

RECORD OF MARRIAGE

***The Rt. Rev. Samuel Johnson Howard,
Bishop of Florida:***

*This will certify that on _____
(Date)*

I did solemnize the marriage of

_____ *and*

at

(Church and City)

The Bishop's consent was given on

(Date)

Signature of Clergy person Officiating

(Date)

Within five days of the marriage, please return this Record of Marriage to:

**The Bishop's Office, Episcopal Diocese of Florida, 325 Market Street, Jacksonville, Florida
32202**