

METROPOLITAN TRIBUNAL ARCHDIOCESE OF NEW YORK



PETITION FOR A DECLARATION OF INVALIDITY DUE TO LACK OF CANONICAL FORM (canon 1108)

PROCEDURES FOR A DECLARATION OF INVALIDITY

1. A Petition for a declaration of invalidity is to be made when it is claimed that at least one party to a marriage is bound by the Catholic form of marriage, that the marriage in question did not take place or was not validated in the presence of a Catholic priest/deacon, and that a dispensation from form was not obtained.
2. A separate Petition is to be made for each marriage attempted by the applicant.
3. The Petition for a declaration of invalidity and the original documents indicated in the Petition are to be sent to the Tribunal by mail. Those documents will be returned. The declaration will be sent to the priest/deacon. If there is a need for further investigation, a member of the Tribunal will inform the priest/deacon of the nature of this investigation.
4. It is essential that the certificate of marriage indicate the official capacity of the person who assisted at the marriage, i.e., minister, rabbi, or civil official.
5. The priest/deacon will review the details of the marriage so that he may be assured there has been no subsequent validation or sanation.

**** PLEASE NOTE:**

As of November 1, 2023, there will be a \$100 fee for declaration of invalidity due to lack of canonical form.



METROPOLITAN TRIBUNAL
 ARCHDIOCESE OF NEW YORK
 1011 First Avenue
 New York, N.Y. 10022

**DECLARATION OF INVALIDITY
 DUE TO LACK OF CANONICAL FORM
 CANON 1108**

PETITION

(Kindly print or type answers)

_____, a _____ married
 First name – Maiden name if woman – Last name Religion

_____, a _____ in
 First name – Maiden name if woman – Last name Religion

_____, on _____
 Specify County City State Day Month Year

In the presence of a (check one) _____ minister _____ rabbi _____ civil official.

The present name and address of the person I married is: _____

Full Name

 This information is especially important
 if the other party is bound to the form or
 if the priest has reasons to think that the
 marriage has been validated or sanated.

 House number and street

 City State Zip code

I submit that this marriage is invalid because (check one) I, myself _____ the other party _____ was baptized Roman Catholic prior to the wedding, never obtained a dispensation from canonical form, and never validated the marriage in the Catholic Church.

As proof of the foregoing (**the priest must send the original certificates to the Tribunal with this Petition; they will be returned**) I enclose the following:

1. Recent certificate of Catholic baptism (showing notations/lack thereof on front and back);
2. Certificate of marriage in which the **name and title of the officiant** is given. (**See examples, last 2 pages**)
 This information is essential to your case. The petition will not be processed until you provide it.

I have (check one) _____ a civil divorce _____ civil annulment
 The priest **must see** the civil divorce or civil annulment. This is not to be sent to the Tribunal.

I wish to contract marriage with _____
 Full Name

 House number and street City State Zip Code

I HAVE READ THIS PETITION CAREFULLY AND I SOLEMNLY SWEAR THAT THE FOREGOING STATEMENTS ARE TRUE.

Signature of Petitioner _____ Date _____

 House number and street City State Zip Code

I, the undersigned priest/deacon have seen the divorce decree and have (check one):
no reason _____ **reasons** _____ to believe that this marriage was validated in the Catholic Church.

SEAL OF CHURCH Name _____
Parish _____
Address _____
Phone (Parish) _____
Cell (Priest) _____
Email (Priest) _____

IF A DISPENSATION FROM THE CANONICAL FORM of marriage was granted prior to the wedding, this Petition can NOT be used.

IF THE MARRIAGE WAS SUBSEQUENTLY CONVALIDATED OR SANATED, this Petition can NOT be used.

SPECIAL CIRCUMSTANCES the Tribunal should know:

DO NOT commit to a date for the wedding

Please check that the following are enclosed. If any are missing, the petition will be returned.

- \$100 application fee. Check made payable to the **Archdiocese of NY**.
- Marriage certificate with the name of the officiant and the number of previous marriages.
- Recent certificate of Catholic baptism (showing notations/lack thereof on front and back);

Signature

Date

THIS SPACE IS RESERVED FOR TRIBUNAL USE ONLY

DECLARATION OF INVALIDITY

I, the undersigned Judicial Vicar, am convinced that the proofs presented indicate that the marriage in question is invalid by reason of Lack of Canonical Form.

Name _____ Date _____

LONG FORM (Acceptable - NY)

STATE OF NEW YORK DEPARTMENT OF HEALTH AFFIDAVIT, LICENSE and CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THIS
IS A TRUE COPY OF THE RECORD

COUNTY _____
CITY/TOWN _____
DISTRICT _____
NUMBER _____
REGISTER _____
NUMBER _____

TOWN CLERK, TOWN OF RYE

FROM THE GROOM		FROM THE BRIDE	
1. A. FULL NAME FIRST _____ MIDDLE _____ CURRENT SURNAME _____	11. A. FULL NAME FIRST _____ MIDDLE _____ CURRENT SURNAME _____	B. BIRTH NAME, IF DIFFERENT _____	B. BIRTH NAME (MAIDEN NAME), IF DIFFERENT _____
C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE) _____	C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE) _____	D. SOCIAL SECURITY NUMBER _____	D. SOCIAL SECURITY NUMBER _____
2. RESIDENCE A. _____ (STATE) B. _____ (COUNTY)	12. RESIDENCE A. _____ (STATE) B. _____ (COUNTY)	C. CHECK ONE AND SPECIFY <input type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE	C. CHECK ONE AND SPECIFY <input type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE
D. STREET ADDRESS _____ ZIP _____	D. STREET ADDRESS _____ ZIP _____	E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3. A. AGE _____ 3B. DATE OF BIRTH _____ MONTH _____ DAY _____ YEAR _____	13. A. AGE _____ 3B. DATE OF BIRTH _____ MONTH _____ DAY _____ YEAR _____	4. EMPLOYMENT A. USUAL OCCUPATION _____ B. TYPE OF INDUSTRY OR BUSINESS _____	14. EMPLOYMENT A. USUAL OCCUPATION _____ B. TYPE OF INDUSTRY OR BUSINESS _____
5. PLACE OF BIRTH (CITY, STATE / COUNTRY IF NOT USA) _____	15. PLACE OF BIRTH (CITY, STATE / COUNTRY IF NOT USA) _____	6. FATHER A. NAME _____ B. COUNTRY OF BIRTH _____	16. FATHER A. NAME _____ B. COUNTRY OF BIRTH _____
7. MOTHER A. MAIDEN NAME _____ B. COUNTRY OF BIRTH _____	17. MOTHER A. MAIDEN NAME _____ B. COUNTRY OF BIRTH _____	8. NUMBER OF THIS MARRIAGE _____	18. NUMBER OF THIS MARRIAGE _____
9. PREVIOUS MARRIAGES A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY DIVORCE _____ CIVIL ANNULMENT _____ DEATH _____	19. PREVIOUS MARRIAGES A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY DIVORCE _____ CIVIL ANNULMENT _____ DEATH _____	B. HOW DID LAST MARRIAGE END? (3) <input type="checkbox"/> DIVORCE (3) <input type="checkbox"/> ANNULMENT (2) <input type="checkbox"/> DEATH	B. HOW DID LAST MARRIAGE END? (3) <input type="checkbox"/> DIVORCE (3) <input type="checkbox"/> ANNULMENT (2) <input type="checkbox"/> DEATH
C. DATE LAST MARRIAGE ENDED? _____ MONTH _____ DAY _____ YEAR _____	C. DATE LAST MARRIAGE ENDED? _____ MONTH _____ DAY _____ YEAR _____	D. ARE ANY FORMER SPOUSE(S) ALIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	D. ARE ANY FORMER SPOUSE(S) ALIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO
10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION DATE OF DECREE (MONTH, DAY, YEAR) PLACE ISSUED (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) AGAINST WHOM SELF SPOUSE	20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION DATE OF DECREE (MONTH, DAY, YEAR) PLACE ISSUED (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) AGAINST WHOM SELF SPOUSE	1ST _____ <input type="checkbox"/> <input type="checkbox"/>	1ST _____ <input type="checkbox"/> <input type="checkbox"/>
2ND _____ <input type="checkbox"/> <input type="checkbox"/>	2ND _____ <input type="checkbox"/> <input type="checkbox"/>	3RD _____ <input type="checkbox"/> <input type="checkbox"/>	3RD _____ <input type="checkbox"/> <input type="checkbox"/>
4TH _____ <input type="checkbox"/> <input type="checkbox"/>	4TH _____ <input type="checkbox"/> <input type="checkbox"/>	I duly swear/affirm, depose and say, that to the best of my knowledge and belief that the information I provided is true and that I declare that no legal impediment exists as to my right to enter into the marriage state.	
21. SIGNATURE OF GROOM _____ USE CURRENT NAME	22. SIGNATURE OF BRIDE _____ USE CURRENT NAME	23. SUBSCRIBED AND SWORN TO/AFFIRMED BEFORE ME _____ DATE _____ SIGNATURE OF TOWN OR CITY CLERK	
This license authorizes the marriage in New York State of the bride and groom named above by any person authorized by New York Domestic Relations Law §11 to perform marriage ceremonies within New York State. THIS LICENSE VALID IN NEW YORK STATE ONLY. <input type="checkbox"/> If checked, this license is to be used only for the purpose of a second or subsequent ceremony.			
24. TOWN OR CITY CLERK NAME (PRINT) _____ SIGNATURE _____ DATE _____ MAILING ADDRESS _____ STREET _____ CITY/TOWN _____ STATE _____ ZIP _____		25. A. SOLEMNIZATION PERIOD BEGINS TIME _____ MONTH _____ DAY _____ YEAR _____ AM _____ PM _____ 25. B. SOLEMNIZATION PERIOD ENDS AT MIDNIGHT ON: MONTH _____ DAY _____ YEAR _____	
I CERTIFY THAT I SOLEMNIZED THE MARRIAGE OF THE PERSONS NAMED ABOVE ON THE DATE AND AT THE TIME AND PLACE INDICATED.		26. SOLEMNIZATION OCCURRED TIME _____ MO. _____ DAY _____ YEAR _____ AM _____ PM _____ 27. TYPE OF CEREMONY 0 <input checked="" type="checkbox"/> RELIGIOUS 1 <input type="checkbox"/> CIVIL 9 <input type="checkbox"/> OTHER, SPECIFY _____	
28. PLACE WHERE MARRIAGE OCCURRED A. STATE _____ B. COUNTY _____ C. LOCATION OF CEREMONY (CHECK ONE AND SPECIFY) <input type="checkbox"/> CITY OF <input type="checkbox"/> TOWN OF <input checked="" type="checkbox"/> VILLAGE OF SPECIFY _____		29. OFFICIANT NAME (PRINT) _____ TITLE _____ SIGNATURE _____ DATE _____ MAILING ADDRESS _____ STREET _____ CITY/TOWN _____ STATE _____ ZIP _____	
30. WITNESS TO CEREMONY NAME (PRINT) _____ SIGNATURE _____		31. WITNESS TO CEREMONY NAME (PRINT) _____ SIGNATURE _____	

SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGENERATION SHOULD BE SENT
STREET AND NUMBER _____
CITY/TOWN _____
STATE _____
ZIP _____

AFFIDAVIT
22 Island Heights, Springfield, Connecticut, 06902

LICENSE
SEAL

CERTIFICATE
NOTE: OFFICIANT MUST RETURN CERTIFICATE TO DEPARTMENT OF HEALTH IN 8 DAYS OF SOLEMNIZATION.

Previous marriages:

Name of Officiant:



EXTENDED FORM
(Acceptable - NY)
with # of previous marriages

THE CITY OF NEW YORK
OFFICE OF THE CITY CLERK
MARRIAGE LICENSE BUREAU

License Number

Certificate of Marriage Registration

This Is To Certify That _____

residing at _____

born on _____ at _____

and _____

residing at _____

born on _____ at _____

Were Married

on _____ at Office of The City Clerk
By Name of officiant 851 Grand Concourse, Room # B-131
NYC, NY 10451


Witnessed by _____

Number of # previous marriages: (Bride/Groom/Spouse A was married 0 time(s) before; Bride/Groom/Spouse B was married 0 time(s) before)
as shown by the duly registered license and certificate of marriage of said persons on file in this office.

CERTIFIED THIS DATE AT THE CITY CLERK'S OFFICE

Bronx N. Y. _____ 20

PLEASE NOTE: Facsimile Signature and seal are printed pursuant to Section 11-A, Domestic Relations Law of New York.


Michael McSwaney
City Clerk of the City of New York

Acceptable - New York

City/Town: _____ County: _____ STATE OF NEW YORK No. _____

GROOM		BRIDE	
Name (Full name)	Age	Name (Full name)	Age
Residence	Date of Birth	Residence	Date of Birth
Occupation	No. of marriage	Occupation	No. of marriage
Birthplace	Former wife or wives living or dead	Birthplace	Former husband or husbands living or dead
Other (Name of)	Divorced	Other (Name of)	Divorced
Birthplace	" when	Birthplace	" when
Other (Name of)	" where	Other (Name of)	" where
Birthplace	" against whom	Birthplace	" against whom
Laboratory statement (Name and address of laboratory)	Date (Test completed)	Laboratory statement (Name and address of laboratory)	Date (Test completed)
Physician's statement (Name and address of physician)	Date (Specimen taken)	Physician's statement (Name and address of physician)	Date (Specimen taken)
Examination requirements (Were or were not)	dispensed with by judge or justice	Examination requirements (Were or were not)	dispensed with by judge or justice
Consent by Relation Date		Consent by Relation Date	
Consent by Relation Date		Consent by Relation Date	
Proof of age (Fora)		Proof of age (Fora)	
Date: Affidavit License (Month) (Day) (Year) (Hour) M. Marriage (Month) (Day) (Year) (Hour) M. Place of Marriage		Date: Affidavit License (Month) (Day) (Year) (Hour) M. Marriage (Month) (Day) (Year) (Hour) M. Place of Marriage	
Official Profession		Official Profession	
Period for solemnization of marriage begins at _____ m. on the _____ day of _____ 19____ and ends the _____ day of _____ 19____		Period for solemnization of marriage begins at _____ m. on the _____ day of _____ 19____ and ends the _____ day of _____ 19____	

Certified Copy
Date
Town Clerk

SHORT FORM
(Not acceptable)

(Name of Officiant and number of marriages missing)

THE CITY OF NEW YORK
OFFICE OF THE CITY CLERK
MARRIAGE LICENSE BUREAU

License Number

Certificate of Marriage Registration

This Is To Certify That _____
residing at _____
born on _____ at _____
and _____ New Surname: _____
residing at _____
born on _____ at _____


Were Married

on _____ at _____
By _____

as shown by the duly registered license and certificate of marriage of said persons on file in this office.

CERTIFIED THIS DATE AT THE CITY CLERK'S OFFICE
_____ N. Y. June _____ 20____

PLEASE NOTE: Facsimile Signature
and seal are printed pursuant
to Section 11-A, Domestic
Relations Law of New York.


City Clerk of the City of New York

SHORT FORM
(Not acceptable)

(Name of Officiant and number of marriages missing)



L5563070

New York State Department of Health
Certified Transcript of Marriage

District Name _____

District No. _____

Local Register No. _____

This is to certify that the persons identified below were married on the date and at the place specified as shown by the duly registered license and certificate of marriage on file in this office

Bride/Groom/Spouse

Name _____
First Middle Premarriage Surname Birth Name
(if different from premarriage surname)
 Check box if same as premarriage surname.

New Surname (if applicable) _____

Residing at _____

Date of Birth _____ Place of Birth _____
Month Day Year City, Town or Village/State or Country

Bride/Groom/Spouse

Name _____
First Middle Premarriage Surname Birth Name
(if different from premarriage surname)
 Check box if same as premarriage surname.

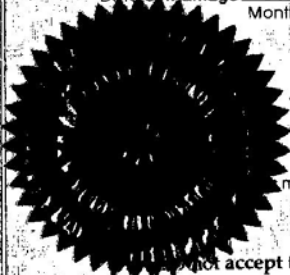
New Surname (if applicable) _____

Residing at _____

Date of Birth _____ Place of Birth _____
Month Day Year City, Town or Village/State or Country

Date of Marriage _____ Place of Marriage _____, New York
Month Day Year City, Town or Village

Town or City Clerk _____
Month Day Year



_____ marriage was a second or subsequent ceremony.

Do not accept this transcript unless the raised seal of the issuing locality is affixed thereon.

Any Alteration Invalidates This Certificate

See Reverse Side For A List of Security Features Used In This Form

DOH-4122 (7/2011)

SEE REVERSE SIDE FOR LIST OF SECURITY FEATURES

ACCEPTABLE
(New Jersey)

STATE OF NEW JERSEY

A0007399377

Local Registrar File No.

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
CERTIFICATE OF MARRIAGE

FOR STATE USE ONLY

For Instructions: See reverse side of last copy.

1. FULL NAME OF GROOM	[REDACTED]		
2. FULL MAIDEN NAME OF BRIDE	[REDACTED]		
3. PLACE OF MARRIAGE (MUNICIPALITY AND COUNTY)	[REDACTED]		
4. DATE OF MARRIAGE	[REDACTED]		
5a. PRINTED NAME OF PERSON PERFORMING CEREMONY	[REDACTED]		
5b. SIGNATURE OF PERSON PERFORMING CEREMONY	[REDACTED]		
5c. TITLE	ADDRESS	CITY	STATE ZIP CODE
6a. PRINTED NAME OF WITNESS	[REDACTED]		
6b. SIGNATURE OF WITNESS	[REDACTED]		
6c. ADDRESS	CITY	STATE	ZIP CODE
7a. PRINTED NAME OF WITNESS	[REDACTED]		
7b. SIGNATURE OF WITNESS	[REDACTED]		
7c. ADDRESS	CITY	STATE	ZIP CODE
8a. SIGNATURE OF LOCAL REGISTRAR	[REDACTED]		
8b. DATE RECEIVED	[REDACTED]		

MARRIAGE LICENSE

License No. [REDACTED]

9a. DATE OF APPLICATION	9b. TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	9c. PLACE OF APPLICATION - Municipality	[REDACTED]	
10a. DATE LICENSE ISSUED	10b. TIME LICENSE ISSUED	<input type="checkbox"/> AM <input type="checkbox"/> PM	11. EXPIRATION DATE	County	[REDACTED]
12a. PRINTED NAME OF LOCAL REGISTRAR	[REDACTED]		12b. SIGNATURE OF LOCAL REGISTRAR	[REDACTED]	
13a. FULL NAME OF MALE	[REDACTED]		22a. FULL NAME OF FEMALE	[REDACTED]	
13b. RESIDENCE ADDRESS	13c. COUNTY	[REDACTED]	22b. RESIDENCE ADDRESS	22c. COUNTY	[REDACTED]
13d. CITY	STATE	ZIP CODE	22d. CITY	STATE	ZIP CODE
14. DATE OF BIRTH	15. AGE	16. BIRTH PLACE	23. DATE OF BIRTH	24. AGE	25. BIRTH PLACE
17. DOMESTIC STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Former Domestic Partner <input type="checkbox"/> Former Civil Union Partner		26. DOMESTIC STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Former Domestic Partner <input type="checkbox"/> Former Civil Union Partner	
18. NO. OF TIMES EVER MARRIED	19. MAIDEN NAME OF MOST RECENT WIFE, IF ANY	[REDACTED]	27. NO. OF TIMES EVER MARRIED	28. NAME OF MOST RECENT HUSBAND, IF ANY	[REDACTED]
20a. PARENT'S FULL NAME AT BIRTH	20b. BIRTH PLACE	[REDACTED]	29a. PARENT'S FULL NAME AT BIRTH	29b. BIRTH PLACE	[REDACTED]
21a. PARENT'S FULL NAME AT BIRTH	21b. BIRTH PLACE	[REDACTED]	30a. PARENT'S FULL NAME AT BIRTH	30b. BIRTH PLACE	[REDACTED]

Number of previous marriages

REG-24
APR 10
H5542

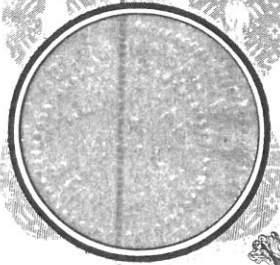
KATHLEEN P. KRUEGER, CMR
REGISTRAR
BOROUGH OF SHREWSBURY

DATE ISSUED: [REDACTED]

This is to certify that the above is correctly copied from a record on file in my office.

Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.

Yamileth Contreras
Yamileth Contreras
Acting State Registrar
Office of Vital Statistics and Registry



REG-42A
OCT 11

THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES TO DETER FRAUD; VOID IF ALTERED

ACCEPTABLE (Connecticut)

V.S.-3
Rev. 5-83
Type or print plainly
with permanent black
ink.
Complete every item.

STATE OF CONNECTICUT
DEPARTMENT OF HEALTH SERVICES
Vital Records Section — Hartford, Connecticut 06106

STATE FILE NO. _____

LICENSE AND CERTIFICATE OF MARRIAGE: Town of Danbury

GROOM	GROOM'S NAME (First) (Middle) (Last)			AGE
	1. BIRTHPLACE (State or Foreign Country)		DATE OF BIRTH (Mo. Day Year)	RESIDENCE (No. and Street)
	3. COUNTY		4. STATE	5. SUPERVISION OR ("X" One) CONTROL OF GUARDIAN OR CONSERVATOR
	7. FATHER'S NAME		8. BIRTHPLACE (State or Foreign Country)	
	10. MOTHER'S MAIDEN NAME		11. BIRTHPLACE (State or Foreign Country)	
	12. RACE		13. NO. OF THIS MARRIAGE	
	14. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED BY		15. EDUCATION (No. Yrs. Completed)	
	16. DEATH		17. DIVORCE	
	18. ANNULMENT		19. ELEMENTARY (1-8)	
	20. HIGH SCHOOL (1-4)		21. COLLEGE (1-5-)	
BRIDE	BRIDE'S NAME (First) (Middle) (Last)			AGE
	22. BIRTHPLACE (State or Foreign Country)		DATE OF BIRTH (Mo. Day Year)	RESIDENCE (No. and Street)
	24. COUNTY		25. STATE	26. SUPERVISION OR ("X" One) CONTROL OF GUARDIAN OR CONSERVATOR
	28. FATHER'S NAME		29. BIRTHPLACE (State or Foreign Country)	
	31. MOTHER'S MAIDEN NAME		32. BIRTHPLACE (State or Foreign Country)	
	33. RACE		34. NO. OF THIS MARRIAGE	
	35. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED BY		36. EDUCATION (No. Yrs. Completed)	
	37. DEATH		38. DIVORCE	
	39. ANNULMENT		40. ELEMENTARY (1-8)	
	41. HIGH SCHOOL (1-4)		42. COLLEGE (1-5-)	
LICENSE	We, the above named in this Marriage License do solemnly swear that the statements herein made are true.			
	43. GROOM (Signature)		44. SWORN TO ME (Registrar)	
	45. THIS DAY OF (Mo., Day, Yr.)		46. BRIDE (Signature)	
	47. THIS DAY OF (Mo., Day, Yr.)		48. SWORN TO ME (Registrar)	
Town Registrar of Vital Statistics CERTIFICATIONS	This license certifies that the above-named persons have complied with the laws of Connecticut relating to a marriage license, and any person authorized to celebrate marriage may join the above-named in marriage in the town of _____.			
	49. ISSUING OFFICIAL (Signature)		50. THIS LICENSE DATE (Mo., Day, Yr.) MUST BE USED ON OR BEFORE	
	51. TITLE		52. DATE ISSUED (Mo., Day, Yr.)	
	53. I HEREBY CERTIFY THAT		54. AND	
	55. THE ABOVE-NAMED PARTIES WERE LEGALLY JOINED IN MARRIAGE BY ME IN THE TOWN OF		56. IN THE COUNTY OF	
	57. SIGNATURE OF PERSON PERFORMING CEREMONY		58. THIS DAY OF (Mo., Day, Yr.)	
OFFICIATOR	59. OFFICIAL CAPACITY		60. TYPE OF CEREMONY	
	61. SIGNATURE		62. DATE	
REGISTRAR	63. THIS CERTIFICATE RECEIVED FOR RECORD ON		64. BY (Signature)	
	65. Date: (Mo., Day, Yr.)		66. SIGNATURE	

I certify that this is a true transcript of the information on the vital record as recorded in this office.

Attest: _____ Registrar of Vital Statistics.

Dated: _____ Town of Danbury

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF MONTEREY

SALINAS, CALIFORNIA

ACCEPTABLE (California)

4-2007 27 000642

LICENSE AND CERTIFICATE OF MARRIAGE

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER

MUST BE LEGIBLE - MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

GROOM PERSONAL DATA

1A. NAME OF GROOM - FIRST (GIVEN), 1B. MIDDLE, 1C. LAST (FAMILY), 2. DATE OF BIRTH - MONTH, DAY, YEAR, 3A. RESIDENCE - STREET AND NUMBER, 3B. CITY, 3C. ZIP CODE, 3D. COUNTY - OUTSIDE CALIFORNIA ENTER STATE, 4. STATE OF BIRTH, 5. MAILING ADDRESS - IF DIFFERENT, 6. NUMBER OF PREVIOUS MARRIAGES, 7A. LAST MARRIAGE ENDED BY: DEATH, DISSOLUTION, ANNULMENT, 7B. DATE - MONTH, DAY, YEAR, 8A. USUAL OCCUPATION, 8B. USUAL KIND OF BUSINESS OR INDUSTRY, 8. EDUCATION - YEARS COMPLETED, 10A. FULL NAME OF FATHER, 10B. STATE OF BIRTH, 11A. FULL MAIDEN NAME OF MOTHER, 11B. STATE OF BIRTH

BRIDE PERSONAL DATA

12A. NAME OF BRIDE - FIRST (GIVEN), 12B. MIDDLE, 12C. CURRENT LAST (FAMILY), 12D. MAIDEN LAST (FAMILY) (IF DIFFERENT THAN 12C), 13. DATE OF BIRTH - MONTH, DAY, YEAR, 14A. RESIDENCE - STREET AND NUMBER, 14B. CITY, 14C. ZIP CODE, 14D. COUNTY - OUTSIDE CALIFORNIA ENTER STATE, 15. STATE OF BIRTH, 16. MAILING ADDRESS - IF DIFFERENT, 17. NUMBER OF PREVIOUS MARRIAGES, 18A. LAST MARRIAGE ENDED BY: DEATH, DISSOLUTION, ANNULMENT, 18B. DATE - MONTH, DAY, YEAR, 19A. USUAL OCCUPATION, 19B. USUAL KIND OF BUSINESS OR INDUSTRY, 20. EDUCATION - YEARS COMPLETED, 21A. FULL NAME OF FATHER, 21B. STATE OF BIRTH, 22A. FULL MAIDEN NAME OF MOTHER, 22B. STATE OF BIRTH

AFFIDAVIT

WE, THE UNDERSIGNED, AN UNMARRIED MAN AND UNMARRIED WOMAN, STATE THAT THE FOREGOING INFORMATION IS CORRECT AND TRUE TO THE BEST OF OUR KNOWLEDGE AND BELIEF. THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US, AND HEREBY APPLY FOR A LICENSE AND A CERTIFICATE OF MARRIAGE.

23. SIGNATURE OF GROOM, 24. SIGNATURE OF BRIDE

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF CALIFORNIA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. REQUIRED CONSENTS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.

25A. ISSUE DATE MONTH, DAY, YEAR, 25B. LICENSE EXPIRES AFTER MONTH, DAY, YEAR, 25C. LICENSE NUMBER, 25D. COUNTY OF ISSUE, 25E. NAME OF COUNTY CLERK, 25F. SIGNATURE OF DEPUTY CLERK (IF APPLICABLE), 25G. CITY, STATE, AND ZIP CODE, 25H. DEPUTY

WITNESS(ES) (ONE REQUIRED)

26A. SIGNATURE OF WITNESS, 26B. ADDRESS - STREET AND NUMBER, 26C. CITY, STATE, AND ZIP CODE, 27A. SIGNATURE OF WITNESS, 27B. ADDRESS - STREET AND NUMBER, 27C. CITY, STATE, AND ZIP CODE

CERTIFICATION OF PERSON SOLEMNIZING MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE-NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA

28. MONTH, DAY, YEAR, 29A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE, 29B. RELIGIOUS DENOMINATION (IF CLERGY), 29C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT), 29D. OFFICIAL TITLE, 29E. MAILING ADDRESS, 29F. ZIP CODE

LOCAL REGISTRAR OF MARRIAGES (COUNTY RECORDER)

30A. SIGNATURE OF LOCAL REGISTRAR, 30B. SIGNATURE OF DEPUTY (IF APPLICABLE), 31. DATE ACCEPTED FOR REGISTRATION

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA COUNTY OF MONTEREY } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Monterey County Clerk-Recorder

XOCHITL MARINA CAMACHO County Clerk-Recorder

DATE ISSUED 04/24/2024 ATTEST

This copy not valid unless prepared on engraved border displaying date, seal and signature of Deputy County Clerk-Recorder.



ACCEPTABLE (Florida)

APPLICATION NO. 91-002084 MARRIAGE RECORD
FLORIDA



STATE OF FLORIDA, COUNTY OF MIAMI-DADE
 I HEREBY CERTIFY that the foregoing is a true and correct copy of the original on file in this office.
FEB 09 2023
 LUIS G. MONTALDO, Clerk Ad Interim of Circuit and County Courts
 Deputy Clerk
Claudia N. Alvarez 0692

GROOM DATA	1	GROOM'S NAME (First, Middle, Last) ALEXANDER NMN ROMAN			2 DATE OF BIRTH (Month, Day, Year) NOVEMBER 21, 1969	
		3a RESIDENCE - CITY, TOWN OR LOCATION 1370 ST. NICHOLAS AV NEW YORK CITY	3b COUNTY MANHATTAN	3c STATE NEW YORK		
BRIDE DATA	5a	BRIDE'S NAME (First, Middle, Last) INGRID VERONICA MUNOZ			6 DATE OF BIRTH (Month, Day, Year) JULY 2, 1967	
		5b MAIDEN SURNAME (if different)	7a RESIDENCE - CITY, TOWN OR LOCATION 1370 ST. NICHOLAS AV NEW YORK CITY			
WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF, 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.						
SWAINT OF BRIDE AND GROOM	9	GROOM'S SIGNATURE (Sign full name) <i>Alexander Roman</i>			13 BRIDE'S SIGNATURE (Sign full name) <i>Ingrid Veronica Munoz</i>	
		10 SUBSCRIBED AND SWORN TO BEFORE ME ON FEBRUARY 11, 1991	11 TITLE OF ISSUING OFFICIAL DEPUTY CLERK		14 SUBSCRIBED AND SWORN TO BEFORE ME ON FEBRUARY 11, 1991	15 TITLE OF ISSUING OFFICIAL DEPUTY CLERK
		12 SIGNATURE OF ISSUING OFFICIAL <i>Sharon Moore</i>			16 SIGNATURE OF ISSUING OFFICIAL <i>Sharon Moore</i>	

LICENSE TO MARRY	17 DATE LICENSE ISSUED FEBRUARY 11, 1991		18 EXPIRATION DATE APRIL 11, 1991		19 BY ME BY CERTIFY THAT THE ABOVE NAMED BRIDE AND GROOM ARE BY ME IN MARRIAGE IN ACCORDANCE WITH THE CONSTITUTION AND LAWS OF THE STATE OF FLORIDA AND THE SOLEmnity OF THE MARRIAGE OF THE	
	21 THIS LICENSE MUST BE USED ON OR BEFORE THE ABOVE EXPIRATION DATE, IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.		22a SIGNATURE OF PERSON PERFORMING CEREMONY <i>Rosa Roberto</i>		22b NAME OF PERSON PERFORMING CEREMONY ROSA ROBERTO	
	19a SIGNATURE OF PERSON ISSUING LICENSE <i>Sharon Moore</i>		19b BY <i>SM SM</i>		22c TITLE Notary Public	
	19c TITLE MARSHALL ADER, CLERK		20 COUNTY DADE		22d ADDRESS 1015 SW 124 CT. Miami, FL	
RECORDED	23 DATE RETURNED MAR 06 1991		26 RECORDED IN BOOK 347 PAGE 1171		23 SIGNATURE OF WITNESS TO CEREMONY <i>Alvira Alvarez</i> 33184	
	27 CLERK OF COURT MARSHALL ADER				24 SIGNATURE OF WITNESS TO CEREMONY <i>Alvira Alvarez</i>	

INFORMATION BELOW WILL NOT APPEAR ON CERTIFICATION ISSUED BY VITAL STATISTICS, EXCEPT UPON REQUEST.

GROOM	28 RACE WHITE	29 NUMBER OF THIS MARRIAGE 1	30 PREVIOUSLY MARRIED (SPECIFY 30, 31) NO	30 LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT) ---	31 DATE LAST MARRIAGE ENDED ---
	BRIDE	32 RACE WHITE	33 NUMBER OF THIS MARRIAGE 1	34 PREVIOUSLY MARRIED (SPECIFY 34, 35) NO	34 LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT) ---

HRS Form 74.3 Jan 89
(Obsolesces previous editions)

This license not valid unless seal of Clerk, Circuit or County Court, appears thereon.

AUDIT CONTROL NO. **365718**



CERTIFICATION OF VITAL RECORD

ACCEPTABLE STATE OF MAINE (Maine)

2015-047

Photocopy for
Place of Issue

State of Maine License and Certificate of Marriage
Department of Health and Human Services

State File No.

PARTY A <input type="checkbox"/> Bride <input checked="" type="checkbox"/> Groom <input type="checkbox"/> Spouse (check one) <small>Please see reverse side for Parental Consent Form If Party A is under the age of 18 at the time of issue.</small>					
1a. First Name KIARAN	1b. Middle Name PATRICK	1c. Maiden/Birth Surname SPELLMAN	1d. Current Last Name SPELLMAN	1e. Jr., etc.	
2. Age Last Birthday 58	3. Date of Birth (MM/DD/YY) 10/29/56	4. Birthplace (State or Foreign Country) IRELAND	5. Sex <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	6. Residence - State NEW YORK	
7. County WESTCHESTER		8. City or Town BRONXVILLE	9. Street and Number 67 SOUTH ROCKLEDGE RD		
10. Father/Parent Name (First, MI, Last Name) PATRICK * SPELLMAN		11. Birthplace (State or Foreign Country) IRELAND	12. Mother/Parent Name (First, MI, Maiden/Birth Last Name) CHRIS * GUERIN		13. Birthplace (State or Foreign Country) IRELAND
PARTY B <input checked="" type="checkbox"/> Bride <input type="checkbox"/> Groom <input type="checkbox"/> Spouse (check one) <small>Please see reverse side for Parental Consent Form If Party B is under the age of 18 at the time of issue.</small>					
14a. First Name LISA	14b. Middle Name JAYNE	14c. Maiden/Birth Surname WHITE	14d. Current Last Name WHITE	14e. Jr., etc.	
15. Age Last Birthday 50	16. Date of Birth (MM/DD/YY) 03/29/65	17. Birthplace (State or Foreign Country) MASSACHUSETTS	18. Sex <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	19. Residence - State MASSACHUSETTS	
20. County MIDDLESEX		21. City or Town BILLERICA	22. Street and Number 158 CONCORD RD. APT. J16		
23. Father/Parent Name (First, MI, Last Name) KENNETH A. WHITE		24. Birthplace (State or Foreign Country) MASSACHUSETTS	25. Mother/Parent Name (First, MI, Maiden/Birth Last Name) JAYNE M. COUGHLIN		26. Birthplace (State or Foreign Country) MASSACHUSETTS
MARITAL STATUS SECTION					
Party A 27. Number of this Marriage First, Second, etc. (Specify) SECOND			Party B 29. Number of this Marriage First, Second, etc. (Specify) FIRST		
28. If Previously Married, Last Marriage Ended <input type="checkbox"/> Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment DATE: (MM/DD/YY) 07/29/13			30. If Previously Married, Last Marriage Ended <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment DATE: (MM/DD/YY)		
28a. Location/Name of Court ROCKLAND CO., NY/SUPREME CRT			30a. Location/Name of Court:		
Is Party A currently registered with the State of Maine as a Domestic Partner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			Is Party B currently registered with the State of Maine as a Domestic Partner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I AM FREE TO MARRY UNDER THE LAWS OF MAINE					
31. Party A's Signature (Original Signature Required on State Form)			32. Party B's Signature (Original Signature Required on State Form)		
LICENSE TO MARRY (THIS SECTION TO BE COMPLETED BY CLERK) 33. Date Intentions Filed (MM/DD/YY) 06/01/15			34. Date License Issued (MM/DD/YY) 06/01/15		35. License Valid Until (MM/DD/YY) 08/30/15
36. Signature of Issuing Clerk <i>[Signature]</i>			37. City or Town of Issue OGUNQUIT		
CEREMONY SECTION					
THE LAWS OF MAINE PROVIDE THAT ONLY AUTHORIZED PERSONS MAY SOLEMNIZE MARRIAGES IN THIS STATE					
38. I certify that the above-named persons were married on: (MM/DD/YY) July 04, 2015		39. Where Married (City or Town) Ogunquit		40. County YORK	
41. Signature of Person Performing Ceremony <i>[Signature]</i>		42. Name (Type Print) Gale P. Beckwith		43. Title of Person Performing Ceremony Minister UCC	
44. Residence of Person Performing Ceremony (City/Town) 33 Lee Brook Rd Thornton, NH		45a. Date (Enter date of ordination or commission, or license admitted to Maine Bar) MARCH 12, 2015 <small>Naturalist's use date commission expires (MM/DD/YY)</small>			
45b. Mailing address of Person Performing Ceremony PO BOX 795, CAMPTON, NH 03223					
46a. Signature of Witness to Ceremony <i>[Signature]</i>		46b. Type or clearly print name of witness Cheryl Brogan			
47a. Signature of Witness to Ceremony <i>[Signature]</i>		47b. Type or clearly print name of witness Trisha Spellman			
CLERK					
48. Registrar's or Municipal Clerk's Signature <i>[Signature]</i>			49. Date Filed (MM/DD/YY) 07/09/2015		

VS2-R122912

Black Ink Only

Original - State
Do Not Issue Original

Reduce For Certified Copies

Page 1 of 2

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE ABSTRACT OR COPY OF A CERTIFICATE OR RECORD WHICH IS IN MY OFFICIAL CUSTODY.

TOWN OF: **Ogunquit**

DATE ISSUED: **04/25/2024**

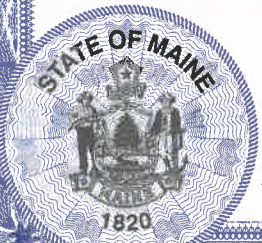
ATTEST: *[Signature]* - deputy clerk

STATE REGISTRAR/MUNICIPAL CLERK/STATE ARCHIVIST

This copy not valid unless the seal and signature of the Registrar displays.

VS-31

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



**ACCEPTABLE
(Massachusetts)**

Commonwealth of Massachusetts
United States of America

Certificate of Marriage

From the Records of Marriages in the Town of
ANDOVER, MASSACHUSETTS, U. S. A.

GROOM	BRIDE
Name [REDACTED]	Name [REDACTED]
Color White [REDACTED]	Surname after Color White Marriage: [REDACTED]
Residence [REDACTED]	Residence [REDACTED]
Age [REDACTED] Years	Age [REDACTED] Years
Occupation [REDACTED]	Occupation [REDACTED]
Place of Birth [REDACTED]	Place of Birth [REDACTED]
Name of Father [REDACTED]	Name of Father [REDACTED]
Name of Mother [REDACTED]	Name of Mother [REDACTED]
No. of Marriage [REDACTED]	No. of Marriage [REDACTED]
Place and Date of Marriage [REDACTED]	
By Whom Married [REDACTED]	

Date of Record [REDACTED]

I, [REDACTED] depose and say that I hold the office of Town Clerk of the Town of Andover, County of Essex and Commonwealth of Massachusetts; that the records of Births, Marriages and Deaths required by law to be kept in said Town are in my custody, and that the above is a true extract from the records of Marriages in said Town, as certified by me.

WITNESS my hand

on the [REDACTED] day of [REDACTED] 19 [REDACTED]

..... [REDACTED]

TOWN CLERK.

ACCEPTABLE (Massachusetts)



City of Quincy, Massachusetts

Mayor James R. McIntyre City Hall
1305 Hancock Street
Quincy, Massachusetts 02169



Office of the City Clerk
JOSEPH P. SHEA
City Clerk

MAUREEN L. HALLSEN
Assistant City Clerk

TEL: (617) 376-1131
FAX: (617) 376-1139
TTY: (617) 376-1375

The Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS
CERTIFICATE OF MARRIAGE

(State file number) _____
(City or town making return) _____
Registered No. _____
Intention No. _____

1 Place of Marriage _____
City or Town _____ (Do not enter name of village or section of city or town)

2 Date of Marriage _____ (Month) _____ (Day) _____ (Year)

3 FULL NAME PARTY A		11 FULL NAME PARTY B	
3A SURNAME AFTER MARRIAGE		11A SURNAME AFTER MARRIAGE	
4 DATE OF BIRTH	5 OCCUPATION	12 DATE OF BIRTH	13 OCCUPATION
6 RESIDENCE NO. & ST. CITY/TOWN ST. ZIP CODE		14 RESIDENCE NO. & ST. CITY/TOWN ST. ZIP CODE	
7 NUMBER OF MARRIAGE (1st, 2nd, 3rd, etc.)	7A WIDOWED OR DIVORCED	15 NUMBER OF MARRIAGE (1st, 2nd, 3rd, etc.)	15A WIDOWED OR DIVORCED
8 BIRTHPLACE (City or town) (State or country)		16 BIRTHPLACE (City or town) (State or country)	
9 NAME OF MOTHER/PARENT		17 NAME OF MOTHER/PARENT	
10 NAME OF FATHER/PARENT		18 NAME OF FATHER/PARENT	

19 THE INTENTION OF MARRIAGE by the above-mentioned persons was duly entered by me in the records of the Community of _____ according to law this _____ day of _____ 20____.

COURT WAIVER issued _____ (Name of Community) by _____ (City or Town Clerk or Registrar)

AGE ORDER (Month) _____ (Day) _____ (Year)

20 I HEREBY CERTIFY that I solemnized the marriage of the above-named persons at No. _____ St. _____ (If marriage was solemnized in a church, give its NAME instead of street and number)

_____ (Name of city or town) _____ (Month) _____ (Day) _____ (Year)

Signature _____ (Member of the Clergy, Priest, Rabbi, Imam, or Justice of the Peace, etc.)

Address _____

21 Certificate recorded by city or town clerk _____ (Month) _____ (Day) _____ (Year) CLERK OR REGISTRAR _____

22 PARTY A SEX: MALE FEMALE

23 PARTY B SEX: MALE FEMALE



I, Joseph P. Shea, hereby certify that I hold the office of the City Clerk of Quincy in the County of Norfolk, and Commonwealth of Massachusetts; That the Records of Birth, Marriages, and Deaths are in my custody and that the above is a True Copy from the records as certified by me.

Witness My Hand and Seal of the City of Quincy _____

Joseph P. Shea, City Clerk _____

ACCEPTABLE
(Pennsylvania)

COMMONWEALTH OF PENNSYLVANIA - DEPARTMENT OF HEALTH - VITAL RECORDS
MARRIAGE RECORD

County Issuing Lic. Where Married City/Boro/Twp County Date Married
CLEARFIELD BIGLER, PA CLEARFIELD

Person Performing Ceremony Title Address of Person Performing Ceremony

STATEMENT OF MALE		STATEMENT OF FEMALE
Name	:	Name
	:	Maiden Surname (If Different)
Residence - City, Boro, Township	:	Residence - City, Boro, Township
County State	:	County State
Birthplace Date of Birth Age	:	Birthplace Date of Birth Age
Marriage If Prev. Last Marriage Ended	:	Marriage If Prev. Last Marriage Ended
Number Reason Ended Date Ended	:	Number Reason Ended Date Ended
	:	Education
	:	Elem/Sec College
	:	12 1
Usual Occupation	:	Usual Occupation
SELF-EMPLOYED	:	SALES-PROMOTIONS
Fathers Name	:	Fathers Name
Fathers Birthplace	:	Fathers Birthplace
Mothers Name	:	Mothers Name
Maiden Surname Mothers Birthplace	:	Maiden Surname Mothers Birthplace
Fathers Residence P	:	Fathers Residence
Fathers Occupation	:	Fathers Occupation
Mothers Residence	:	Mothers Residence
Mothers Occupation	:	Mothers Occupation

License Issued Filed By Local Official Signature & Title of Local Official

Karen L. Starch

Relationship of parties making this application, if any.
NONE

We, the undersigned, in accordance with the statements hereinabove contained, the fact set forth wherein we and each of us do solemnly swear are true and correct to the best of our knowledge, information, and belief, do hereby make application to the Clerk of the Orphans Court of Clearfield County, for a license to marry.

Signature of MALE Applicant

Signature of FEMALE Applicant

Sworn and subscribed before me this 15th day of May A.D. 1998

PREMARITAL FORMS FILED

Karen L. Starch
(Clerk of Orphans Court) (SEAL)

My Commission Expires