

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)

122022XX000138MLAXMX

(APPLICATION NUMBER)

APPLICATION TO MARRY

1a. NAME OF SPOUSE (First, Middle, Last) PATRICK GEORGE ROURKE		1b. MAIDEN SURNAME (if applicable)	2. DATE OF BIRTH (Month, Day, Year)
3a. RESIDENCE - CITY, TOWN, OR LOCATION	3b. COUNTY	3c. STATE	4. BIRTHPLACE (State or Foreign Country)
5a. NAME OF SPOUSE (First, Middle, Last) WENDY WESCH BINGLE		5b. MAIDEN SURNAME (if applicable) WESCH	6. DATE OF BIRTH (Month, Day, Year)
7a. RESIDENCE - CITY, TOWN, OR LOCATION	7b. COUNTY	7c. STATE	8. BIRTHPLACE (State or Foreign Country)

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)

04/04/2022

11. TITLE OF OFFICIAL

Deputy Clerk VALERIA COLES

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)

15. TITLE OF OFFICIAL

Deputy Clerk VALERIA COLES

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 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

19a. DATE LICENSE EFFECTIVE

19b. EXPIRATION DATE

20a. SIGNATURE OF COURT CLERK OR JUDGE

James M Swisher Jr

20b. TITLE

Clerk of the Circuit Court

20c. BY D.C.

VALERIA COLES

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)

5-2-22

22. CITY, TOWN, OR LOCATION OF MARRIAGE

Columbia County Court House

23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)

23c. ADDRESS (Of person performing ceremony)

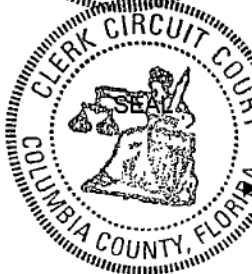
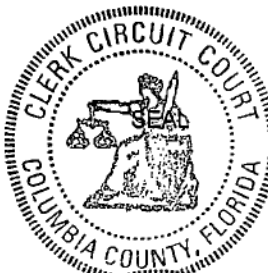
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY

(Or notary stamp)

Olga M. Armas
Comm. #GG336009
Expires: May 19, 2023

24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)



SEAL