

RECORD OF MARRIAGE

The Episcopal Diocese of Florida:

This will certify that on _____
(Date)

I did solemnize the marriage of

_____ *and*

at

(Church and City)

Signature of Clergyperson Officiating

(Date)

**Within five days of the marriage, please return this Record of Marriage to:
The Diocese's Office, Episcopal Diocese of Florida, 325 Market Street, Jacksonville,
Florida 32202**