

STATE OF FLORIDA

COUNTY OF TAYLOR

Pursuant to Chapter 741.04, we hereby disclose the following information:

GROOM / SPOUSE #1:

FULL NAME: _____

NEW MARITAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SSN: _____ AGE: _____ DOB: _____ BIRTH STATE: _____

TELEPHONE NO: _____

RACE: _____ NUMBER OF THIS MARRIAGE: _____

GROOM / SPOUSE #1'S SIGNATURE

Sworn to and subscribed to before me this this _____ day of _____, 20_____.

CLERK OF DEPUTY CLERK OF COURT

BRIDE / SPOUSE #2:

FULL NAME: _____

MAIDEN NAME (IF APPLICABLE): _____

NEW MARITAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SSN: _____ AGE: _____ DOB: _____ BIRTH STATE: _____

TELEPHONE NO.: _____

RACE: _____ NUMBER OF THIS MARRIAGE: _____

BRIDE / SPOUSE #2'S SIGNATURE

Sworn to and subscribed to before me this this _____ day of _____, 20_____.

CLERK OF DEPUTY CLERK OF COURT