

Department of Health • Vital Statistics

**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)

**2009 ML 783011**

(APPLICATION NUMBER)

**APPLICATION TO MARRY**

1. GROOM'S NAME (First, Middle, Last) <b>OMAR MIR SEDDIQUE MATEEN</b>			2. DATE OF BIRTH (Month, Day, Year) <b>11/16/1986</b>		
3a. RESIDENCE - CITY, TOWN, OR LOCATION <b>PORT SAINT LUCIE</b>		3b. COUNTY <b>SAINT LUCIE</b>	3c. STATE <b>FLORIDA</b>	4. BIRTHPLACE (State or Foreign Country) <b>NEW YORK</b>	
5a. BRIDES NAME (First, Middle, Last) <b>SITORA ALISHERZODA YUSUFYI</b>			5b. MAIDEN SURNAME (If different) <b>YUSUFYI</b>		6. DATE OF BIRTH (Month, Day, Year) <b>03/20/1989</b>
7a. RESIDENCE - CITY, TOWN, OR LOCATION <b>PORT SAINT LUCIE</b>		7b. COUNTY <b>SAINT LUCIE</b>	7c. STATE <b>FLORIDA</b>	8. BIRTHPLACE (State or Foreign Country) <b>UZBEKISTAN</b>	

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 GROOM (Sign full name using black ink) 		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>03/31/2009</b>	
11. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>		12. SIGNATURE OF OFFICIAL (Use black ink) D.C.	
13. SIGNATURE OF BRIDE (Sign full name using black ink) 		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>03/31/2009</b>	
15. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>		16. SIGNATURE OF OFFICIAL (Use black ink) D.C.	

**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>SAINT LUCIE</b>		18. DATE LICENSE ISSUED <b>03/31/2009</b>	18a. DATE LICENSE EFFECTIVE <b>04/03/2009</b>	19. EXPIRATION DATE <b>06/02/2009</b>
20a. SIGNATURE OF COURT CLERK OR JUDGE 		20b. TITLE <b>JOSEPH E. SMITH CLERK OF CIRCUIT COURT</b>		20c. BY D.C. <b>jl</b>

**CERTIFICATE OF MARRIAGE**

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

21. DATE OF MARRIAGE (Month, Day, Year) <b>April 16, 2009</b>	22. CITY, TOWN, OR LOCATION OF MARRIAGE <b>Clerk of the Circuit Court Port St. Lucie, FL</b>		
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) 		23c. ADDRESS (Of person performing ceremony) <b>250 NW Country Club Dr.</b>	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Of notary stamp) <b>April Andrews Deputy Clerk</b>		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) 	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) 	

