

Declaration of Laura Grumbine

I, Laura Grumbine, declare under the penalty of perjury that the following is true:

1. I am an adult resident of Arlington County, Virginia and a law student at George Mason University's Antonin School Law School. I am currently an intern in the office of Victor M. Glasberg & Associates. I have been working on the case of *Rogers v. Virginia State Registrar*, Case #1:19-cv-1149 (E.D. Va.).

2. On September 30, 2019, I went to the office of the clerk of the Fairfax County Circuit Court to obtain information on whether applicants for a marriage license in this court were or were not labeling themselves by race subsequent to promulgation of the Virginia attorney general's memorandum to the state registrar stating his interpretation that responding to the racial category identified in VA. CODE ANN. §32.1-267 was optional.

3. At my request, I was given a copy of the marriage license application form currently in use at the Fairfax County Circuit Court. A copy is attached hereto as Exhibit (1). It calls for a statement of the applicant's race, and has no place to refuse responding. The form filed with this court by the defendants in *Rogers* is not currently being used in Fairfax County.


4. In response to my question, a clerk of the court advised me that it was necessary for applicants to fill in their race in order to get a marriage license.

5. I then checked the Fairfax Circuit Court website to see what appears on the court's on-line marriage license application. The on-line application also requests labeling by race. A screen shot of the on-line application is attached hereto as Exhibit (2). An explanatory page on the website provides that an applicant not wishing to identify by race must enter "mixed," as the field must not be left blank. A screen shot of that page is attached hereto as Exhibit (3).



6. From the county's marriage register, I requested and received certified copies of the four most recent marriage certificates available from the clerk's office. The licenses were issued on September 20, 2019. In each case, the applicants filled out the race question, which was part of the required information with no option for refusal. Copies of these certificates are attached as Exhibit (4). I have redacted personal identifying information to protect the privacy of the married couple.

Dated: September 30, 2019


Laura Grumbine

Fairfax Circuit Court**SPOUSE'S INFORMATION FOR MARRIAGE LICENSE APPLICATION
INFORMACIÓN DEL CONJUGE PARA LA LICENCIA MATRIMONIAL**

The information you enter on this application will become part of the permanent record. IT MUST BE CORRECT.
La información que usted proporcione en esta aplicación pasará a ser parte permanente de su record. DEBE SER CORRECTA.

PLEASE PRINT CLEARLY and USE YOUR FULL LEGAL NAME

POR FAVOR ESCRIBIR CLARAMENTE Y UTILICE NOMBRES COMPLETOS

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| CIRCLE ONE (circule uno): | | BRIDE (novia) | | GROOM (novio) | | SPOUSE (conjuige) | |
| FULL NAME OF PARTY A (FIRST) (PRIMER NOMBRE) | | (MIDDLE) (SEGUNDO NOMBRE) | | (LAST) (APELLIDO) | | SUFFIX MAIDEN NAME (if different) APELLIDO DE SOLTERA / O | |
| SSN or VA DMV CONTROL NUMBER NUMERO DE SEGURO SOCIAL O NUMERO DE CONTROL | | SEX SEXO | | AGE EDAD | | DATE OF BIRTH (Month, Day, Year) FECHA DE NACIMIENTO (Mes, Día, Año) | |
| 5. RACE RAZA | | NUMBER OF THIS MARRIAGE (1ST, 2ND, ETC.) NUMERO DE ESTE MATRIMONIO (1RO, 2DO, ETC.) | | MARITAL STATUS (if previously married) ESTADO CIVIL (Si estuvo casado anteriormente) | | WIDOWED (VIUDA / O) DIVORCED (DIVORCEADA / O) | |
| PLACE OF BIRTH (State or Foreign Country) LUGAR DE NACIMIENTO (Estado o País) | | COLLEGE UNIVERSIDAD | | USUAL RESIDENCE: (STREET ADDRESS OR ROUTE NUMBER) DIRECCION ACTUAL: (NUMERO Y NUMBRE DE LA CALLE) | | EDUCATION - Elementary or Secondary (Specify only highest grade completed) EDUCACION - Primaria o Secundaria (0-12) | |
| CITY OR TOWN OF RESIDENCE CIUDAD O PUEBLO DONDE VIVE | | COUNTY (If independent city, leave blank) CONDADO | | STATE (OR FOREIGN COUNTRY) ESTADO O PAIS | | FULL MAIDEN NAME OF PARENT NOMBRE DE NACIMIENTO DEL PADRE/MADRE | |
| FULL MAIDEN NAME OF PARENT NOMBRE DE NACIMIENTO DEL PADRE/MADRE | | SEX SEXO | | SEX SEXO | | SEX SEXO | |

EXHIBIT*(Grumbine)*

Previous Next Exit



Marriage License Web Form Help Informati...

ccr.fairfaxcounty.gov/MLWeb/Help.htm#race

Race:

Your race is not the same as your nationality. If your race is not listed, your only option is to select "mixed." Do not leave this field blank.

Street Address:

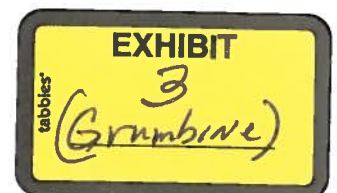
Enter the street address of your usual residence, even if you plan to move after the ceremony. P.O. boxes are not accepted.

County of Residence:

If you live in Virginia, select the county where you currently reside from the drop down menu. If you do not live in Virginia, manually enter the name of the county where you reside. If you live in an independent city (regardless of the state) or you live outside the United States leave this field blank.

Elementary/Secondary School Attendance:

Select the number of years you attended elementary and/or secondary school from the drop down menu. 12



COPY
FOR CLERK OF COURT

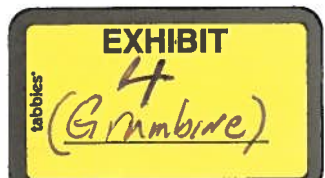
001571623

TO OFFICIAN

Complete and sign
certificates on both
pagesReturn both copies
within two days to
Clerk of Court
issuing licenseSection 32-1-267
Code of Virginia

VSJ 1/17

| COMMONWEALTH OF VIRGINIA MARRIAGE REGISTER | | | | | | | | | |
|--|--|--|--|--|--|--|--|----------------|--|
| BOOK 00157 / 1623 | | | | | | | | CLERK'S NUMBER | |
| FAIRFAX COUNTY, VIRGINIA | | | | | | | | 2019 04120 | |
| PARTY A (check one) <input type="checkbox"/> BRIDE <input checked="" type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE | | | | | | | | | |
| 1. FULL NAME (last, first, middle) WILLIAM | | | | | | | | | |
| 2. SEX M | | | | | | | | | |
| 3. AGE 35 | | | | | | | | | |
| 4. DATE OF BIRTH (month, day, year) 10/23/1983 | | | | | | | | | |
| 5. PLACE OF BIRTH (state or foreign country) EL SALVADOR | | | | | | | | | |
| 6. DO NOT WRITE IN THIS SPACE | | | | | | | | | |
| 7. RACE HISPANIC | | | | | | | | | |
| 8. NUMBER OF THIS MARRIAGE FIRST | | | | | | | | | |
| 9. MARITAL STATUS (if previously married) <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED | | | | | | | | | |
| 10. USUAL RESIDENCE STREET ADDRESS OR R.F. NUMBER | | | | | | | | | |
| 11. CITY OR TOWN OF RESIDENCE FALLS CHURCH | | | | | | | | | |
| 12. COUNTY (if independent city, leave blank) FAIRFAX | | | | | | | | | |
| 13. STATE (FOR FOREIGN COUNTRY) | | | | | | | | | |
| 14. NAME OF FATHER (last, first, middle, last, middle, last, middle) (include name if any) RICARDO | | | | | | | | | |
| 15. SEX M | | | | | | | | | |
| 16. NAME OF FATHER (last, first, middle, last, middle, last, middle) (include name if any) MARIA | | | | | | | | | |
| 17. SEX F | | | | | | | | | |
| PARTY B (check one) <input type="checkbox"/> BRIDE <input checked="" type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE | | | | | | | | | |
| 1. FULL NAME (last, first, middle) JOSELYN | | | | | | | | | |
| 2. SEX F | | | | | | | | | |
| 3. AGE 19 | | | | | | | | | |
| 4. DATE OF BIRTH (month, day, year) 11/26/1999 | | | | | | | | | |
| 5. PLACE OF BIRTH (state or foreign country) EL SALVADOR | | | | | | | | | |
| 6. DO NOT WRITE IN THIS SPACE | | | | | | | | | |
| 7. RACE HISPANIC | | | | | | | | | |
| 8. NUMBER OF THIS MARRIAGE FIRST | | | | | | | | | |
| 9. MARITAL STATUS (if previously married) <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED | | | | | | | | | |
| 10. USUAL RESIDENCE STREET ADDRESS OR R.F. NUMBER | | | | | | | | | |
| 11. CITY OR TOWN OF RESIDENCE FALLS CHURCH | | | | | | | | | |
| 12. COUNTY (if independent city, leave blank) FAIRFAX | | | | | | | | | |
| 13. STATE (FOR FOREIGN COUNTRY) VIRGINIA | | | | | | | | | |
| 14. NAME OF FATHER (last, first, middle, last, middle, last, middle) (include name if any) GERCI | | | | | | | | | |
| 15. SEX M | | | | | | | | | |
| 16. NAME OF FATHER (last, first, middle, last, middle, last, middle) (include name if any) GUADALUPE | | | | | | | | | |
| 17. SEX F | | | | | | | | | |
| MARRIAGE LICENSE | | | | | | | | | |
| 27. TO ANY PERSON LICENSED TO PERFORM MARRIAGES | | | | | | | | | |
| You are hereby authorized to join the above-named persons in marriage under procedures outlined in the statutes of the Commonwealth of Virginia. | | | | | | | | | |
| Date issued SEPTEMBER 20, 2019 | | | | | | | | | |
| License Expires Sixty Days After Above Date | | | | | | | | | |
| Signature <i>Elizabeth</i> | | | | | | | | | |
| Date Received by Clerk of Court from Officiant SEP 20 2019 | | | | | | | | | |
| MARRIAGE CERTIFICATE | | | | | | | | | |
| 28. DATE OF MARRIAGE September 20, 2019 | | | | | | | | | |
| 29. PLACE OF MARRIAGE Fairfax | | | | | | | | | |
| 30. TYPE OF CEREMONY <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> RELIGIOUS | | | | | | | | | |
| 31. CERTIFY TO THE TRUTH OF STATEMENTS OF THE ABOVE NAMED PERSONS ON THE DATE AND AT THE PLACE SPECIFIED. | | | | | | | | | |
| SIGNATURE OF OFFICIANT <i>[Signature]</i> | | | | | | | | | |
| TITLE OF OFFICIANT Marriage Celebrant | | | | | | | | | |
| Authorized to perform marriages by the Circuit Court for Fairfax , Virginia, in 1992 | | | | | | | | | |
| NAME OF OFFICIANT (type or print) Johanna L. Kool | | | | | | | | | |
| ADDRESS OF OFFICIANT 522 Heritage Ln. Chantilly | | | | | | | | | |

A COPY TESTE:
JOHN T. FREY, CLERKBY: *Pamela J. McCreary*
Deputy ClerkDate: **9-30-2019**
Original retained in the office of
the Clerk of the Circuit Court of
Fairfax County, Virginia

SHELA
FOR CLERK OF COURT

001571622

TO OFFICIANT

Complete and sign
certificates on both
copiesReturn both copies
within five days to
Clerk of Court
issuing licenseSection 32.1-367
Code of Virginia

VSJ 1/17

| COMMONWEALTH OF VIRGINIA MARRIAGE REGISTER | | | | | | | | | |
|---|--|--|--|--|---|--|--|---------------------------|--|
| BOOK 00157 / 1622 | | | | | | | | CLERK'S NUMBER 2019 04119 | |
| CIRCUIT COURT FOR THE CITY AND COUNTY OF FAIRFAX COUNTY, VIRGINIA | | | | | | | | | |
| PARTY A (check one) | | | | | <input type="checkbox"/> BRIDE <input checked="" type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE | | | | |
| 1. FULL NAME (last, first, middle) BRADFORD | | | | | 2. BIRTH DATE (month, day, year) 10/22/1984 | | | | |
| 3. SEX M | | | | | 4. PLACE OF BIRTH (state or foreign country) VIRGINIA | | | | |
| 5. RACE CAUCASIAN | | | | | 6. MARITAL STATUS (if previously married) <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED | | | | |
| 7. EDUCATION (Specify only highest grade completed) 12 | | | | | 8. USUAL RESIDENCE (street address only, no P.O. box) FAIRFAX | | | | |
| 9. CITY OR TOWN OF RESIDENCE RESTON | | | | | 10. STATE (or foreign country) VIRGINIA | | | | |
| 11. NAME OF PARENT (last, first, middle, last, middle, last, middle) (provide name if only one) JULIA | | | | | 12. NAME OF PARENT (last, first, middle, last, middle, last, middle) (provide name if only one) CHARLES | | | | |
| 13. SEX F | | | | | 14. SEX M | | | | |
| PARTY B (check one) | | | | | <input checked="" type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE | | | | |
| 1. FULL NAME (last, first, middle) LINDSEY | | | | | 2. BIRTH DATE (month, day, year) 05/28/1981 | | | | |
| 3. SEX F | | | | | 4. PLACE OF BIRTH (state or foreign country) VIRGINIA | | | | |
| 5. RACE CAUCASIAN | | | | | 6. MARITAL STATUS (if previously married) <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED | | | | |
| 7. EDUCATION (Specify only highest grade completed) 12 | | | | | 8. USUAL RESIDENCE (street address only, no P.O. box) FAIRFAX | | | | |
| 9. CITY OR TOWN OF RESIDENCE RESTON | | | | | 10. STATE (or foreign country) VIRGINIA | | | | |
| 11. NAME OF PARENT (last, first, middle, last, middle, last, middle) (provide name if only one) CAROL | | | | | 12. NAME OF PARENT (last, first, middle, last, middle, last, middle) (provide name if only one) MICHAEL | | | | |
| 13. SEX F | | | | | 14. SEX M | | | | |
| MARRIAGE LICENSE | | | | | | | | | |
| 27. TO ANY PERSON DESIRED TO PERFORM MARRIAGES You are hereby authorized to join the above-named persons in marriage under provisions herein in any ceremony of the Christian faith or Jewish faith. | | | | | | | | | |
| Signature <i>[Signature]</i> | | | | | Date Issued SEPTEMBER 20, 2019 | | | | |
| Date Received by Clerk of Court from Officiant SEP 20 2019 | | | | | License Expires Fifty Days After Above Date | | | | |
| MARRIAGE CERTIFICATE | | | | | | | | | |
| 28. DATE OF MARRIAGE September 20, 2019 | | | | | 29. PLACE OF MARRIAGE (city or town) Fairfax | | | | |
| 30. TYPE OF CEREMONY <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> RELIGIOUS | | | | | 31. SIGNATURE OF OFFICIANT <i>[Signature]</i> | | | | |
| 32. TITLE OF OFFICIANT Marriage Commissioner | | | | | 33. NAME OF OFFICIANT (last, first, middle) Johnanna L. Kool | | | | |
| 34. ADDRESS OF OFFICIANT (street or public meeting) 522 Heriberto Ln. Vienna, VA | | | | | 35. DATE OF MARRIAGE 9-20-2019 | | | | |

A COPY TESTE:

JOHN T. FREY, CLERK

BY:

Date: **9-20-2019**Original retained in the office of
the Clerk of the Circuit Court of
Fairfax County, Virginia

Date: 9-30-2019
Original retained in the office of
the Clerk of the Circuit Court of
Fairfax County, Virginia

CPCL
FOR CLERK OF COURT

b1

001571647

Married

TO OFFICIANT:

Complete and sign
certificates on both
copiesReturn both copies
within five days to
Clerk of Court
issuing licenseSection 32.1-267
Code of Virginia

VS3 1/17

BOOK 00157 / 1647

COMMONWEALTH OF VIRGINIA
MARRIAGE REGISTER

CITY OR COUNTY FOR CITY OR COUNTY OF

FAIRFAX COUNTY, VIRGINIA

CLERK'S
NUMBER

2019 04144

| | | | | | |
|--|---------------------|---|--|---|--|
| 1. FULL NAME DAVID | | PARTY A (check one) <input type="checkbox"/> BRIDE <input checked="" type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE | | 2. MARITAL STATUS (if previously married) <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED | |
| 3. SEX M | 4. AGE 22 | 5. DATE OF BIRTH (Month, Day, Year) 09/18/1997 | 6. PLACE OF BIRTH (state or foreign country) CALIFORNIA | 7. (DO NOT WRITE IN THIS SPACE) | |
| 8. RACE ASIAN | | 9. NUMBER OF THIS MARRIAGE FIRST | 10. MARITAL STATUS (if previously married) <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED | | |
| 11. USUAL RESIDENCE STREET ADDRESS OR R.T. NUMBER 12 | | 12. USUAL RESIDENCE STREET ADDRESS OR R.T. NUMBER 12 | | | |
| 13. CITY OR TOWN OF RESIDENCE FORT BRAGG | | 14. COUNTY (if independent city, leave blank) CUMBERLAND | 15. STATE (or foreign country) NORTH CAROLINA | | |
| 16. NAME OF PASSPORT (first, middle, last, middle initials) (include name if any) DONGIN | | 17. SEX M | 18. NAME OF PASSPORT (first, middle, last, middle initials) (include name if any) RYUNG | 19. SEX F | |

| | | | | | |
|---|----------------------|---|--|--|--|
| 20. FULL NAME BRITTANY | | PARTY B (check one) <input checked="" type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE | | 21. MARITAL STATUS (if previously married) <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED | |
| 22. SEX F | 23. AGE 20 | 24. DATE OF BIRTH (Month, Day, Year) 06/04/1999 | 25. PLACE OF BIRTH (state or foreign country) VIRGINIA | 26. (DO NOT WRITE IN THIS SPACE) | |
| 27. RACE CAUCASIAN | | 28. NUMBER OF THIS MARRIAGE FIRST | 29. MARITAL STATUS (if previously married) <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED | | |
| 30. USUAL RESIDENCE STREET ADDRESS OR R.T. NUMBER 12 | | 31. USUAL RESIDENCE STREET ADDRESS OR R.T. NUMBER 2 | | | |
| 32. CITY OR TOWN OF RESIDENCE FAIRFAX | | 33. COUNTY (if independent city, leave blank) VIRGINIA | 34. STATE (or foreign country) VIRGINIA | | |
| 35. NAME OF PASSPORT (first, middle, last, middle initials) (include name if any) SCOTT | | 36. SEX M | 37. NAME OF PASSPORT (first, middle, last, middle initials) (include name if any) JENNIFER | 38. SEX F | |

| | | |
|---|--|--|
| 39. TO ANY PERSON LICENSED TO PERFORM MARRIAGES You are hereby authorized to join the above-named persons in marriage under procedures outlined in the statutes of the Commonwealth of Virginia. | | Date issued SEPTEMBER 20, 2019 |
| Signature <i>Pamela D. McCray</i> Clerk of Court or Deputy | | Date Received by Clerk of Court from Officiant SEP 20 2019 |

| | | |
|---|---|--|
| 40. DATE OF MARRIAGE Sept 20, 2019 | 41. PLACE OF MARRIAGE Fairfax | 42. TYPE OF CEREMONY <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> RELIGIOUS |
| 43. I CERTIFY TO THE FACTS OF MARRIAGE OF THE ABOVE NAMED PERSONS ON THE DATE AND AT THE PLACE SPECIFIED. | | |
| SIGNATURE OF OFFICIANT <i>Anthony J. Weaver</i> | | TITLE OF OFFICIANT Celebrant |
| Authorized to perform marriages by the Circuit Court for Fairfax County , Virginia, in 1993 | | |
| NAME OF OFFICIANT (type or print) ANTHONY J. WEAVER | | |
| ADDRESS OF OFFICIANT P.O. BOX 212800 CHANTILLY, VIRGINIA 20153 | | |

A COPY TESTE:

JOHN T. FREY, CLERK

BY *Pamela D. McCray*
Deputy Clerk - 2019Date: **9-28-2019**
Original retained in the office of
the Clerk of the Circuit Court of
Fairfax County, Virginia