

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)

122022XX000134MLAXMX

(APPLICATION NUMBER)

**APPLICATION TO MARRY**

1a. NAME OF SPOUSE (First, Middle, Last) SCOTT MICHAEL BURLESON		1b. MAIDEN SURNAME (if applicable)	2. DATE OF BIRTH (Month, Day, Year) 08/08/1967
3a. RESIDENCE - CITY, TOWN, OR LOCATION FORT WHITE	3b. COUNTY Columbia	3c. STATE Florida	4. BIRTHPLACE (State or Foreign Country) Georgia
5a. NAME OF SPOUSE (First, Middle, Last) LAURA FOWLER GOODMAN		5b. MAIDEN SURNAME (if applicable) FOWLER	6. DATE OF BIRTH (Month, Day, Year) 09/07/1966
7a. RESIDENCE - CITY, TOWN, OR LOCATION FORT WHITE	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) <i>Scott Michael Burleson</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 04/01/2022
11. TITLE OF OFFICIAL Deputy Clerk LORI B KOON	12. SIGNATURE OF OFFICIAL (Use black ink) <i>Lori B Koon, DC</i>
13. SIGNATURE OF SPOUSE (Sign full name using black ink) <i>Laura Fowler Goodman</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 04/01/2022
15. TITLE OF OFFICIAL Deputy Clerk LORI B KOON	16. SIGNATURE OF OFFICIAL (Use black ink) <i>Lori B Koon, DC</i>

**LICENSE TO MARRY**

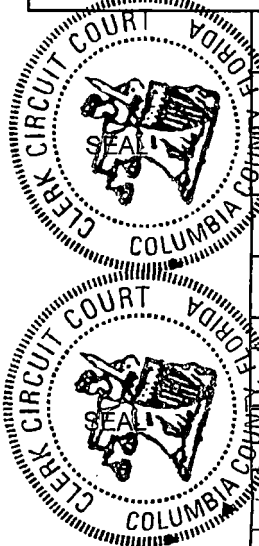
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE Columbia	18. DATE LICENSE ISSUED 04/01/2022	18a. DATE LICENSE EFFECTIVE 04/01/2022	19. EXPIRATION DATE 05/31/2022
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 <i>LBK</i>

**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) 04/02/2022	22. CITY, TOWN, OR LOCATION OF MARRIAGE Ichetucknee River Baptist Church 25811 C.R. 137 O'Brien FL 32071
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Edwin C. Faglie Jr</i>	23c. ADDRESS (Of person performing ceremony) 798 SW. COMDEANT AVE FORT WHITE FL 32038
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) EDWIN C. FAGLIE JR PASTOR ICHETUCKNEE RIVER BAPTIST CHURCH	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Ami Jackson</i>
25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Ami Jackson</i>	



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