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(FAX)

P.001/004

To whom it may concern,

I was advised to fax over my information to change my last name on my Medicaid. Please see the following paperwork. I am a Blue Choice-Medicaid member, my ID is ZCD-0781805137. Please call me at 803-984-0327 to confirm the receipt of this, or if you need any other information following.

Thank You,

Kathryn E. Rodriguez

*res***Social Security Administration
Important Information**

Social Security Administration
SOCIAL SECURITY
499 LAKESHORE PKWY
ROCK HILL, SC 29730-4205
Date: June 28, 2016

KATHRYN ENNIS RODRIGUEZ
1470 FRIAR RD
ROCK HILL, SC 29732

This is a receipt to show that you applied for a Social Security card on June 28, 2016. You should have your card in about 2 weeks. Any document(s) you have submitted are being returned to you with this receipt.

If you do not receive your Social Security card within 2 weeks, please let us know. You may call, write or visit any Social Security office. If you visit an office, please bring this receipt with you. To protect your privacy, we will not disclose a Social Security number over the telephone.

The Social Security Administration is required by law to limit replacement Social Security cards to three per year and ten per lifetime. Do not carry your Social Security card with you. Keep it in a safe location, not in your wallet.

Field Office Manager

CERTIFICATION OF VITAL RECORD

STATE OF NORTH CAROLINA

IREDELL COUNTY

OFFICE OF REGISTER OF DEEDS

APPLICATION, LICENSE AND CERTIFICATE OF MARRIAGE

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES - N.C. VITAL RECORDS2016-00000160
LICENSE NUMBERIredell
COUNTY

1a. NAME FIRST ZACHARY		MIDDLE JOSEPH		LAST RODRIGUEZ		1b. LAST NAME AT BIRTH (if different)		1c. GENDER (Optional) M	
2a. RESIDENCE STATE SOUTH CAROLINA		2b. COUNTY LANCASTER		2c. CITY, TOWN, OR LOCATION LANCASTER		2d. INSIDE CITY LIMIT (Specify Yes or No) No			
2e. STREET AND NUMBER 9774 VAN WYCK RD				2f. CITY, TOWN, OR LOCATION LANCASTER, SOUTH CAROLINA		2g. DATE OF BIRTH (Month, Day, Year) 1/7/1990		2h. AGE 26	
3a. PARENT'S NAME AT PARENT'S BIRTH JOSE ENRIQUE RODRIGUEZ				3b. STATE OF BIRTH PUERTO RICO		3c. ADDRESS (if living) 126 WATER OAK DRIVE PINEVILLE NC 28134			
3d. PARENT'S NAME AT PARENT'S BIRTH CAROL ADAMINA MARTINEZ				3e. STATE OF BIRTH NEW YORK		3f. ADDRESS (if living) 9774 VAN WYCK RD LANCASTER SC 28720			
7. RACE (Optional) HISPANIC		8. NUMBER OF THIS MARRIAGE - FIRST, SECOND, ETC. (Specify) FIRST		9. IF PREVIOUSLY MARRIED 1a. LAST MARRIAGE DIED BY: Death, Divorce, or Annulment (Specify)		10. DATE MONTH YEAR 2/25/1991		11. EDUCATION - SPECIFY HIGHEST GRADE COMPLETED ELEMENTARY HIGH SCHOOL COLLEGE (1, 2, 3, 4, OR 5) (1, 2, 3, 4, OR 5) (1, 2, 3, 4, OR 5)	
12a. NAME FIRST KATHRYN		MIDDLE REBEKAH		LAST ENNIS		12b. LAST NAME AT BIRTH (if different)		12c. GENDER (Optional) F	
13a. RESIDENCE STATE SOUTH CAROLINA		13b. COUNTY YORK		13c. CITY, TOWN, OR LOCATION ROCK HILL		13d. INSIDE CITY LIMIT (Specify Yes or No) No		13e. AGE 25	
14a. STREET AND NUMBER 1470 FRIAR RD				14b. CITY, TOWN, OR LOCATION YORK SOUTH CAROLINA		14c. DATE OF BIRTH (Month, Day, Year) 2/25/1991		14d. AGE 25	
15a. PARENT'S NAME AT PARENT'S BIRTH JAMES MELVIN ENNIS III				15b. STATE OF BIRTH GEORGIA		15c. ADDRESS (if living) 1470 FRIAR ROAD ROCK HILL SC 29732			
15d. PARENT'S NAME AT PARENT'S BIRTH MARLENE MARIE MURRISH				15e. STATE OF BIRTH CALIFORNIA		15f. ADDRESS (if living) 1470 FRIAR ROAD ROCK HILL SC 29732			
16. RACE (Optional) WHITE		17. NUMBER OF THIS MARRIAGE - FIRST, SECOND, ETC. (Specify) FIRST		18. IF PREVIOUSLY MARRIED 1a. LAST MARRIAGE DIED BY: Death, Divorce, or Annulment (Specify)		19. DATE MONTH YEAR 2/25/1991		20. EDUCATION - SPECIFY HIGHEST GRADE COMPLETED ELEMENTARY HIGH SCHOOL COLLEGE (1, 2, 3, 4, OR 5) (1, 2, 3, 4, OR 5) (1, 2, 3, 4, OR 5)	

WE HEREBY MAKE APPLICATION TO THE REGISTER OF DEEDS FOR A MARRIAGE LICENSE AND SOLEMNLY SWEAR THAT ALL OF THE STATEMENTS CONTAINED IN THE ABOVE APPLICATION ARE TRUE. WE FURTHER MAKE OATH THAT THERE IS NO LEGAL IMPEDIMENT TO SUCH MARRIAGE.

SIGNATURE OF APPLICANT 1

SIGNATURE OF APPLICANT 2



Doc ID - 016382950001

To any ordained minister of any religious denomination, minister authorized by a church, federally or state recognized Indian nation or tribe, magistrate, or any other person authorized to solemnize a marriage under the laws of this State, you are hereby authorized, at any time within 60 days from the date hereof, to celebrate the proposed marriage at any place within this State. The minister or other person celebrating this marriage is required within 10 days to return this license to the Register of Deeds who issued the license. Failure to do so subjects person celebrating marriage to a forfeiture of \$200.00 to anyone who sues for the same.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
March 28, 2016

Matthew J. McCall

REGISTER OF DEEDS

21a. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON			21b. PLACE OF MARRIAGE - COUNTY IREDELL		
21c. SIGNATURE OF MINISTERS Scott Carroll			21d. TITLE Lead Pastor OUTREACH CHURCH		
21e. ADDRESS OF MINISTERS 3490 Solway Rd. Rock Hill SC 29730			21f. ADDRESS 3490 Solway Rd. Rock Hill SC 29730		
22a. SIGNATURE OF WITNESS Marlene Ennis			22b. SIGNATURE OF WITNESS Carolyn E. Wavren		
22c. NAME OF WITNESS (PRINT TYPE) Marlene Ennis			22d. NAME OF WITNESS (PRINT TYPE) Carolyn E. Wavren		
22e. ADDRESS OF WITNESS 1470 Friar Rd. Rock Hill SC 29732			22f. ADDRESS OF WITNESS 64 Pigeon New Ranch Rd. Candlar NC		

DATE RETURNED TO REGISTER OF DEEDS
04/04/16
N.C. VITAL RECORDS (Revised 10/20/14)

REGISTER OF DEEDS COPY

File Number: 201600000160 Page 1 of 1

This is to certify that this is a true and correct abstract of the official record filed in this office.

Witness my hand and official seal

Matthew J. McCall, Register of Deeds

this the 24 day of Jun 20 16By John T. McCall
Deputy/Assistant Register of Deeds

Any alterations or erasure voids this certificate. Do not accept unless on security paper with seal clearly embossed in left corner.



South Carolina DRIVER'S LICENSE

DL# 101083672

02-25-1991

RODRIGUEZ KATHRYN EMILY

DOB 02-25-1991

Expires 02-25-2022

Class D

Sex F

Height 5'0"

Weight 125

Restrict None

Endorse None

40008 MO2

DAVIDSON