COMMONWEALTH OF VIRGINIA DEPARTMENT OF HEALTH-BUREAU OF VITAL RECORDS AND HEALTH STATISTICS STATE NO. MARRIAGE RETURN 231 CLERK'S Winchester NAME OF Circuit COPY B NUMBER COURT FOR BUREAU OF VITAL RECORDS AND HEALTH STATISTICS (last) (middle) 1. FULL NAME Albert Sinisi OF GROOM 4. PLACE OF BIRTH (state or foreign country) 3. DATE OF BIRTH (Month, Day, Year) 2. AGE 44 Pa. Years 7b. DATE LAST MARRIAGE ENDED 6. NUMBER OF (first, second, etc.) 7a. MARITAL STATUS (If previously 5. RACE THIS MARRIASEcond White married)___ Aug., DIVORCED WIDOWED GROOM 9a. USUAL RÉSIDENCE: STREET ADDRESS OR RT. NUMBER 8. EDUCATION Elementary or Secondary College (1-4 or 5+) (Specify only highest 802 Cleveland Ave. grade completed) 9c. COUNTY (if independent city, leave blank) 9b. CITY OR TOWN OF RESIDENCE 9d. STATE (OR FOREIGN COUNTRY) Altoona Pa. 10. NAME OF FATHER 11. FULL MAIDEN NAME OF MOTHER Daniel Sinisi Anna Martino 12. PRESENT NAME (middle) (last) (if different (first) MAIDEN SURNAME OF BRIDE Diana Dandrea Lee 14. DATE OF BIRTH (Month, Day, Year) 13. AGE 15. PLACE OF BIRTH (state or foreign country) 45 June 27, 1936 Pa. Years 16. RACE (first, second, etc.) 18a. MARITAL STATUS (if previously 17. NUMBER OF 18b. DATE LAST MARRIAGE ENDED THIS MARRIAGE married) White Sept., 1974 Second WIDOWED DIVORCED K BRIDE 19. EDUCATION 20a. USUAL RESIDENCE: STREET ADDRESS OR RT. NUMBER Elementary or Secondary College (0-12)(1-4 or 5+) (Specify only highest 1110 6th Ave. grade completed) 20b. CITY OR TOWN OF RESIDENCE 20c. COUNTY (if independent city, leave blank) 20d. STATE (OR FOREIGN COUNTRY) Juniata, Altoona Pa. 22. FULL MAIDEN NAME OF MOTHER 21. NAME OF FATHER Gilbert Dandrea Olivia Durandetti MARRIAGE LICENSE 23. TO ANY PERSON LICENSED TO PERFORM MARRIAGES: You are hereby authorized to join the above-named persons in marriage Date Issued. under procedures outlined in the statutes of the Commonwealth of Virginia. License Expires Sixty Days After Above Date Date Received by Clerk of Signature Court from Officiant Clerk of Court or Deputy TO OFFICIANT: MARRIAGE CERTIFICATE Complete and sign 24. DATE OF certificates on both (Month, Day, Year) 25. PLACE OF (county or independent city) MARRIAGE MARRIAGE copies. October 16, 1981 Winchester, Return both copies VIRGINIA within five days to 26. TYPE OF IF RELIGIOUS CEREMONY, NAME Clerk of Court CEREMONY CIVIL OF DENOMINATION OR ORDER RELIGIOUS issuing license. 27. I CERTIFY THAT I JOINED THE ABOVE-NAMED PERSONS IN MARRIAGE ON THE DATE AND AT THE PLACE SPECIFIED. Section 32.1-267. SIGNATURE OF Code of Virginia OFFICIANT Appointee of the Circuit Court Winchester of the City of Winchester (city or county) Cameron St., Winchester, Virginia ADDRESS OF OFFICIANT (street or route number)

(city or town)

(state)