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)



123	2020XX000205MLAX	CIVIX					
\$ ·	(APPLICATION NUMBER	12					
		APF	PLICATION TO N		×1.	IN DATE OF BIOTI	LAN-15 No. Version
1a. NAME OF SPOUSE (First, Middle, Last)				1b. MAIDEN SURNAME (if applicable)		2. DATE OF BIRTH (Month, Day, Year)	
ROBERT BRIGHAM MCFARLIN							
3a. RESIDENCE - CITY, TOWN, OR LOCATION 3b. COUNTY				3c. STATE			State or Foreign Country)
				Florida		Florida	
5a. NAME OF SPOUSE (First, Midd	dle, Last)	F	5	b. MAIDEN SU	RNAME (if applicable)	6. DATE OF BIRTH	(Month,Day,Year)
LAURA LYNN SLONE				STUART		•	
7a. RESIDENCE - CITY, TOWN, OR LOCATION 7b. COUNTY				7c. STATE		8. BIRTHPLACE (State or Foreign Country)	
				Florida		Tennessee	
RK CIRMIN	WE THE APPLICANTS NAME CORRECT TO THE BEST OF	AUTHORIZE T	GE AND BELIEF, THAT NO THE SAME IS KNOWN TO	D LEGAL OBJE US AND HERE	CTION TO THE MARRIA	GE NOR THE ISSU E TO MARRY.	ANCE OF A LICENSE TO
3/ 34 J27 E	H. TITLE OF OFFICIAL	2001 9		dh dici		Jee black ink)	
	D = N Benuty Clerk	Lori B Koon	et L		DU DE	DOM	DC .
33. SIGNATURE OF SPOUSE (sign full name using black ink)				14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)			
The state of the s	15. TITLE OF OFFICIAL			18 SIGN	ATURE OF OFFICIAL &	le black ink)	<u> </u>
THERK CIACON	Deputy Clerk	Lori B Koon		1	W 1019	elle, '	R
W.C. JAN		MARRY					
3/19/1	AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE US AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND WE						
86AL 7	COUNTY ISSUING LICENSE 18. DATE LICE						9. EXPIRATION DATE
							\wedge
TA TO	20a, SIGNATURE OF COURT CI	ERK OR JUDGE		20b. TITLE			20c. BY D.C.
RONTY, FLOROTA	P. DeWitt Cason				Clerk of the Circuit Court		
Manufaction	CERTIFICATE OF MARRIAGE						
AND TOURY CLEANING	I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORID						
	21 DATE OF MARRIAGE (Month	, Day, Year)	22 CITY, TOWN, C	R LOCATION	OF MARRIAGE		
*(30,30)		DEDECTORING CE	REMONY LOSE DIGICA (IIIA)	V.	75		
	XOWU X	m		201	た。Univer	sity, Av	enue
A COUNT MINIMUM	(Or notary stamp)	ON PERFORMING	CEREMONY	24. SIGN	ANDRE OF WINESS TO	AX JIYI	ODI.
**	Lauri A. Mi			25. 510) 2	KTURE OF WITNESS TO	CEL MONY (Use	black ink)
	Deputy Cler	k		Y	Koren	Jalle	1
info	RMATION BELOW	FOR USE B	Y VITAL STATIS	TICSON	ILY - NOT TO I	BE RECORE	SED

STATE OF FLORIDA, COUNTY

JOLUMBIA

I MERESY CERTIFY, that the above and foregoing

