

STATE OF FLORIDA  
MARRIAGE RECORDTYPE IN UPPER CASE  
USE BLACK INKThis license not valid unless the seal of the Clerk,  
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

CFN 2024071273  
M/L BK 37 PG 504  
RECORDED 05/30/2024 02:45:33 PM  
KELVIN SOTO, ESQ.  
OSCEOLA COUNTY

O2024-1829

(APPLICATION NUMBER)

## APPLICATION TO MARRY

1. NAME OF SPOUSE (First, Middle, Last) <b>CORY JONATHAN TODD</b>		1b. MAIDEN SURNAME (If applicable)	2. DATE OF BIRTH (Month, Day, Year) <b>09/17/1989</b>
3a. RESIDENCE CITY, TOWN OR LOCATION <b>ST CLOUD</b>	3b. COUNTY <b>OSCEOLA</b>	3c. STATE <b>FLORIDA</b>	4. BIRTHPLACE (State or Foreign Country) <b>PENNSYLVANIA</b>
5a. NAME OF SPOUSE (First, Middle, Last) <b>AURELIA JEAN DOLIN</b>		5b. MAIDEN SURNAME (If applicable) <b>DOLIN</b>	6. DATE OF BIRTH (Month, Day, Year) <b>11/15/1995</b>
7a. RESIDENCE CITY, TOWN OR LOCATION <b>ST CLOUD</b>	7b. COUNTY <b>OSCEOLA</b>	7c. STATE <b>FLORIDA</b>	8. BIRTHPLACE (State or Foreign Country) <b>FLORIDA</b>

WE THE APPLICANTS NAMED IN THE CERTIFICATE, EACH FOR HIMSELF, STATES 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) <b>05/30/2024</b>
11. TITLE OF OFFICIAL <b>Deputy Clerk</b>	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) <b>05/30/2024</b>
15. TITLE OF OFFICIAL <b>Deputy Clerk</b>	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 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 <b>OSCEOLA</b>	18. DATE LICENSE ISSUED <b>05/30/2024</b>	18a. DATE LICENSE EFFECTIVE <b>05/30/2024</b> <i>CT</i>	19. EXPIRATION DATE <b>07/30/2024</b> <i>AD</i>
20a. SIGNATURE OF COURT CLERK OR JUDGE 		20b. TITLE <b>CLERK OF THE COURT</b>	20c. BY D.C. <b>JS</b>

## 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) <b>5-30-24</b>	22. CITY, TOWN OR LOCATION OF MARRIAGE <b>KISSIMMEE</b>
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use Black Ink) 	23c. ADDRESS (Of person performing ceremony) <b>2 COURTHOUSE SQ., KISSIMMEE, FL 34741</b>
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) <b>Jasmine Saldana Deputy Clerk</b>	24. SIGNATURE OF WITNESS OF CEREMONY (Use Black Ink)
	25. SIGNATURE OF WITNESS OF CEREMONY (Use Black Ink)