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VS-3 Rev. 11/08

Type or print clearly

with permanent black ink.

Complete every item.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Vital Records Section - Hartford, Connecticut 06134

STATE FILE NO

LICENSE AND CERTIFICATE OF MARRIAGE: Town of Bridgeport, Connecticut

BRIDE/GROOM/ SPOUSE		BRIDE/GROOM/ SPOUSE	
NAME (First)	NAME (Last)	NAME (First)	NAME (Last)
1. PHILIP	P. BURNELL	23. KATHERINE	ST. JEAN
SEX	DATE OF BIRTH (Mo., Day, Year)	SEX	DATE OF BIRTH (Mo., Day, Year)
2. M	3. 04/06/1982	23. F	24. 09/06/1990
BIRTHPLACE (State or Foreign Country)	EDUCATION (No. Yrs. Completed)	BIRTHPLACE (State or Foreign Country)	EDUCATION (No. Yrs. Completed)
5. CONNECTICUT	6. 8 7 4 8 4	26. CONNECTICUT	27. 8 8 4 28
RESIDENCE (No. and Street)	RESIDENCE (No. and Street)	RESIDENCE (No. and Street)	RESIDENCE (No. and Street)
9. 17505 110TH LANE SE	9. 17505 110TH LANE SE	30. 17505 110TH LANE SE	30. 17505 110TH LANE SE
CITY OR TOWN	CITY OR TOWN	CITY OR TOWN	CITY OR TOWN
10. RENTON	10. RENTON	31. RENTON	31. RENTON
STATE	STATE	STATE	STATE
11. KING	11. KING	32. KING	32. KING
RACE	RACE	RACE	RACE
12. WHITE	12. WHITE	33. WHITE	33. WHITE
SUPERVISION OR CONTROL BY GUARDIAN OR	SUPERVISION OR CONTROL BY GUARDIAN OR	SUPERVISION OR CONTROL BY GUARDIAN OR	SUPERVISION OR CONTROL BY GUARDIAN OR
13. CONSERVATOR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13. CONSERVATOR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	34. CONSERVATOR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	34. CONSERVATOR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FATHER'S NAME	FATHER'S NAME	FATHER'S NAME	FATHER'S NAME
14. DAVID BURNELL	14. DAVID BURNELL	35. HAROLD ST. JEAN	35. HAROLD ST. JEAN
MOTHER'S MAIDEN NAME	MOTHER'S MAIDEN NAME	MOTHER'S MAIDEN NAME	MOTHER'S MAIDEN NAME
15. LINDA SALVAGNO	15. LINDA SALVAGNO	36. JANICE KUSH	36. JANICE KUSH
FATHER'S BIRTHPLACE (State or Foreign Country)	FATHER'S BIRTHPLACE (State or Foreign Country)	FATHER'S BIRTHPLACE (State or Foreign Country)	FATHER'S BIRTHPLACE (State or Foreign Country)
16. CONNECTICUT	16. CONNECTICUT	37. MASSACHUSETTS	37. MASSACHUSETTS
NO. OF THIS	NO. OF THIS	38. NO. OF CIVIL	38. NO. OF CIVIL
17. 1	17. 1	39. 1	39. 1
UNIONS	UNIONS	40. 1	40. 1
RELATIONSHIP WAS 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION	RELATIONSHIP WAS 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION	41. 0	41. 0
21a. LAST RELATIONSHIP ENDED BY: 1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT	21a. LAST RELATIONSHIP ENDED BY: 1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT	42b. LAST RELATIONSHIP ENDED BY: 1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT	42b. LAST RELATIONSHIP ENDED BY: 1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT
4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER	4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER	43. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER	43. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER
We, the above named in this marriage license do solemnly swear that the statements herein made are true.			
SWORN TO ME (Registrar's Signature)			
44. Signature of Bride/Groom/Spouse			
45. Signature of Bride/Groom/Spouse			
46. Signature of Bride/Groom/Spouse			
47. Signature of Bride/Groom/Spouse			
48. Signature of Bride/Groom/Spouse			
This license certifies that the above named persons have complied with the laws of Connecticut relating to a marriage license, and any person authorized to celebrate a marriage may join the above named in marriage in the town of.			
49. Bridgeport			
ISSUING OFFICIAL (Signature)			
50. 06/13/2019			
DATE ISSUED (Month, Day, Year)			
51. 4/8/2019			
DATE (Month, Day, Year)			
52. Deputy Registrar			
AND			
53. KATHERINE ST. JEAN			
THIS DAY (Month, Day, Year)			
54. PHILIP P. BURNELL			
THE ABOVE NAMED PARTIES WERE LEGALLY JOINED IN MARRIAGE BY			
55. KATHERINE ST. JEAN			
IN THE COUNTY OF			
56. Bridgeport			
PERSON PERFORMING CEREMONY (Please Print)			
57. Fairfield			
SIGNATURE OF PERSON PERFORMING CEREMONY			
58. Justice of the Peace			
59. 4/11/2019			
DATE (Month, Day, Year)			
60. 4/11/2019			
DATE (Month, Day, Year)			
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DATE (Month, Day, Year)			
100. 4/11/2019			
DATE (Month, Day, Year)			



I certify that this is a true copy of the certificate received for record

Attest *Patricia P. Velazquez*
Assist. Registrar of Vital Records
City of Bridgeport

Date JUL 30 2019

NOT GOOD WITHOUT RAISED SEAL OF CERTIFYING OFFICIAL