


Commonwealth of Massachusetts
UNITED STATES OF AMERICA
CERTIFICATE OF MARRIAGE
FROM THE RECORDS OF MARRIAGES KEPT IN THE TOWN OF WESTFORD
MASSACHUSETTS, U.S.A.

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 The Commonwealth of Massachusetts DEPARTMENT OF PUBLIC HEALTH REGISTRY OF VITAL RECORDS AND STATISTICS CERTIFICATE OF MARRIAGE				(State file number) Westford (City or town making return)	
1 Place of Marriage City or Town <u>Westford</u>				2 Date of Marriage <u>Aug. 6, 1994</u> (Month) (Day) (Year)	
3 FULL NAME GROOM <u>Mark Abisi</u>		12 FULL NAME BRIDE <u>Katlyn A. Dwyer</u>			
3A SURNAME AFTER MARRIAGE <u>Abisi</u>		12A SURNAME AFTER MARRIAGE <u>Abisi</u>			
4 DATE OF BIRTH <u>Dec. 15, 1970</u>		5 OCCUPATION <u>Teacher</u>		13 DATE OF BIRTH <u>Apr. 23, 1969</u>	
6 RESIDENCE NO. & ST. <u>165 Harvard Road</u> CITY/TOWN <u>Bolton,</u> ST. <u>MA.</u> ZIP CODE <u>01740</u>		14 OCCUPATION <u>Student Counselor</u>			
7 NUMBER OF MARRIAGE (1st, 2nd, 3rd, etc.) <u>1st.</u>		8 WIDOWED OR DIVORCED <u>--</u>		15 RESIDENCE NO. & ST. <u>4 Morning Glory Circle</u> CITY/TOWN <u>Westford,</u> ST. <u>MA.</u> ZIP CODE <u>01886</u>	
9 BIRTHPLACE <u>Biloxi, Mississippi</u> (City or town) (State or country)		16 NUMBER OF MARRIAGE (1st, 2nd, 3rd, etc.) <u>1st.</u>			
10 MAIDEN NAME OF MOTHER <u>Patricia Metropolis</u>		17 WIDOWED OR DIVORCED <u>--</u>			
11 NAME OF FATHER <u>Frederick A. Abisi</u>		18 BIRTHPLACE <u>Stoneham, MA.</u> (City or town) (State or country)			
19 MAIDEN NAME OF MOTHER <u>Cynthia E. Camire</u>		20 NAME OF FATHER <u>Paul V. Dwyer</u>			
21 THE INTENTION OF MARRIAGE by the above-mentioned persons was duly entered by me in the records of the Community of <u>Westford</u> according to law, this <u>7th</u> day of <u>July</u> 19 <u>94</u>					
<input type="checkbox"/> COURT WAIVER Issued <u>July 11, 1994</u> by <u>Elaine M. Linn</u> (Name of Community) (Month) (Day) (Year) (City or Town Clerk or Registrar)					
22 I HEREBY CERTIFY that I joined the above-named persons in marriage at No. <u>ST. CATHERINE</u> St., (If marriage was solemnized in a church, give its NAME instead of street and number) <u>WESTFORD</u> on <u>August</u> <u>6</u> <u>1994</u> (Name of city or town) (Month) (Day) (Year)					
Signature <u>Daniel F. Cronin</u> <u>DANIEL F. CRONIN</u> (Print or type name)		Official station <u>PRIEST</u> (Minister of the Gospel, Clergyman, Priest, Rabbi, or Justice of the Peace)			
Residence No. <u>187 No Main</u>		St., City or Town of <u>WESTFORD</u>			
23 Certificate recorded by city or town clerk <u>Aug 11, 1994</u> <u>Elaine M. Linn</u> (Month) (Day) (Year) CLERK OR REGISTRAR					

I, Kaari Mai Tari, hereby certify that the records of marriages required by law to be kept in said Town are in my custody, and that the above is a true copy from the records of marriages in said Town, as certified by me.

WITNESS my hand and the seal of said Town,
on the 21 day of March, 2013.

Town Clerk