURE OF COURT CLERK OR JUDGE James M Swisher Jr		20b. TITLE Clerk of the Circuit Court	20c. BY D.C. Lori B Koon
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) 06/17/2021		22. CITY, TOWN, OR LOCATION OF MARRIAGE	
23a. SIGNATURE OF PERSON PERFORMING MARRIAGE		23b. ADDRESS (Of person performing ceremony) 55	
23c. NAME AND TITLE OF PERSON PERFORMING MARRIAGE James M Swisher Jr DECEMBER 13, 2023 No. GG 921344		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)	
25. 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 James M Swisher Jr
Deputy Clerk
Date July 10, 2023