

THE CITY CLERK The City of New York -- The State of New York

ALL PARTIES PLEASE NOTE:

This license permits the couple to be married anywhere in New York State only. The ceremony may be performed only

after 02:07 PM on 03/04/2021 and no later than 02:07 PM on 05/02/2021. Please return this license whether used or unused.

ISSUED
No.: M-2021-6133
Date: 03/03/2021

Time: 02:07 PM

∢	Name: EINDANI KYAW		Age: 28				
BRIDE/GROOM/SPOUSE	· · · · · · · · · · · · · · · · · · ·						
	Address: 352 E 91st Street Apartment # 18						
	City: New York	State: New York	ZIP: 10128	Country: United States			
	BIRTH INFO: Date: 08/16/1992	City: Yangon	State:	Country: Burma			
	Usual Occupation: Graduate Student Father/Parent: RAYMOND THANNAING			Birth Place: Burma			
	Mother/Parent: OHNMAR KYI		Birth Place: Burma				
	Number of Previous Marriages: 0						
	1. Name:		Alive/Dead:				
	Termination:	Date:	Against:	Where:			
	2. Name:		Alive/Dead:				
≣∣	Termination:	Date:	Against:	Where:			
<u> </u>							
В	Name: BENJAMIN J CARTER			Age: 30			
	A.K.A.: New Surname:						
S	Address: 352 E 91st Street Apartment						
ו∑ו	City: New York	State: New York	ZIP: 10128	Country: United States			
<u>ا ۲</u>	BIRTH INFO: Date: 03/31/1990	City: Rock Hill	State: South Carol	na Country: United States			
\S	Usual Occupation: Graduate Student Father/Parent: DOUGLAS CARTER			D: U. D. Linited States			
Σ	Mother/Parent: ELIZABETH WAGGC	MEB		Birth Place: United States Birth Place: United States			
RIDE/GROOM/SPOUSE	Number of Previous Marriages: 0	JINEK		BIRTI Place. Officed States			
	1. Name: Alive/Dead:						
	Termination:	Date:	Against:	Where:			
	2. Name:			Alive/Dead:			
= I	Termination:	Date:	Against:	Where:			
III I	remination.						
胎	Termination.		-				
m				ON CLEARLY IN BLACK INK . FILL IN COMPLETELY.			

OFFICIANT	PRINT FULL NAME OF MARRIAGE OFFICIANT ABOVE PRINT TITLE OF MARRIAGE OFFICIANT ABOVE PRINT TELEPHONE NUMBER ABOVE								
먎	PRINT RESIDENCE ADDRESS ABOVE PRINT TOW		PRINT TOWN OR CITY ABOVE	OR CITY ABOVE PRINT STATE ABOVE		PRINT ZIP CODE ABOVE			
	DO HEREBY CERTIFY THAT I DID ON		AT			STATE OF NY			
\ \X	MONTH DAY YEAR TIME LOCATION OF CEREMONY & STREET ADDRESS								
MAR	SOLEMNIZE THE RITES OF MATRIMONY BETWEEN THE COUPLE IN THE PRESENCE OF								
SUPERVISION OF THE MARRIAGE	WITNESS INFORMATION								
RVISION	WIT	PRINT NAME ABOVE	PRINT STREET ADDRESS AB	OVE PRINT CITY ABOVE		ZIP CODE			
	SIGNATURES	PRINT NAME ABOVE	PRINT STREET ADDRESS AB	OVE PRINT CITY ABOVE	STATE	ZIP CODE			
COMPLETED UNDER	SIGNA	(SIGNATURE OF BRIDE/GRO	OM/SPOUSE A ABOVE)	(SIGNATURE OF WIT	NESS ABOVE)				
핕	(SIGNATURE OF BRIDE/GROOM/SPOUSE B ABOVE) (SIGNATURE OF WITNESS ABOVE)								
BE COM	WITNESS MY HAND AT THE LOCATION LISTED ABOVE IN THE COUNT			COUNTY OF	TY OF ON THE DATE LISTED ABOVE.				
TO B									
	(SIGNATURE OF MARRIAGE OFFICIANT ABOVE)								