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)

Inst: 201912020443 Date: 09/03/2019 Time: 12:07PM Page 1 of 1 B: 1393 P: 1670, P.DeWitt Cason, Clerk of Court Columbia, County, By: PT Deputy Clerk

122019XX000323MLAXMX

	(APPLICATION NUMBER)	*			4			
		APP	LICATION TO		The second secon			
1a. NAME OF SPOUSE (First, Middle, Last)				1b. MAIDEN SURNAME (if applicable)		45/6/	RTH (Month, Day, Year)	
BRUCE THEODORE ZWILLMAN						04/29/198		
3a. RESIDENCE - CITY, TOWN,	OR LOCATION 38	3b. COUNTY		3c. STATE		1 -	4. BIRTHPLACE (State or Foreign Country)	
LAKE CITY		olumbia	Florida			New Jerse		
5a. NAME OF SPOUSE (First, Middle, Last)				5b. MAIDEN SURNAME (if applicable)		52 E	6. DATE OF BIRTH (Month, Day, Year)	
JANET LEIGH EAGLESON				HAVENS			12/30/1952	
7a. RESIDENCE - CITY, TOWN, OR LOCATION		. COUNTY	7c. STATE		TE	8. BIRTHPLAC	BIRTHPLACE (State or Foreign Country)	
LAKE CITY		olumbia			la ·	Florida		
WBIA CONTROLL AND SEAR CANDENS OF SEAR CANDENS	9. SIGNATURE OF SPOUSE (Sign full pane using black ink) 11 TITLE OF OFFICIAL Deputy Clerk Patti WeiffenbachTerrell 15. TITLE OF OFFICIAL Deputy Clerk Patti WeiffenbachTerrell AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZAFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EX			HE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR ATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.				
	17. COUNTY ISSUING LICENSE		18. DATE LICENSE ISS	UED	18a. DATE LICEN		19. EXPIRATION DATE	
2 ≥	Columbia		08/15/2019		08/18/20	19	10/14/2019	
A BOULD ST	20a. SIGNATURE OF COURT CLERK OR JUDGE			20b. TITLE		¥	20c. BY D.C.	
Oliver Children	P. DeWitt Cason			Clerk of the Circuit Court			Patti Weiffenbach errell	
THIN CTERK CHIEF	CERTIFICATE OF MARRIAGE							
THUMINION COMMISSION OF THE STREET	THEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.							
SEAL •	21. DATE OF MARRIAGE (Month, Day, Year) 22. CITY, TOWN, OR LOCATION OF MARRIAGE 23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) 23c. ADDRESS (Of berson performing ceremony) 24DZ6 DW 52 Ter Alackvart 23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) (Or notary stamp) (Or notary stamp) (Or Nark W Tas Ceremony (Use black ink) 25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)							
INFO	ORMATION BELOW F		Y VITAL STAT	ISTIC	ES ONLY - NOT	TO BE RECO	CAMULI)~~ DRDED	

