

MARRIAGE LICENSE

STATE OF MISSOURI
COUNTY OF

Jackson

This license authorizes any person authorized under the laws of this state to solemnize this marriage between STEPHEN DONALD EDSON of SHAWNEE in the County of JOHNSON and State of KANSAS, who is over the age of eighteen, and OLIVE DIOTAY APARIL of SHAWNEE in the County of JOHNSON and State of KANSAS who is over the age of eighteen

Witness my hand as Recorder with the seal of office hereto affixed, at my office in Jackson County,

Missouri this 18th day of OCTOBER 20 16

By Jane Moore DEPUTY Robert T. Kelly RECORDER OF DEEDS

ON THE RETURN OF PERSON SOLEMNIZING MARRIAGE

STATE OF MISSOURI,

COUNTY OF TANNEY

ss

Ordained Minister did at BRANSON in said County on the 22nd day of October 2016, to solemnize the above named persons and I further certify that I am legally qualified under the laws of the State of Missouri to solemnize marriages

Ronald L. Bell

SIGNATURE OF OFFICIAL

RONALD L. BELL 256 Ruby's Rest, Reeds Spring, MO. 65737

PRINT NAME AND ADDRESS OF OFFICIAL

Cory D. Bell (WITNESS)

Kansas

(ADDRESS)

Cory D. Bell Suzanne Wirthaka (WITNESS)

Shawnee KS

(ADDRESS)

Filed this

28 day of

October 2016

TYPE/PRINT
IN
PERMANENT
BLACK INK.
FOR
INSTRUCTIONS
SEE HANDBOOK.

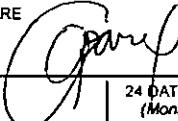
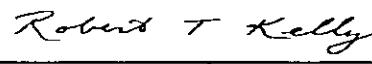
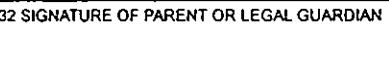
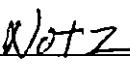
VS 700
Rev 6/97
MO 580-0712
(8-97)

MISSOURI DEPARTMENT OF HEALTH

LICENSE NUMBER 2016E0199409

APPLICATION/
REPORT OF MARRIAGE

STATE FILE NUMBER

1 FIRST PARTY'S NAME (First, Middle Last) STEPHEN DONALD EDSON			1a BIRTH SURNAME (if different) EDSON	11 SOCIAL SECURITY NO
2 AGE LAST BIRTHDAY 38	3 DATE OF BIRTH (Month, Day, Year) 02/18/1978	4 BIRTHPLACE (State or Foreign Country) MISSOURI	4a SEX 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female	
5a RESIDENCE - CITY TOWN OR LOCATION SHAWNEE		5b STATE KS	5c ZIP CODE 66203	5d COUNTY JOHNSON
6 NUMBER OF THIS MARRIAGE First, Second, etc (Specify below) 2		7 IF PREVIOUSLY MARRIED LAST MARRIAGE ENDED By _____ Date (Month Year) 7a _____ 7b 09/2014 2 <input type="checkbox"/> Death 3 <input checked="" type="checkbox"/> Divorce dissolution, or annulment		8 RACE - American Indian, Black, White etc (Specify below) 1 <input checked="" type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian 4 <input type="checkbox"/> Other (Specify) _____
9 EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)				9 EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 2
10 SECOND PARTY'S NAME (First Middle Last) OLIVE DIOTAY APARIL			10a BIRTH SURNAME (If Different) APARIL	11 SOCIAL SECURITY NO
12 AGE LAST BIRTHDAY 29	13 DATE OF BIRTH (Month, Day Year) 07/19/1987	14 BIRTHPLACE (State or Foreign Country) PHILIPPINES	4a SEX 1 <input type="checkbox"/> Male 2 <input checked="" type="checkbox"/> Female	
15a RESIDENCE - CITY, TOWN, OR LOCATION SHAWNEE		15b STATE KS	15c ZIP CODE 66203	15d COUNTY JOHNSON
16 NUMBER OF THIS MARRIAGE - First, Second etc (Specify below) 1		17 IF PREVIOUSLY MARRIED LAST MARRIAGE ENDED By _____ Date (Month, Year) 17a _____ 17b 2 <input type="checkbox"/> Death 3 <input type="checkbox"/> Divorce dissolution, or annulment		18 RACE American Indian, Black, White etc (Specify below) 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian 4 <input checked="" type="checkbox"/> Other (Specify) _____
19 EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)				19 EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 3
WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE				
20 FIRST PARTY'S SIGNATURE 		21 SECOND PARTY'S SIGNATURE 		
AFFIX SEAL	22 SUBSCRIBED TO AND SWORN TO BEFORE ME ON (Month Day Year) (Time) 10/18/2016 1 23 PM	23 COUNTY OF RECORDING JACKSON	24 DATE AND TIME LICENSE ISSUED (Month Day Year) (Time) 10/18/2016	
LOCAL OFFICIAL	25 NAME OF RECORDER OF DEEDS ROBERT T. KELLY	26 SIGNATURE AND TITLE OF OFFICIAL 		
CEREMONY	27 DATE CEREMONY PERFORMED (Month, Day Year)	28a WHERE MARRIED - CITY TOWN OR LOCATION	28b WHERE MARRIED - COUNTY	
PARENTAL CONSENT	29 NAME OF PARENT OR LEGAL GUARDIAN OF FIRST PARTY (If Minor)	30 RELATIONSHIP TO APPLICANT		
AFFIX SEAL	31a ADDRESS OF PARENT OR LEGAL GUARDIAN OF FIRST PARTY	31b STATE	31c ZIP CODE	
I, THE ABOVE-NAMED PARENT OR LEGAL GUARDIAN, DO HEREBY SWEAR THE INFORMATION TO BE CORRECT AND HEREBY GIVE MY CONSENT TO SAID MARRIAGE		32 SIGNATURE OF PARENT OR LEGAL GUARDIAN 		
33 NAME OF PARENT OR LEGAL GUARDIAN OF SECOND PARTY (If Minor)		34 RELATIONSHIP TO APPLICANT		
35a ADDRESS OF PARENT OR LEGAL GUARDIAN OF SECOND PARTY		35b STATE	35c ZIP CODE	
I, THE ABOVE-NAMED PARENT OR LEGAL GUARDIAN, DO HEREBY SWEAR THE INFORMATION TO BE CORRECT AND HEREBY GIVE MY CONSENT TO SAID MARRIAGE		36 SIGNATURE OF PARENT OR LEGAL GUARDIAN 		
37 PARENTAL CONSENT SUBSCRIBED TO AND SWORN TO BEFORE ME ON (Month Day Year)		38 SIGNATURE AND TITLE OF OFFICIAL 		
39 DO YOU WANT TO CONTRIBUTE \$1 TO THE JACKSON COUNTY HOMELESS FUND? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				

Paid For Certified Copy

SOCIAL SECURITY AFFIDAVIT

I, the undersigned, hereby affirm that I have never had a Social Security number issued to me by the Social Security Administration

OLIVE APRIL OLIVE April

Print Name

April

Signature

Date 10-18-16

State of Missouri
County of Jackson

Subscribed and sworn to before me, this 18 day of October, in the year 2016

Seal

Kayla Byrd
Notary Public

KAYLA BYRD
Notary Public - Notary Seal
STATE OF MISSOURI
Jackson County
My Commission Expires 1/31/2020
Commission # 16123385





RECORDER OF DEEDS

Jackson County, Missouri

Marriage License Acknowledgement

By signing this form we have each been made aware of the following:

- 1 The marriage license ceremony must be performed within the State of Missouri. If the license is not used, the license shall be void after thirty days from the date of issuance per Revised Missouri Statute 451.040
- 2 All marriages between parents and children, including grandparents and grandchildren of every degree, between brothers and sisters of the half as well as the whole blood, between uncles and nieces, aunts and nephews, first cousins, and between persons who lack the capacity to enter into a marriage contract, are presumptively void; and it shall be unlawful for any city, county or a state official having authority to issue marriage licenses to issue such marriage licenses to the persons heretofore designated per Revised Missouri Statute 451.020.

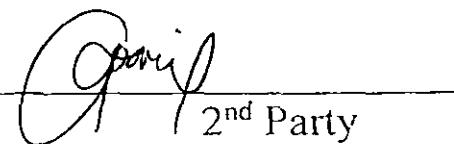
We, the undersigned, on our oath, or affirmation hereby state and declare that we are in compliance with Revised Missouri Statute 451.020.



1st Party

10/18/2016

Date



2nd Party

10/18/2016

Date

