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)

122021XX000088MLAXMX

(APPLICATION NUMBER)

APPLICATION TO MARRY

1a. NAME OF SPOUSE (First, Middle, Last)		1b. MAIDEN SURNAME (if applicable)	2. DATE OF BIRTH (Month, Day, Year)
GARY EUGENE CLEAVELAND JR			03/23/1993
3a. RESIDENCE - CITY, TOWN, OR LOCATION	3b. COUNTY	3c. STATE	4. BIRTHPLACE (State or Foreign Country)
LAKE CITY	Columbia	Florida	Florida
5a. NAME OF SPOUSE (First, Middle, Last)		5b. MAIDEN SURNAME (if applicable)	6. DATE OF BIRTH (Month, Day, Year)
KRISTA LEE BEARD			11/05/1988
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)
▶	02/22/2021
11. TITLE OF OFFICIAL: Deputy Clerk Belinda Scippio	12. SIGNATURE OF OFFICIAL (Use black ink) ▶ Belinda Scippio
13. SIGNATURE OF SPOUSE (sign full name using black ink) ▶	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 02/22/2021
15. TITLE OF OFFICIAL: Deputy Clerk Belinda Scippio	16. SIGNATURE OF OFFICIAL (Use black ink) ▶ Belinda Scippio

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	02/22/2021	02/25/2021	04/23/2021

20a. SIGNATURE OF COURT CLERK OR JUDGE	20b. TITLE	20c. BY D.C.
James M Swisher Jr	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
March 20 2021	Lake City
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) ▶ Madison Pinder	23c. ADDRESS (Of person performing ceremony) 324 SW 80th Terrace Fort White FL 32038
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) MADISON PINDER MY COMMISSION #GG129399 EXPIRES: AUG 12, 2021 Bonded through 1st State Insurance	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) ▶ Beau M Allbi
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) ▶ Heather Ellis

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 Belinda Scippio, Deputy Clerk
Date 5/11/2022

CLERK CIRCUIT COURT COLUMBIA COUNTY, FLORIDA