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)

Inst: 202012008758 Date: 05/06/2020 Time: 11:26AM
Page 1 of 1 B: 1411 P: 144, P.DeWitt Cason, Clerk of Court Colu
County, By: LK
Deputy Clerk

122020XX000141MLAXMX
(APPLICATION NUMBER)

APPLICATION TO MARRY

1a. NAME OF SPOUSE (First, Middle, Last)	1b. MAIDEN SURNAME (if applicable)	2. DATE OF BIRTH (Month, Day, Year)
TRAVIS LEE COVINGTON		07/26/1993

3a. RESIDENCE - CITY, TOWN, OR LOCATION	3b. COUNTY	3c. STATE	4. BIRTHPLACE (State or Foreign Country)
LAKE CITY	Columbia	Florida	Germany

5a. NAME OF SPOUSE (First, Middle, Last)	5b. MAIDEN SURNAME (if applicable)	6. DATE OF BIRTH (Month, Day, Year)
LINDSEY LORRAINE GARLAND		07/06/1994

7a. RESIDENCE - CITY, TOWN, OR LOCATION	7b. COUNTY	7c. STATE	8. BIRTHPLACE (State or Foreign Country)
LAKE CITY	Columbia	Florida	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)
▶ [signature]	03/18/2020
11. TITLE OF OFFICIAL: Deputy Clerk — Belinda Scippio	12. SIGNATURE OF OFFICIAL (Use black ink) ▶ [signature]
13. SIGNATURE OF SPOUSE (sign full name using black ink) ▶ Lindsey Garland	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 03/18/2020
15. TITLE OF OFFICIAL: Deputy Clerk — Belinda Scippio	16. SIGNATURE OF OFFICIAL (Use black ink) ▶ [signature]

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	18. DATE LICENSE ISSUED	18a. DATE LICENSE EFFECTIVE	19. EXPIRATION DATE
Columbia	03/18/2020	03/21/2020	05/17/2020

20a. SIGNATURE OF COURT CLERK OR JUDGE	20b. TITLE	20c. BY D.C.
P. DeWitt Cason	Clerk of the Circuit Court	Belinda Scippio

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)	22. CITY, TOWN, OR LOCATION OF MARRIAGE
MAY 2 2020	LAKE CITY

23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)	23c. ADDRESS (Of person performing ceremony)
▶ [signature]	5195 98th Terrace, Live Oak, FL
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) H.W. WEAVER PASTOR MT. OLIVE BAPTIST	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) ▶ [signature]
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) ▶ [signature]

SEAL

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

CLERK CIRCUIT COURT COLUMBIA COUNTY, FLORIDA

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.
P.DeWITT CASON, CLERK OF COURTS
By [signature] Deputy Clerk
Date 5-6-2020