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)

[redacted]

APPLICATION TO MARRY

1. NAME OF SPOUSE (FIRST, MIDDLE, LAST) LEAH WILSON PIVEN	1B. MAIDEN SURNAME (IF APPLICABLE) WILSON		[redacted] (MONTH, DAY, YEAR)
3A. RESIDENCE - CITY, TOWN, OR LOCATION CLERMONT	3B. COUNTY LAKE	3C. STATE FL	4. BIRTHPLACE (STATE OR FOREIGN COUNTRY) FL USA
5A. NAME OF SPOUSE (FIRST, MIDDLE, LAST) JAMES KELLY BLORE	5B. MAIDEN SURNAME (IF APPLICABLE) BLORE		[redacted] (MONTH, DAY, YEAR)
7A. RESIDENCE - CITY, TOWN, OR LOCATION PORT ST LUCIE	7B. COUNTY ST. LUCIE	7C. STATE FL	8. BIRTHPLACE (STATE OR FOREIGN COUNTRY) CA USA

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) Leah Piven Leah Piven (Feb 15, 2023 11:39 EST)	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) [redacted]
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink)) ARIANA TREJO ARIANA TREJO (Feb 15, 2023 11:43 EST)
13. SIGNATURE OF SPOUSE (Sign full name using black ink) James Kelly Blore	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) [redacted]
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) ARIANA TREJO ARIANA TREJO (Feb 15, 2023 11:43 EST)

SEAL

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 ST. LUCIE	18. DATE LICENSE ISSUED [redacted]	18a. DATE LICENSE EFFECTIVE [redacted]	19. EXPIRATION DATE [redacted]	
20a. SIGNATURE OF COURT CLERK OR JUDGE Michelle R. Miller MICHELLE R. MILLER		20b. TITLE CLERK OF THE CIRCUIT COURT		20c. BY D.C. AT AT

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.

[redacted]	22. CITY, TOWN, OR LOCATION OF MARRIAGE Port St Lucie, FL
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) [illegible]	23c. ADDRESS (OF PERSON PERFORMING CEREMONY) [redacted] Port St Lucie, FL 34953
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp)	24. SIGNATURE OF WITNESS TO CEREMONY(Use black ink)
	25. SIGNATURE OF WITNESS TO CEREMONY(Use black ink)

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION # GG 351230
EXPIRES: July 2, 2023
Bonded Thru Notary Public Underwriters

[illegible]

Lucie County File Date: 04/12/2023 03:02 PM