

**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)

(APPLICATION NUMBER)

**APPLICATION TO MARRY**

1. NAME OF SPOUSE (First, Middle, Last)		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)		5b. MAIDEN SURNAME (If applicable)	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)
11. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>	12. SIGNATURE OF OFFICIAL (Use black ink) <b>D.C.</b>
13. SIGNATURE OF SPOUSE (Sign full name using black ink)	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
15. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>	16. SIGNATURE OF OFFICIAL (Use black ink) <b>D.C.</b>

**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 <b>SANTA ROSA</b>	18. DATE LICENSE ISSUED	18a. DATE LICENSE EFFECTIVE	19. EXPIRATION DATE
20a. SIGNATURE OF COURT CLERK OR JUDGE  	20b. TITLE <b>CLERK OF THE CIRCUIT COURT</b>	20c. BY D.C. <b>D.C.S.</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)	22. CITY, TOWN, OR LOCATION OF MARRIAGE
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)	
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)	

**INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED**

SPOUSE	26. SOCIAL SECURITY NUMBER	27. RACE	28. WERE YOU EVER PREVIOUSLY MARRIED?	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c		
				29a. NO. OF THIS MARRIAGE	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year)
SPOUSE	30. SOCIAL SECURITY NUMBER	31. RACE	32. WERE YOU EVER PREVIOUSLY MARRIED?	IF ANSWER IS 'YES' TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c		
				33a. NO. OF THIS MARRIAGE	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	33c. DATE LAST MARRIAGE ENDED