

**COMMONWEALTH OF VIRGINIA
STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS**



Certificate Of Marriage

I CERTIFY THAT I JOINED TOGETHER IN MARRIAGE:

_____ .HUSBAND,

AND _____ .WIFE,

ON _____ IN _____ .VIRGINIA,

BY AUTHORITY OF A LICENSE ISSUED BY THE CLERK OF THE CIRCUIT COURT OF

_____, VIRGINIA, DATED _____

GIVEN UNDER MY HAND ON _____

(Signature of Officiant)

(Title of Officiant)

VS 3B 7/06

THIS IS NOT A CERTIFIED CERTIFICATE