



The Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS
CERTIFICATE OF MARRIAGE

(State file number) SAUGUS
(City or town making return)
Registered No.
Intention No. PARMAR 104

THIS CERTIFICATE IS NOT TO BE USED OUTSIDE OF MASSACHUSETTS. NOT VALID AFTER:

1 Place of Marriage City or Town Date of Marriage Intention No.
(Do not enter name of village or section of city or town) (Month) (Day) (Year)

FEBRUARY 19, 2024

THIS IS A PERMANENT RECORD. Use only permanent black ink. Must be recorded on archival quality, permanent paper. Every item of information must be carefully supplied. ALTERATIONS AND ERASURES IN THIS CERTIFICATE ARE FORBIDDEN; PENALTY FOR VIOLATION, ONE HUNDRED DOLLARS.

MGL c 207, §§ 28, 28A, 48, 49, 54, 57 and c 46, § 18.

COMMISSION ON FILE

3 FULL NAME PARTY A BOBBIE JEAN GILBREATH
11 FULL NAME PARTY B JOSEPH ARTHUR ANDERSON
3A SURNAME AFTER MARRIAGE ANDERSON
11A SURNAME AFTER MARRIAGE ANDERSON
4 DATE OF BIRTH April 17, 1991
5 OCCUPATION OPERATIONS MANAGER
12 DATE OF BIRTH September 6, 1991
13 OCCUPATION FINANCIAL ADVISOR
6 RESIDENCE NO. & ST. 11 ELMER AVE, UNIT B
14 RESIDENCE NO. & ST. 11 ELMER AVE, UNIT B
CITY/TOWN SAUGUS ST. MA ZIP CODE 01906
CITY/TOWN SAUGUS ST. MA ZIP CODE 01906
7 NUMBER OF MARRIAGE (1st, 2nd, 3rd, etc.) 1ST
7A WIDOWED OR DIVORCED ---
15 NUMBER OF MARRIAGE (1st, 2nd, 3rd, etc.) 1ST
15A WIDOWED OR DIVORCED ---
8 BIRTHPLACE HOUSTON TEXAS
16 BIRTHPLACE BOSTON MA
(City or town) (State or country) (City or town) (State or country)
9 NAME OF PARENT JEAN MARIE GILBREATH/AGUILAR
17 NAME OF PARENT KATHRYN KAROL RIESE/RIESE
10 NAME OF PARENT ROBERT EDWARD GILBREATH/GILBREATH
18 NAME OF PARENT ARTHUR JOSEPH ANDERSON/ANDERSON
19 THE INTENTION OF MARRIAGE by the above-mentioned persons was duly entered by me in the records of the Community of SAUGUS according to law, this 21ST day of DECEMBER 20 23
(Name of Community)
COURT WAIVER Issued December 27, 2023
AGE ORDER (Month) (Day) (Year) (City or Town Clerk or Registrar)
20 I HEREBY CERTIFY that I solemnized the marriage of the above-named persons at No. St.
(If marriage was solemnized in a church, give its NAME instead of street and number)
(Name of city or town) on (Month) (Day) (Year)
Signature (Member of the Clergy, Priest, Rabbi, Imam, or Justice of the Peace, etc.)
(Print or type name)
Address
21 Certificate recorded by city or town clerk (Month) (Day) (Year) CLERK OR REGISTRAR
22 PARTY A SEX: MALE FEMALE
23 PARTY B SEX: MALE FEMALE

SOLEMNIZER

