

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)

122024XX000353MLAXMX

(APPLICATION NUMBER)

APPLICATION TO MARRY

1a. NAME OF SPOUSE (First, Middle, Last) JONATHON DAVID KODADA		1b. MAIDEN SURNAME (if applicable)	2. DATE OF BIRTH (Month, Day, Year) 07/10/1983
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) PEGGY SUE MINSHEW		5b. MAIDEN SURNAME (if applicable) OLIVER	6. DATE OF BIRTH (Month, Day, Year) 05/23/1992
7a. RESIDENCE - CITY, TOWN, OR LOCATION LAKE CITY	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)

10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

09/17/2024

11. TITLE OF OFFICIAL

AUTUMN HOWELL

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)

09/17/2024

15. TITLE OF OFFICIAL

AUTUMN HOWELL

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

18. DATE LICENSE ISSUED

19. DATE LICENSE EFFECTIVE

20. EXPIRATION DATE

Columbia

09/17/2024

09/20/2024

11/16/2024

21a. SIGNATURE OF COURT CLERK OR JUDGE

21b. TITLE

21c. BY D.C.

James M Swisher Jr.

Clerk of the Circuit Court

AUTUMN HOWELL

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.

22. DATE OF MARRIAGE (Month, Day, Year)

23. CITY, TOWN, OR LOCATION OF MARRIAGE

24. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)

25. ADDRESS (Of person performing ceremony)

26. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp)

27. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

28. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

Robert E. Ham

Stacy Kodada

Autumn Howell



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 Autumn Howell
Deputy Clerk

Date

11/1/24