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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 182
File 39
5-24-78
Date of Application

MALE
Medical Examination Report Dated 5-25-78
Name of Physician Robert Maschmeyer

FEMALE
Medical Examination Report Dated 5-23-78
Name of Physician Robert Maschmeyer

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Charles Middle H. Last Winslow
Date of Birth: Month December Day 16 Year 1954
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. 5636 Brendon Way W. E. City Indpls. County Indpls. State In.
Previous Marital Status: Never Married ☐ OR /
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License with picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Donald Edward Winslow
   Emily Beth Winslow
   Evelyn Faye Winslow & Clara Mozelle Winslow
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Donald Winslow Dpld.
   Residence of father (if deceased so state) Rosewood Nursing Home
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothea Martha Halloway
   Residence of mother (if deceased so state) 5170 Atherton N. Dr. Indpls, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed X Charles H. Winslow
New Address 5636 Brendon Way W. #C 46226
Subscribed and sworn to before me this 24 day of May, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Maribeth Middle E. Last Davis
Date of Birth: Month September Day 23 Year 1935
Place of Birth (State or foreign country) Terre Haute Indiana
Residence Address: Street or R. R. RR 1 Box 28 City Danville County Indiana State In.
Previous Marital Status: Never Married ☐ OR /
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Driver License + IUPUI Identification

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Stanley Guy Davis
   Residence of father (if deceased so state) RR 1 Box 28 Danville, In.
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Evelyn Adella Baker
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed X Maribeth E Davis
New Address 5636 Brendon Way West, C 46226
Subscribed and sworn to before me this 24 day of May, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30 day of May, 19 78, authorizing the joining together as husband and wife Charles H. Winslow and Maribeth E. Davis
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Maurer hereby certify that on the 2nd day of June, one thousand nine hundred and 78 at Danville, County of Hendricks, State of Indiana, Groom Charles H Winslow of Marion County, State of Indiana, and, Bride Maribeth E Davis of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 2nd day of June, 19 78.

Signed John C. Maurer
Official Designation Judge, Hendricks Superior Ct. #2

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of June, 19 78.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 183

Hendricks County

File

5-24-78
Date of Application

MALE
Medical Examination Report Dated 5-22-78
Name of Physician G. M. Sinkovic

FEMALE
Medical Examination Report Dated 5-22-78
Name of Physician G. M. Sinkovic

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dane Middle L. Last Clark

Date of Birth: Month 7 Day 15 Year 1954

Place of Birth (State or foreign country) Dodge, In

Residence Address: Street or R. R. R.3 Box 108, City Plainfield, County Hendricks, State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License with picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Roger Lee Clark
   Residence of father (if deceased so state) 3038 Six Points Rd, Lodpls
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jo Ann Shipley
   Residence of mother (if deceased so state) same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Dane L Clark
New Address R R 3 Box 108 Plainfield

Subscribed and sworn to before me this 24 day of May, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Christina Middle E. Last Hermiz

Date of Birth: Month 2 Day 13 Year 1958

Place of Birth (State or foreign country) Circleville Ohio

Residence Address: Street or R. R. R.3 Box 108, City Plainfield, County Hendricks, State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas Harris Hermiz
   Residence of father (if deceased so state) R 2 Box 340 Plainfield, In
   Birthplace of father (State or foreign country) Delaware
9. Full maiden name of mother Ella Mae Longberry
   Residence of mother (if deceased so state) same
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Christina E. Hermiz
New Address R R 3 Box 108 Plainfield

Subscribed and sworn to before me this 24 day of May, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of May, 19 78, authorizing the joining together as husband and wife Dane L. Clark and Christina E. Hermiz

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Myron Barnard hereby certify that on the 9th day of June, one thousand nine hundred and 78 at Indianapolis, County of Marion, State of Indiana, Groom Dane L. Clark of Marion County, State of Indiana, and, Bride Christina E. Hermiz of Marion were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9th day of June, 19 78

Signed Myron Barnard

Official Designation

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of June, 19 78

Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 184

File

_____ County

5-25-78
Date of Application

MALE
Medical Examination Report Dated 5-17-78
Name of Physician M.D. Seamahorn

FEMALE
Medical Examination Report Dated 5-17-78
Name of Physician M.D. Seamahorn

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Darold Middle R. Last Barnes

Date of Birth: Month August Day 4 Year 1956

Place of Birth (State or foreign country): Indianapolis Ind.

Residence Address: 5810 Rockville Blvd. Indpls In.
Street or R. R. City County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold Stanley Barnes
   Residence of father (if deceased so state) Indianapolis Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Virginia Bailey
   Residence of mother (if deceased so state) Indianapolis Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Darold R Barnes

New Address Indianapolis

Subscribed and sworn to before me this 25 day of May, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed .....Father

Signed .....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Debra Middle K. Last Albeck

Date of Birth: Month April Day 18 Year 1956

Place of Birth (State or foreign country): Sioux City Iowa

Residence Address: 26 Robinwood Dr. Brownsburg In.
Street or R. R. City County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☒
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Victor Eugene Albeck
   Residence of father (if deceased so state) Brownsburg In.
   Birthplace of father (State or foreign country) Sioux City Iowa
9. Full maiden name of mother Margie Lee Emmick
   Residence of mother (if deceased so state) Brownsburg Ind.
   Birthplace of mother (State or foreign country) Sioux City Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Debra K. Albeck

New Address Indianapolis

Subscribed and sworn to before me this 25 day of May, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed .....Father

Signed .....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30 *day of* May, 19 78, *authorizing the joining together as husband and wife* Darold Ray Barnes *and* Debra Kay Albeck

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Cliffird L. Carmichael *hereby certify that on the* 3rd *day of* June, *one thousand nine hundred and* 78 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Darold Ray Barnes *and, Bride* Debra Kay Albeck *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 30th *day of* May, 19 78.

Signed Clifford L. Carmichael

Official Designation United Methodist Church Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* June, 19 78.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 185
File 39
May 25 1978
Date of Application

_____ County

MALE
Medical Examination Report Dated May 9, 1978
Name of Physician Rosendo G. Tansinsin

FEMALE
Medical Examination Report Dated May 9, 1978
Name of Physician L. K. Hendershot

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Marc Middle Douglas Last Goldman

Date of Birth: Month March Day 4 Year 1955

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 910 Prescott Ct. City Indpls. County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George C. Goldman
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Mississippi
9. Full maiden name of mother Blanche C. Voyles
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marc Goldman
New Address RR 3 Bx 283 Brownsburg
Subscribed and sworn to before me this 25 day of May, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Karen Middle Sue Last Osborn

Date of Birth: Month Sept. Day 23 Year 1955

Place of Birth (State or foreign country) Lebanon In

Residence Address: Street or R. R. LR # 3 Box 283 City Brownsburg, County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles H. Osborn
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ardella L. Hoffman
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Karen Sue Osborn
New Address RR 3, Box 283 Brandburg
Subscribed and sworn to before me this 25 day of May, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 1st *day of* June, 19 78, *authorizing the joining together as husband and wife* Marc Douglas Goldman *and* Karen Sue Osborn

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Charles Noll *hereby certify that on the* 3rd *day of* June, *one thousand nine hundred and* 78 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Marc Douglas Goldman *of* Hendricks Marion *County, State of* Indiana, *and, Bride* Karen Sue Osborn *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 1st *day of* June, 19 78.

Signed Rev. Charles Noll
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* June, 19 78.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 186

File _____

May 25 1978
Date of Application

MALE
Medical Examination Report Dated May 17, 1978
Name of Physician Richard M. May M.D.

FEMALE
Medical Examination Report Dated May 17, 1978
Name of Physician Richard M. May M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name — First: Lloyd Middle: J. Last: Beck
Date of Birth — Month: Feb. Day: 17 Year: 1906
Place of Birth (State or foreign country): Boone Co. Indiana
Residence Address — Street or R. R.: 312 S. Carr Rd. City: Plainfield County: In State:

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Harry Roscoe Beck
   Residence of father (if deceased so state): deceased
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Nellie Torbet
   Residence of mother (if deceased so state): deceased
   Birthplace of mother (State or foreign country): Boone Co. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: x Lloyd J. Beck
New Address: 312 S. Carr Rd Plfd

Subscribed and sworn to before me this 25 day of May, 1978.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name — First: Mary Middle: H. Last: Morgan
Date of Birth — Month: Oct Day: 17 Year: 1910
Place of Birth (State or foreign country): Jackson Co. Indiana
Residence Address — Street or R. R.: 531 St. Luke's Dr. City: Plfd. County: State:

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Voter's Reg.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☑
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: William Newland Harner
   Residence of father (if deceased so state): deceased
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Lillie Catherine Fields
   Residence of mother (if deceased so state): deceased
   Birthplace of mother (State or foreign country): Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Mary H. Morgan
New Address: 312 S. Carr Rd. Plfd

Subscribed and sworn to before me this 25 day of May, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30th *day of* May, 1978, *authorizing the joining together as husband and wife* Lloyd J. Beck *and* Mary H. Morgan
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, R. Kent Allen *hereby certify that on the* 3rd *day of* June, *one thousand nine hundred and* 78 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Lloyd J. Beck *of* Hendricks *County, State of* Indiana, *and, Bride* Mary H. Morgan *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 3rd *day of* June, *19* 78.

Signed R. Kent Allen
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7th *day of* June, *19* 78
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 187

File

_____ County

May 25 1978
Date of Application

MALE
Medical Examination Report Dated 5-19-78
Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated 5-23-78
Name of Physician Joseph Kerlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Lloyd Middle Harvey Last Showalter

Date of Birth: Month Dec Day 9 Year 1953

Place of Birth (State or foreign country) Ind.

Residence Address: 6125 Shelby Street or R. R. Indpls. City County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harvey Showalter
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Henrietta Ryder
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Lloyd H. Showalter
New Address 3725 Ashway Dr.

Subscribed and sworn to before me this 25 day of May, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Debra Middle Jo Last Cheesman

Date of Birth: Month Aug. Day 8 Year 1958

Place of Birth (State or foreign country) Ind.

Residence Address: 20 Round Hill Ct. Street or R. R. Danville City County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald D. Cheesman
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Lorene Reisdorph
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) S. Dak.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Debra Jo Cheesman
New Address 3725 Ashway Dr.

Subscribed and sworn to before me this 25 day of May, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30 *day of* May, 19 78, *authorizing the joining together as husband and wife* Lloyd Harvey Showalter *and* Debra Jo Cheesman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Charles E. Chestnut *hereby certify that on the* 10th *day of* June, *one thousand nine hundred and* 78 *at* Indianapolis, *County of* Marion, *State of* Indiana, *State of Indiana, Groom* Lloyd Harvey Showalter *of* Marion *County, State of* Indiana, *and, Bride* Debra Jo Cheesman *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 30th *day of* May, 19 78. *Signed* Charles E. Chestnut

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13th *day of* June, 19 78 *Clerk*

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 188
File 39
5-25-78
Date of Application

MALE
Medical Examination Report Dated 5-16-78
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 5-16-78
Name of Physician Eric D. Clark

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jerry Middle C. Last Larsen
Date of Birth: Month August Day 18 Year 1941
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. RR 1 Box 101 City Danville County State In.

Previous Marital Status: Never Married ☐ OR /
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Shawn Michael Larsen
   Kathryn Marie Larsen
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl George Larsen
   Residence of father (if deceased so state) Crestwood Apts. Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marie Imogene Long
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Jerry C. Larsen
New Address 145 South Indiana apt C St. Danville

Subscribed and sworn to before me this 25 day of May, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Kathryn Middle L. Last Wilson
Date of Birth: Month September Day 17 Year 1950
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 145 S. Indiana City Danville County State In.

Previous Marital Status: Never Married ☐ OR /
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David Gene Gatton
   Residence of father (if deceased so state) RR 2 Box 49A Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred Ruth Perry
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kathryn L. Wilson
New Address 145 S Indiana St apt C Danville

Subscribed and sworn to before me this 25 day of May, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 31 *day of* May, 19 78, *authorizing the joining together as husband and wife* Jerry C Larsen *and* Kathryn L Wilson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glen Melvin McFarland *hereby certify that on the* 10th *day of* June, *one thousand nine hundred and* 78 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Jerry C Larsen *of* Hendricks *County, State of* Indiana, *and, Bride* Kathryn L Wilson *of* _____ *County, State of* _____, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 31st *day of* May, 19 78.

Signed Glen Melvin McFarland
Official Designation Minister of the Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* June, 19 78.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 189
File Book 39
May 25, 1978
Date of Application

MALE
Medical Examination Report Dated 5-23-78
Name of Physician David B. Haggard M.D.

FEMALE
Medical Examination Report Dated 5-25-78
Name of Physician David B. Haggard M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Royal Middle Glen Last Harcourt
Date of Birth: Month Nov. Day 23 Year 1917
Place of Birth (State or foreign country): Marion Twp. Putnam Co. Indiana
Residence Address: Street or R. R. 195 N. Stoltridge Rd. City Indianapolis County Marion State Ind.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Marion Co. 1977
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree Local #1560
☐ Other (Specify) Putnam Co. Dept. of Health

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wendell Curtis Harcourt
   Residence of father (if deceased so state) Belle Union, Putnam Co. (Deceased)
   Birthplace of father (State or foreign country) Putnam Co. near Cloverdale
9. Full maiden name of mother Rosa Day
   Residence of mother (if deceased so state) Same as above (Deceased)
   Birthplace of mother (State or foreign country) Green Co. Ind.

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed Royal Glen Harcourt
New Address 339 Brookside Ave, Plainfield
Subscribed and sworn to before me this 25 day of May, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Mary Middle Elnora Last Sharp
Date of Birth: Month March Day 25 Year 1920
Place of Birth (State or foreign country) Putnam Co. Indiana
Residence Address: Street or R. R. 339 Brookside, City Plainfield, County Hendricks, State Ind.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree Cert #113-20-015544
☐ Other (Specify) Ind. State Bd. of Health

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph Ronald Grubb
   Residence of father (if deceased so state) Putnam Co. (Deceased)
   Birthplace of father (State or foreign country) Putnam Co. Ind.
9. Full maiden name of mother Lola Marie Meek
   Residence of mother (if deceased so state) Putnam Co.
   Birthplace of mother (State or foreign country) Putnam Co.

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed Mary Elnora Sharp
New Address 339 Brookside Ave, Plainfield
Subscribed and sworn to before me this 25 day of May, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 3-Day Waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. (Judge Vivian Sutton)

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 2 *day of*....., 19....., *authorizing the joining together as husband and wife* Royal Glen Harcourt *and* Mary Elnora Sharp
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ernest Anderson *hereby certify that on the* 25 *day of* May, *one thousand nine hundred and* 78 *at* Plainfiled, *County of* Hendricks, *State of Indiana, Groom* Royal Glen Harcourt *of* Marion *County, State of* Indiana, *and, Bride* Mary Elnora Sharp *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 25 *day of* May, 19 78. *Signed* Ernest Anderson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* May, 19 78
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 190

File

May 25 1978
Date of Application

MALE
Medical Examination Report Dated 5-15-78
Name of Physician Daniel J. Abrams Md

FEMALE
Medical Examination Report Dated 5-15-78
Name of Physician Daniel J. Abrams Md

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle E. Last Maxwell

Date of Birth: Month March Day 18 Year 1955

Place of Birth (State or foreign country) Indianapolis Marion Ind.

Residence Address: Street or R. R. 924 Heatherdale Dr. City Plainfield County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert George Maxwell
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Marie Wikoff
   Residence of mother (if deceased so state) Plainfield, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert E. Maxwell
New Address 1819 Madison Village Dr. B34
Subscribed and sworn to before me this 25 day of May, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Zoe Middle Ellen Last Seel

Date of Birth: Month February Day 7 Year 1952

Place of Birth (State or foreign country) Beech Grove Marion Ind.

Residence Address: Street or R. R. 1819 Madison Village City Indpls. County Marion State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Emery V. Seel
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Orianna Steigle
   Residence of mother (if deceased so state) 1811 Brasswood Indpls. In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Zoe Ellen Seel
New Address 1819 Madison Vill Dr. B34
Subscribed and sworn to before me this 25 day of May, 19 78
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 31 *day of* May, 19 78, *authorizing the joining together as husband and wife* _____ *and* _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, _____ *hereby certify that on the* _____ *day of* _____, *one thousand nine hundred and* _____ *at* _____, *County of* _____, *State of Indiana, Groom* _____ *of* _____ *County, State of* _____, *and, Bride* _____ *of* _____ *County, State of* _____, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this _____ *day of* _____, 19_____.

Signed _____
Official Designation _____

Filed and recorded in accordance with the laws of the State of Indiana this _____ *day of* _____, 19_____.

Signed _____ *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 191

File

Hendricks County

May 25, 1978
Date of Application

MALE
Medical Examination Report Dated 5-23-78
Name of Physician William L. Wagner

FEMALE
Medical Examination Report Dated 5-23-78
Name of Physician William L. Wagner

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jeffery Middle Alan Last Wooden

Date of Birth: Month August Day 15 Year 1955

Place of Birth (State or foreign country) Marion Co. In.

Residence Address: Street or R. R. 10025 Mitchell Dr. City Indpls County In. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Voters Reg # 8194

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Albert Ray Wooden
   Residence of father (if deceased so state) Indianapolis (Hendricks)
   Birthplace of father (State or foreign country) Marion Co.
9. Full maiden name of mother Bessie Irene Holt
   Residence of mother (if deceased so state) Indianapolis (Hendricks)
   Birthplace of mother (State or foreign country) Marion County

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Jeffery Alan Wooden

New Address 9024 Lincoln Ct. Orland Park Ill. 60462

Subscribed and sworn to before me this 25 day of May, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Deborah Middle Darlene Last Simpson

Date of Birth: Month May Day 19 Year 1956

Place of Birth (State or foreign country) Marion Co. Ind.

Residence Address: 1408 Denver Dr. Plainfield Ind.
Street or R. R. City County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Nolan Simpson
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elsie Mae Workman
   Residence of mother (if deceased so state) Plainfield Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Deborah Darlene Simpson

New Address 9024 Lincoln Ct, Orland Park Ill. 60462

Subscribed and sworn to before me this 25 day of May, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 2nd day of June, 1978, authorizing the joining together as husband and wife Jeffery Alan Wooden and Deborah Darlene Simpson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Johnie Edwards hereby certify that on the 8 day of July, 1978, at Plainfield, County of Hendricks, one thousand nine hundred and 78 at ..... County, State of Indiana, State of Indiana, Groom, Jeffery Alan Wooden of Hendricks County, State of Indiana, and, Bride Deborah Darlene Simpson of ..... were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2 day of June, 1978.

Signed Johnie Edwards

Official Designation Evangelist, Church of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of July, 1978.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

298

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

Hendricks County

Remarriage

No. 192

File

May 26 1978
Date of Application

MALE
Medical Examination Report Dated May 25, 1978
Name of Physician Wm. L. Wagner

FEMALE
Medical Examination Report Dated May 25, 1978
Name of Physician Wm. L. Wagner

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle E. Last Neely
Date of Birth: Month July Day 19 Year 1950
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 28 Oakridge Dr. City Mooresville County In. State
Previous Marital Status: Never Married ☐ OR 1 time
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Remarriage
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Elery Cecil Neely
   Residence of father (if deceased so state) R#2 North Vernon
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Edith Mae Pettigrew
   Residence of mother (if deceased so state) R#2 North Vernon
   Birthplace of mother (State or foreign country) Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald Neely
New Address 28 Oakridge Dr. Mooresville
Subscribed and sworn to before me this 26th day of May, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Roxanna Middle J. Last Neely
Date of Birth: Month March Day 7 Year 1951
Place of Birth (State or foreign country) Lindman Ky.
Residence Address: Street or R. R. 28 Oakridge Dr. City Mooresville County In. State
Previous Marital Status: Never Married ☐ OR 1 time
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Remarriage
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Curtis Ritchie
   Residence of father (if deceased so state) 712 Hoosier St. North Vernon
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Beulah Prater
   Residence of mother (if deceased so state) 712 Hoosier St. North Vernon
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Roxanna Neely
New Address 28 Oakridge Dr. Mooresville, Ind.
Subscribed and sworn to before me this 26th day of May, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 3 day waiver and filed in clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 26 day of May, 1978, authorizing the joining together as husband and wife Donald E. Neely and Roxanna J. Neely
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Boyde Edward Nelson hereby certify that on the 28 day of May, one thousand nine hundred and 78 at Graham Baptist Church, County of Jennings, State of Indiana, Groom Donald E. Neely of Hendricks County, State of Indiana, and, Bride Roxanna J. Neely of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 26 day of May, 1978.

Signed Rev. B. E. Nelson
Official Designation First United Methodist Ch., North Vernon, In.

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of June, 1978.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 193

File

Hendricks County

5-26-78
Date of Application

MALE
Medical Examination Report Dated 5-23-78
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 5-23-78
Name of Physician Joseph C. Kerlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Philip Middle Forrest Last Hanebutt

Date of Birth: Month 11 Day 3 Year 1956

Place of Birth (State or foreign country) Clinton, Ind

Residence Address: Street or R. R. 551 No Washington St City Danville County Hendricks State Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul Frederick Hanebutt
   Residence of father (if deceased so state) Danville, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marion Helen Engelsdorfer
   Residence of mother (if deceased so state) Danville In
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Philip F. Hanebutt

New Address 2002 High Eagle trail, Speedway, IN.

Subscribed and sworn to before me this 26 day of May, 19 78

Hendricks Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Sherry Middle Lynn Last Trotter

Date of Birth: Month 12 Day 11 Year 1957

Place of Birth (State or foreign country) Idaho, In

Residence Address: Street or R. R. 363 Urban St City Danville County Hendricks State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Richard Trotter
   Residence of father (if deceased so state) Danville, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Darlene Janet Harin
   Residence of mother (if deceased so state) Danville, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Sherry Trotter

New Address 2002 High Eagle Trail Speedway, Ind 78

Subscribed and sworn to before me this 26 day of May, 19 78

Hendricks Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....Circuit Court of Indiana dated the 30 day of May, 19 78, authorizing the joining together as husband and wife Philip Forrest Hanebutt and Sherry Lynn Trotter

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Norman L. Weaver hereby certify that on the 3rd day of June, County of Hendricks one thousand nine hundred and 78 at Danville County, State of Indiana State of Indiana, Groom Philip Forrest Hanebutt of Marion County, State of Indiana, and, Bride Sherry Lynn Trotter of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3rd day of June, 19 78. Signed Norman L. Weaver

Official Designation Ministers

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of June, 19 78

Signed Ilen M Harvey Clerk

HENDRICKS Circuit Court

300

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 194

File _____

May 26, 1978
Date of Application

MALE
Medical Examination Report Dated May 24, 1978
Name of Physician Dr. Larry D. Lovall

FEMALE
Medical Examination Report Dated May 24, 1978
Name of Physician Dr. Larry Lovall

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle Peter Last Gross

Date of Birth: Month 10 Day 31 Year 1949

Place of Birth (State or foreign country) Franklin, Ohio

Residence Address: Street or R. R. R#1 Box 355 City Danville County , State In.

Previous Marital Status: Never Married ☐ OR 1 time

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Passport.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

None

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Samuel Gross
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Herberta Bell
   Residence of mother (if deceased so state) Richmond, In.
   Birthplace of mother (State or foreign country) Richmond

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John P. Gross

New Address RR#1 Box 355 DANVILLE, Ind.

Subscribed and sworn to before me this ____ day of ____, 19____.

____ Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Virginia Middle _____ Last Edison

Date of Birth: Month 6 Day 9 Year 1951

Place of Birth (State or foreign country) Grand Rapids, Michigan

Residence Address: Street or R. R. R#1 Box 355 City Danville County , State In

Previous Marital Status: Never Married ☐ OR 1 time

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Mitts Edison
   Residence of father (if deceased so state) Michigan
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Jane McLean
   Residence of mother (if deceased so state) Michigan
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Virginia Edison

New Address R.R. 1 Box 355 Danville Ind

Subscribed and sworn to before me this ____ day of ____, 19____.

____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____.

_____ Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____.

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30 *day of* May, 19 78, *authorizing the joining together as husband and wife* John Peter Gross *and* Virginia Edison

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glen M. Harvey *hereby certify that on the* 30th *day of* May, *one thousand nine hundred and* 78 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* John Peter Gross *of* Hendricks *County, State of* Indiana, *and, Bride* Virginia Edison *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 30 *day of* May, *19* 78.

Signed Glen M. Harvey

Official Designation Clerk, Hendricks County

Filed and recorded in accordance with the laws of the State of Indiana this 31 *day of* May, *19* 78.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 195

File

_____ County

May 26 1978
Date of Application

MALE
Medical Examination Report Dated 5-1-78
Name of Physician James Black

FEMALE
Medical Examination Report Dated May 1, 1978
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gary Middle L. Last Cooper

Date of Birth: Month Dec. Day 22 Year 1956

Place of Birth (State or foreign country) Niss Falls, New York

Residence Address: Street or R. R. 118 W. Cecil City Springfield County _____ State Ohio

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Garry Rubin Cooper
   Residence of father (if deceased so state) 76 Lincoln Dr. Rockefeller Pk New Jersey
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Katherine Martha Nichols
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) New York

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Gary L Cooper
New Address 825 N. Fountain Ave. Spfld, Oh.

Subscribed and sworn to before me this 26 day of May, 19 78

_____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

_____ Clerk

FEMALE APPLICANT

Name: First Mary Middle Katherine Last Kinney

Date of Birth: Month Oct Day 18 Year 1955

Place of Birth (State or foreign country) Springfield Ohio

Residence Address: Street or R. R. 17 E. College City Brownsburg County _____ State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Keith Leroy Kinney
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Peru, In.
9. Full maiden name of mother Mary Rosalind Bueson
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Mary Katherine Kinney
New Address 825 N Fountain Ave, Springfd, OH

Subscribed and sworn to before me this 26 day of May, 19 78

_____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 2nd *day of* June, 19 78, *authorizing the joining together as husband and wife* Gary L. Cooper *and* Mary Katherine Kinney

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Gene L Kinney hereby certify that on the 17 day of June, 19 78 at Brownsburg, County of Hendricks, State of Indiana, Groom Gary L. Cooper of Clark County, State of Ohio, and, Bride Mary Katherine Kinney of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17 day of June, 19 78.

Signed Gene L Kinney
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of June, 19 78

Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 146
File 39
May 26, 1978
Date of Application

MALE
Medical Examination Report Dated Military - Vance AFB 5-9-78
Name of Physician Frank A. Wojciechowski

FEMALE
Medical Examination Report Dated 5-31-78
Name of Physician Wm. Wagner

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle Joseph Last Nagel
Date of Birth: Month Feb. Day 17 Year 1951
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R. R. PSC Box 4388, City Vance AFB, County, State Okla.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert A. Nagel
   Residence of father (if deceased so state) Cincinnati, Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Allie M. Upchurch
   Residence of mother (if deceased so state) Cincinnati, Ohio
   Birthplace of mother (State or foreign country) N. Car.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert J Nagel
New Address 458 N OAKWOOD, ENID, OK 73701

Subscribed and sworn to before me this 26 day of May, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Theresa Middle Colleen Last Mitchell
Date of Birth: Month July Day 27 Year 1953
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. Rt 1 Box 208 City Clayton County In. State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George Thurman Mitchell
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Murle Geneva Lewis
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Theresa C. Mitchell
New Address 408 N. Oakwood #19C Enid, OK 73701

Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 2nd *day of* June, 19 78, *authorizing the joining together as husband and wife* Robert Joseph Nagel *and* Theresa Colleen Mitchell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James B. Lemler *hereby certify that on the* 1st *day of* July, *one thousand nine hundred and* 78, *at* Christ Church Cathedral, *County of* Marion, *State of Indiana, Groom* Robert Joseph Nagel *of* Tarrent *County, State of* Oklahoma, *and, Bride* Theresa Colleen Mitchell *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 1st *day of* July, 19 78.

Signed James B. Lemler & Barry Riehler
Official Designation Canon Precentor

Filed and recorded in accordance with the laws of the State of Indiana this 5th *day of* July, 19 78

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 197

File

Hendricks County

May 26, 1978
Date of Application

MALE
Medical Examination Report Dated May 30, 1978
Name of Physician Fred Sanders

FEMALE
Medical Examination Report Dated 5-26-78
Name of Physician David Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kenneth Middle Wayne Last Fudge

Date of Birth: Month May Day 5 Year 1958

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 2043 N. Amherst Dr. City Indpls. County [illegible] State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wesley Guy Fudge
   Residence of father (if deceased so state) 2835 West 60th St. Indpls.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Edith Louise Cornell
   Residence of mother (if deceased so state) 2835 West 60th St. Indpls
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Kenneth Wayne Fudge

New Address 2043 Amherst Dr.,

Subscribed and sworn to before me this 30th day of May, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Deborah Middle Ann Last Hooten

Date of Birth: Month 9 Day 27 Year 1957

Place of Birth (State or foreign country) Adele, Ga.

Residence Address: Street or R. R. R. 1 Box 230, City Danville, County Hendricks, State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Marshall Hooten
   Residence of father (if deceased so state) same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Eileen Marie Hill
   Residence of mother (if deceased so state) same
   Birthplace of mother (State or foreign country) Minnesota

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Deborah A Hooten

New Address 2043A N. Amherst Indpls. In

Subscribed and sworn to before me this 26 day of May, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30 *day of* May, 19 78, *authorizing the joining together as husband and wife* Kenneth Wayne Fudge *and* Deborah Ann Hooten

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, C. E. Oakes *hereby certify that on the* 2nd *day of* June, *one thousand nine hundred and* 78 *at* El-Bethel Baptist Church *County of* Hendricks, *State of Indiana, Groom* Kenneth Wayne Fudge *of* Marion *County, State of* Indiana, *and, Bride* Deborah Ann Hooten *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 2nd *day of* June, 19 78 *Signed* C. E. Oakes

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7th *day of* June, 19 78 *Signed* Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 198

File

May 26 1978
Date of Application

MALE
Medical Examination Report Dated 5-26-78
Name of Physician Frank D. Byrne

FEMALE
Medical Examination Report Dated 5-26-78
Name of Physician Frank D. Byrne

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle David Last Schopp

Date of Birth: Month April Day 18 Year 1955

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 19 Fir Circle City Babbitt County Minn. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George Patrick Schopp
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Veron A. Rejks
   Residence of mother (if deceased so state) Staples, Mn.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Michael David Schopp
New Address 19 Fir Circle Babbitt Minnesota

Subscribed and sworn to before me this 26 day of May, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Paula Middle Sue Last Bennett

Date of Birth: Month Aug. Day 19 Year 1955

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 Box 176 City Pittsboro County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Billy Gene Bennett
   Residence of father (if deceased so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sarah E. Hundley
   Residence of mother (if deceased so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Paula Sue Bennett
New Address 19 Fir Circle, Babbitt, Mn

Subscribed and sworn to before me this 26 day of May, 19 78.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 31 *day of* May, *19* 78, *authorizing the joining together as husband and wife* Michael David Schopp *and* Paula Sue Bennett

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Howard Jaquess *hereby certify that on the* 17th *day of* June, *one thousand nine hundred and* 78 *at* Pittsboro, *County of* Hendricks, *State of Indiana, Groom* Michael David Schopp *of* St. Lewis *County, State of* Minnesota *and, Bride* Paula Sue Bennett *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 31st *day of* May, *19* 78

Signed Rev. Howard Jaquess

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20th *day of* June, *19* 78

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 199

File

_____ County

May 30, 1978
Date of Application

MALE
Medical Examination Report Dated 5-13-78
Name of Physician Bruce E. Beatty

FEMALE
Medical Examination Report Dated 5-10-78
Name of Physician Bruce E. Beatty

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Howard Middle L. Last Wagenknecht

Date of Birth: Month 6 Day 29 Year 1931

Place of Birth (State or foreign country) Franklin Penn

Residence Address: Street or R. R. 443 No. Allen Dr. City Brownsburg County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Voter's Registration # 13095

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Arthur H. Wagenknecht
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Rebecca Harsch
   Residence of mother (if deceased so state) Akron, Ohio
   Birthplace of mother (State or foreign country) Penn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Howard L Wagenknecht

New Address Same

Subscribed and sworn to before me this 30 day of May, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Nancy Middle Louise Last Mc Callum

Date of Birth: Month 2 Day 7 Year 1940

Place of Birth (State or foreign country) Hendricks Co. Indiana

Residence Address: Street or R. R. 446 No. Allen Dr. City Brownsburg County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Voters Registration # 10021

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Donald Bruce
   Dianna Kay
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James F. Stevens
   Residence of father (if deceased so state) Clayton, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred Thomas
   Residence of mother (if deceased so state) Clayton, In
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Nancy L McCallum

New Address 446 No. Allen Dr. Brownsburg, In

Subscribed and sworn to before me this 30 day of May, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued 3 day waiver and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....of Indiana dated the 30 day of May, 19 78, authorizing the joining together as husband and wife Howard L Wagenknecht and Nancy Louise Mc Callum

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, David J. Van Curen hereby certify that on the 2nd day of June, one thousand nine hundred and 78 at Clermont, County of Marion, State of Indiana, Groom Howard Louis Wagenknecht of Hendricks County, State of Indiana, and, Bride Nancy Louise Mc Callum of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30 day of May, 19 78.

Signed David J Van Curen

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of June, 19 78.

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 200
File 39
5-30-78
Date of Application

MALE
Medical Examination Report Dated May 16, 1978
Name of Physician Pete Wittmann

FEMALE
Medical Examination Report Dated 5-19-78
Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Karl Middle Ward Last Ewig
Date of Birth: Month October Day 11 Year 1958
Place of Birth (State or foreign country): Sheboygan, Wisconsin
Residence Address: Street or R. R. 11912 Amerado Blvd. City Omaha County _____ State NE

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Armed Forces I.D

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   None
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Emil Ewig
   Residence of father (if deceased so state) 875 Broadway N Dr., P'field
   Birthplace of father (State or foreign country) Wisconsin
9. Full maiden name of mother Shirley Naomi Small
   Residence of mother (if deceased so state) 875 Broadway N Dr., P'field
   Birthplace of mother (State or foreign country) Texas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Karl W. Ewig
New Address 11912 Amerado Blvd. Omaha NE.

Subscribed and sworn to before me this 30 day of May, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Brenda Middle Kay Last Fields
Date of Birth: Month December Day 10 Year 1959
Place of Birth (State or foreign country): Marion County, Indiana
Residence Address: Street or R. R. 3529 S. Six Points City Indpls County Mar State Ind

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   None
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clyde Eugene Fields
   Residence of father (if deceased so state) 3529 S. Six Points, Indpls
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Lilian Jane Cress
   Residence of mother (if deceased so state) 3529 S. Six Points, Indpls.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Brenda Kay Fields
New Address 11912 Amerado Blvd, Omaha, Ne.

Subscribed and sworn to before me this 30 day of May, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued 3 day May and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30 *day of* May, 19 78, *authorizing the joining together as husband and wife* Karl Ward Ewig *and* Brenda Kay Fields

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Maynard H. Hopper *hereby certify that on the* 3rd *day of* June, *one thousand nine hundred and* 78 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Karl Ward Ewig *of* Hendirkcs *County, State of* Indiana *and, Bride* Brenda Kay Fields *of* Hendricks *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 3rd *day of* June, 19 78.

Signed Maynard H. Hopper
Official Designation President LDS church, Mooresville Branch

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* June, 19 78
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 201

File

Hendricks County

May 30, 1978
Date of Application

MALE
Medical Examination Report Dated 5-24-78
Name of Physician Wm. R. Rise

FEMALE
Medical Examination Report Dated 5-25-78
Name of Physician Wm. R. Rise

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle Bernard Last Gregg

Date of Birth: Month 7 Day 20 Year 1955

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R. 1 Box 122 City Pittsboro County Hendricks State Indiana

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Birth Certificate

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jimmie Taylor Gregg
   Residence of father (if deceased so state) Indpls., Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Catherine Marie Arndt
   Residence of mother (if deceased so state) Indpls, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed James B. Gregg

New Address RR1 Box 122 Pittsboro

Subscribed and sworn to before me this 30 day of May, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Mary Middle Lynn Last Jacobs

Date of Birth: Month 3 Day 22 Year 1956

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R. 1 Box 122 City Pittsboro County Hendricks State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Robert Jacobs
   Residence of father (if deceased so state) Indpls, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Lee Cooper
   Residence of mother (if deceased so state) Indpls, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Mary L. Jacobs

New Address RR1 Box 122 Pittsboro In

Subscribed and sworn to before me this 30 day of May, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 3rd *day of* June, 19 78, *authorizing the joining together as husband and wife* James B. Gregg *and* Mary L. Jacobs

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Howard Jaquess *hereby certify that on the* 4th *day of* June, *one thousand nine hundred and* 78 *at* Maplewood, *County of* Hendricks, *State of* Indiana, *Groom* James B. Gregg *of* Hendricks *County, State of* Indiana, *and, Bride* Mary L. Jacobs *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 3rd *day of* June, 19 78. *Signed* Rev. Howard Jaquess

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* June, 19 78

Signed Glen M Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 202

File

_____ County

May 30, 1978
Date of Application

MALE
Medical Examination Report Dated 5-18-78
Name of Physician Irving Caden

FEMALE
Medical Examination Report Dated 5-18-78
Name of Physician Irving Caden

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Thomas Middle J. Last Carson

Date of Birth: Month 9 Day 8 Year 1957

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 9680 Ramona Dr. City Indianapolis County Marion State Indiana

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Birth Certificate # 113-57-081028

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Alfred Carson
   Residence of father (if deceased so state) Dead
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Boles
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Thomas J Carson

New Address 3271 Sara Ct E. Apt E.

Subscribed and sworn to before me this 30 day of May, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Karen Middle S. Last Perry

Date of Birth: Month 3 Day 1 Year 1957

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 2814 Stinson Dr. City Ft. Wayne County Allen State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License with Picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wayne Perry
   Residence of father (if deceased so state) Dead
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Margaret Klein
   Residence of mother (if deceased so state) Dead
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Karen S. Perry

New Address 3271 Sara Ct E. Apt E. Indpls

Subscribed and sworn to before me this 30 day of May, 78.

Glen M. Harvey Clerk HENDRICKS

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7th day of June, 1978, authorizing the joining together as husband and wife Thomas J. Carson and Karen S. Perry

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. James J. O'Connor hereby certify that on the 10 day of June, one thousand nine hundred and 78 at Fort Wayne, County of Allen, State of Indiana, Groom Thomas J. Carson of Marion County, State of Indiana, and, Bride Karen S. Perry of Allen County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10 day of June, 1978.

Signed James J. O'Connor

Official Designation Pastor, St. Henrys Church

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of June, 1978.

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

Hendricks County

No. 203
File 39
5-31-78
Date of Application

MALE
Medical Examination Report Dated 5-30-78
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 5-30-78
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jack Middle T. Last Perkins
Date of Birth: Month Mar. Day 27 Year 1916
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. RR 3, City Plainfield, County, State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Voter Reg. # 4066

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clancy Perkins
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Frances Ethel Cuffley
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Jack T. Perkins
New Address RR 3 Bx 379

Subscribed and sworn to before me this 31 day of May, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Etta Middle Last Winings
Date of Birth: Month March Day 10 Year 1910
Place of Birth (State or foreign country) Sumner Co. Tennessee
Residence Address: Street or R. R. RR 3 Bx 379, City Plainfield, County, State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Webley Caldwell
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Frances Anderson
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Etta Winings
New Address R 3 Bx 379 Plainfield

Subscribed and sworn to before me this 31 day of May, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Ct #1 Court by written order issued 3 day waiver and filed in Clerk's Ofc. authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 31st day of May, 19 78, authorizing the joining together as husband and wife Jack T. Perkins and Etta Winings

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Teal O. Younce hereby certify that on the 2nd day of June, one thousand nine hundred and 78 at Roches ter, County of Fulton, State of Indiana, Groom Jack T. Perkins of Hendricks County, State of Indiana, and, Bride Etta Winings of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2nd day of June, 19 78.

Signed Teal O. Younce
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of June, 19 78

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 204

File

May 31, 1978
Date of Application

MALE
Medical Examination Report Dated 5-25-78
Name of Physician Walter Mc Mannis MD

FEMALE
Medical Examination Report Dated 5-25-78
Name of Physician Walter Mc Mannis MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kenneth Middle John Last Sacco

Date of Birth: Month 8 Day 11 Year 1949

Place of Birth (State or foreign country) N. Y.

Residence Address: 1302 So High School Rd. Street or R. R. Speedway City Marion County, State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Selective Service Papers

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Louis M. Sacco
   Residence of father (if deceased so state) N. Y. City, N. Y.
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Audrey Labbor
   Residence of mother (if deceased so state) Hartford, Conn
   Birthplace of mother (State or foreign country) New York

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kenneth Sacco

New Address RR1 Box 70 Danville Ind.

Subscribed and sworn to before me this 31 day of May, 19 78.

Glen M. Harney Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Margie Middle A. Last Burris

Date of Birth: Month 9 Day 3 Year 1933

Place of Birth (State or foreign country) Arkansas

Residence Address: R-1 Box 70, Street or R. R. Danville, City Hendricks County, State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License with picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Mark Burris
   Greg Burris
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carrie O. Ratliff
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Rachel I. Pacy
   Residence of mother (if deceased so state) Indpls. Ind.
   Birthplace of mother (State or foreign country) Arkansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Margie A Burris

New Address

Subscribed and sworn to before me this 31 day of May, 19 78

Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Ct #2 Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 31st *day of* May, 19 78, *authorizing the joining together as husband and wife* Kenneth John Sacco *and* Margie A. Burris

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edward Curtice *hereby certify that on the* 3rd *day of* June, *one thousand nine hundred and* 78 *at* Avon, *County of* Hendricks, *State of Indiana, Groom* Kenneth John Sacco *of* Marion *County, State of* Indiana, *and, Bride* Margie A. Burris *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 31st *day of* May, 19 78.

Signed Edward B. Curtice

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* June, 19 78

Signed Glen M. Harney *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

Hendricks County

No. 205
File 39
5-31-78 Date of Application

MALE
Medical Examination Report Dated 5-17-78
Name of Physician Glen W. Baker

FEMALE
Medical Examination Report Dated 5-17-78
Name of Physician Glen W Baker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jonathan Middle M. Last Raisor

Date of Birth: Month May Day 31 Year 1978

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R. R. 459 East Rd 200 S City Danville County In State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David Samuel Raisor
   Residence of father (if deceased so state) 459E Rd 200S Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alma Katheryn Taylor
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X John A Jonathan M. Raisor

New Address 3390 N. Raceway Rd Lot 3 Indianapolis Ind 46234

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Deborah Middle J. Last Wilburn

Date of Birth: Month January Day 12 Year 1961

Place of Birth (State or foreign country) Lebanon In.

Residence Address: Street or R. R. 27 Hyde Park Trace City Greensburg County In. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lewis Wilburn
   Residence of father (if deceased so state) Greenwood, Kentucky
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Opal Irene Vaughn
   Residence of mother (if deceased so state) 27 Hyde Pk Rd. B'burg.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Deborah J. Wilburn

New Address 3390 N. Raceway Rd. Indianapolis Ind.

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

Mother has Custody

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed X Opal I. Bowling Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Ct # 2 Court by written order issued 3 Day Waivers and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 31 *day of* May, 1978, *authorizing the joining together as husband and wife* Jonathan M Raisor *and* Deborah Wilburn

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. F B Cline hereby certify that on the 2nd day of June, one thousand nine hundred and 78 at Brownsburg, County of Hendricks, State of Indiana, Groom Jonathan M Raisor of Hendricks County, State of Indiana, and, Bride Deborah J Wilburn of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 31st day of May, 1978.

Signed Rev. F B Cline

Official Designation Ordained Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* June, 1978

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 2016
File 39
6-1-78
Date of Application

MALE
Medical Examination Report Dated 5-22-78
Name of Physician James Black

FEMALE
Medical Examination Report Dated 5-22-78
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Mark Middle Howard Last Wood
Date of Birth: Month January Day 27 Year 1957
Place of Birth (State or foreign country) Bloomington, Ind.
Residence Address: Street or R. R. RR 3, Box 83, City Danville, County Hen, State Ind.

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Stanley Dow Wood
   Residence of father (if deceased so state) RR3, Box 83, Danville
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Barbara Ann Cahill
   Residence of mother (if deceased so state) RR3, Box 83, Danville
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mark H. Wood
New Address 9504 Bradley Dr. Indpls, IN

Subscribed and sworn to before me this 1 day of June, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Valerie Middle Ann Last Lentz
Date of Birth: Month May Day 24 Year 1957
Place of Birth (State or foreign country) Marion County
Residence Address: Street or R. R. 9504 Bradley Dr., City Indpls, County Marion, State Ind.

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☑
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Richard Lentz
   Residence of father (if deceased so state) 9504 Bradley Dr. Indpls. Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lois Elaine Thomas
   Residence of mother (if deceased so state) 9504 Bradley Dr, Indpls, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Valerie Ann Lentz
New Address 9504 Bradley Drive Indpls IN

Subscribed and sworn to before me this 1 day of June, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____ Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6th day of June, 1978, authorizing the joining together as husband and wife Mark Howard Wood and Valerie Ann Lentz

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Daniel L. French hereby certify that on the 11th day of June, one thousand nine hundred and 78 at Indianapolis, County of Marion, State of Indiana, Groom Mark Howard Wood of Hendricks County, State of Indiana, and, Bride Valerie Ann Lentz of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 13th day of June, 19 78

Signed Daniel L. French
Official Designation Associate Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of Juen, 19 78

Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 207

File 39

Hendricks County

6-1-78
Date of Application

MALE
Medical Examination Report Dated 6-1-78
Name of Physician R. Stephen Irwin

FEMALE
Medical Examination Report Dated 6-1-78
Name of Physician R. Stephen Irwin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Steven Middle Q. Last Smith

Date of Birth: Month January Day 1 Year 1955

Place of Birth (State or foreign country) Brazil In.

Residence Address: Street or R. R. 107 S. Mill City Plainfield County In. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Bayard Smith
   Residence of father (if deceased so state) RR1 Bx 230 Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Jo Phillips
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Steven R Smith

New Address 107 S Mill St

Subscribed and sworn to before me this 1 day of June, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Sandra Middle J. Last Tyson

Date of Birth: Month March Day 3 Year 1960

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 206 W. Pearl St. City North Salem County In. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James R. Tyson
   Residence of father (if deceased so state) 206 W. Pearl North Salem, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sherrill V. Watkins
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Sandra J Tyson

New Address 107 S. Mill St.

Subscribed and sworn to before me this 1 day of June, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5th *day of* June, 19 78, *authorizing the joining together as husband and wife* Steven R. Smith *and* Sandra J. Tyson.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Earl C. Davis, B.D. *hereby certify that on the* 24 *day of* June *one thousand nine hundred and* 78 *at* North Salem Christian Church, *County of* Hendricks *State of Indiana, Groom* Steven Russell Smith *of* Hendricks *County, State of* Indiana, *and, Bride* Sandra Jean Tyson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 24th *day of* June, 19 78. *Signed* Earl C. Davis, B.D.

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* June, 19 78.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 208

File

_____ County

June 2, 1978
Date of Application

MALE
Medical Examination Report Dated 5-31-78
Name of Physician Wm. S. Armstrong Md.

FEMALE
Medical Examination Report Dated 5-31-78
Name of Physician Wm. S. Armstrong Md.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dennis Middle D. Last Gibbs

Date of Birth: Month April Day 6 Year 1957

Place of Birth (State or foreign country): Paris Edgar Ill.

Residence Address: Street or R. R. R.R.# 4 Box 294 City Mooresville County _____ State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dennis Lic (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Francis William Gibbs
   Residence of father (if deceased so state) Mooresville Ind.
   Birthplace of father (State or foreign country) Merrill, Ind.
9. Full maiden name of mother Ellajean Harlan
   Residence of mother (if deceased so state) Mooresville, Ind.
   Birthplace of mother (State or foreign country) Merrill, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dennis Gibbs

New Address Mooresville

Subscribed and sworn to before me this 2 day of June, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Janet Middle Sue Last Asher

Date of Birth: Month January Day 14 Year 1953

Place of Birth (State or foreign country): Indianapolis Marion Ind.

Residence Address: Street or R. R. 1698 Hadley Rd. City Mooresville County _____ State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) I.D. (IUPUI)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Ridge Asher
   Residence of father (if deceased so state) Mooresville Ind.
   Birthplace of father (State or foreign country) Gosport Ind.
9. Full maiden name of mother Mariah Maurine McCullough
   Residence of mother (if deceased so state) Mooresville, Ind
   Birthplace of mother (State or foreign country) Gosport, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Janet Sue Asher

New Address Mooresville

Subscribed and sworn to before me this 9 day of June, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 6th *day of* June, 19....., *authorizing the joining together as husband and wife* Dennis D. Gibbs *and* Janet Sue Asher

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. William Greenhood *hereby certify that on the* 10 *day of* June, *one thousand nine hundred and* 78 *at* Mooresville, *County of* Morgan, *State of Indiana, Groom* Dennis D. Gibbs *of* Hendricks *County, State of* Indiana, *and, Bride* Janet Sue Asher *of* Morgan *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 10 *day of* June, 19 78.

Signed Rev. William Greenhood

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* June, 19 78.

Signed Glen M. Harvey Clerk

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 209

File

_____ County

June 2, 1978
Date of Application

MALE
Medical Examination Report Dated 5-26-78
Name of Physician Fred Sanders, MD

FEMALE
Medical Examination Report Dated 5-16-78
Name of Physician Marcus Parsons, MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Terrence Middle Patrick Last Sullivan

Date of Birth: Month November Day 29 Year 1958

Place of Birth (State or foreign country) Lebanon Boone Ind

Residence Address: Street or R. R. 9032 Mt. Shasta Dr. City Maple Grv. County Boone State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gerald Aloysius Sullivan
   Residence of father (if deceased so state) Brownsburg Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Attie Jewell Guernsey
   Residence of mother (if deceased so state) Brownsburg Ind
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Terrence Patrick Sullivan

New Address 9032 Mt SHASTA SOUTH

Subscribed and sworn to before me this 2 day of June, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Valerie Middle Ann Last Hulse

Date of Birth: Month July Day 15 Year 1959

Place of Birth (State or foreign country) Jefferson Boone Ind.

Residence Address: Street or R. R. 634 Maple Ct. City Brownsburg County Boone State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Alva Marion Hulse
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joyce Pearl Bradley
   Residence of mother (if deceased so state) Brownsburg Ind.
   Birthplace of mother (State or foreign country) S. Dakota

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Valerie Ann Hulse

New Address 9032 Mt. Shasta South

Subscribed and sworn to before me this 2 day of June, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....Circuit Court of Indiana dated the 7th day of June, 19 78, authorizing the joining together as husband and wife Terrence Patrick Sullivan and Valerie Ann Hulse

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry D Nash hereby certify that on the 10 day of June, at Brownsburg, County of Hendricks one thousand nine hundred and 78 State of Indiana, Groom Terrence Patrick Sullivan Marion County, State of Indiana, and, Bride Valerie Ann Hulse of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10 day of June, 19 78.

Signed Jerry D Nash

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of June, 19 78

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 210

File 39

_____ County

6-5-78
Date of Application

MALE
Medical Examination Report Dated 5-31-78

Name of Physician James Black

FEMALE
Medical Examination Report Dated 5-31-78

Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Timothy Middle Alan Last Bettis

Date of Birth: Month May Day 17 Year 1958

Place of Birth (State or foreign country): Lebanon In.

Residence Address: Street or R. R. R.R. 8, Box 233 City Indianapolis County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Floyd C. Bettis
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Margaret A. Coryell
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Timothy A. Bettis

New Address R1 Box 201 Danville

Subscribed and sworn to before me this 5 day of June, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

FEMALE APPLICANT

Name: First Lisa Middle Louise Last Morgason

Date of Birth: Month July Day 27 Year 1961

Place of Birth (State or foreign country): Indianapolis In.

Residence Address: Street or R. R. R1 Box 201 City Danville County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Horace Morgason
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Pauline Clark
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) North Carolina

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Lisa Morgason

New Address R.R.1 Box 201 Danville

Subscribed and sworn to before me this 5 day of June, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed X Horace Morgason Father

Signed X Pauline C. Morgason Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior #1 Court by written order issued 3 Day Waiver & Age Requirement and filed in Clerks Ofc authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5 *day of* June, 1978, *authorizing the joining together as husband and wife* Timothy Alan Bettis *and* Lisa Louise Morgason

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Kenneth E. Vetters hereby certify that on the 10 day of June, one thousand nine hundred and 78 at Bartlett Chapel U. Methodist County of Hendricks State of Indiana, Groom Timothy Alan Bettis of Hendricks County, State of Indiana, and, Bride Lisa Louise Morgason of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10 day of June, 1978.

Signed Rev. Kenneth E. Vetters

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* June, 1978.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 211

_____ County

File _____

June 5 1978
Date of Application

MALE
Medical Examination Report Dated 6/2/1978
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated 6/2/78
Name of Physician M. O. Scamahorn

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ernst, Middle O., Last Martens Jr.
Date of Birth: Month Aug, Day 14, Year 1958
Place of Birth (State or foreign country): Lebanon In.
Residence Address: Street or R. R. R R #1 Box 182 B, City Pittsboro, County, State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ernst O. Martens Sr.
   Residence of father (if deceased so state) R #1 Box 243 E. Pittsboro
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Jean Darland
   Residence of mother (if deceased so state) R #1 Box 243 E. Pittsboro
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Ernst O Martens jr
New Address RR 1 Box 182 B Pittsboro
Subscribed and sworn to before me this 5th day of June, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Dawn, Middle M., Last Bryant
Date of Birth: Month Jan, Day 13, Year 1960
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. R #1, City Brownsburg, County, State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Billy Ed. Bryant
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jayne M. Clark
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Dawn M. Bryant
New Address R # 1 BOX 182 B Pittsboro
Subscribed and sworn to before me this 5th day of June, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9th day of June, 19 78, authorizing the joining together as husband and wife Ernest O. Martens, Jr. and Dawn M. Bryant

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Robert J. Gilday hereby certify that on the 10th day of June, one thousand nine hundred and 78 at St. Malachy Ch. Brownsburg County of Hendricks, State of Indiana, Groom Ernst O. Martens, Jr. of Hendricks County, State of Indiana, and, Bride Dawn M. Bryant of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10th day of June, 19 78

Signed Robert J. Gilday
Official Designation Associate Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of June, 19 78

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 212
File 39
6-5-78
Date of Application

MALE
Medical Examination Report Dated 5-30-78
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 5-30-78
Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John, Middle William, Last Bockhorst
Date of Birth: Month December, Day 5, Year 1950
Place of Birth (State or foreign country): Hamilton Co., Ohio
Residence Address: Street or R. R. 507 Endsley, City Brownsburg, County Hen., State Ind.

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Alvin Louis Bockhorst
   Residence of father (if deceased so state) 52 Probasco, Lawrenceburg, Ind.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Anna Bell Smith
   Residence of mother (if deceased so state) 52 Probasco, Lawrenceburg, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John William Bockhorst
New Address 209½ E. Main, Brownsburg, Ind
Subscribed and sworn to before me this 5 day of June, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Therese, Middle Marie, Last Finn
Date of Birth: Month January, Day 31, Year 1954
Place of Birth (State or foreign country): New Albany, Indiana
Residence Address: Street or R. R. 209½ E. Main, City Brownsburg, County Hen., State Ind.

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Vincent Finn
   Residence of father (if deceased so state) R 1, Bx 226, Floyd Knobs, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Blanche Agnes Bossing
   Residence of mother (if deceased so state) R 1, Box 226, Floyd Knobs, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Therese Marie Finn
New Address 209½ E. Main St, Brownsburg, Ind
Subscribed and sworn to before me this 5 day of June, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13th day of June, 19 78, authorizing the joining together as husband and wife John William Bockhorst and Therese Marie Finn
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Donald A. Phillips hereby certify that on the 17 day of June, one thousand nine hundred and 78 at Lawrenceburg, County of Dearborn, State of Indiana, Groom John W. Bockhorst of Hendricks County, State of Indiana, and, Bride Therese Marie Finn of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 17 day of June, 19 78.

Signed Donald A. Phillips
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of June, 19 78.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

Hendricks County

No. 213
File 39
6-6-78
Date of Application

MALE
Medical Examination Report Dated 5-31-78
Name of Physician Michael L. Neeley

FEMALE
Medical Examination Report Dated 5-31-78
Name of Physician Michael L. Neeley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Emmett Middle Paul Last Fuehrer Jr.
Date of Birth: Month June Day 29 Year 1956
Place of Birth (State or foreign country) Indpls., Ind
Residence Address: Street or R. R. RR 6 Box 58, City Danville, County Hen, State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Emmett Paul Fuehrer Jr.
   Residence of father (if deceased so state) Clinton, Tenn.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Anna Pratt
   Residence of mother (if deceased so state) Clinton, Tenn.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Emmett P. Fuehrer Jr.
New Address RR 6 Box 58 Danville Ind
Subscribed and sworn to before me this 6 day of June, 1978.
46122 Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Karla Middle Jean Last Runiyon
Date of Birth: Month April Day 30 Year 1957
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address: Street or R. R. 252 W. Broadway, City Danville, County Hen, State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harley Edward Runiyon
   Residence of father (if deceased so state) 252 W. Broadway, Danville, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elizabeth Ann Gregg
   Residence of mother (if deceased so state) 252 W. Broadway, Danville, IN
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Karla J. Runiyon
New Address RR. 6, Box 58, Danville, Ind.
Subscribed and sworn to before me this 6 day of June, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS *Circuit Court*

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* June, 1978, *authorizing the joining together as husband and wife* Emmett Paul Fuehrer, Jr. *and* Karla Jean Runiyon

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, L.M. Hieber *hereby certify that on the* 24th *day of* June, *at* Indianapolis, *County of* Marion, *one thousand nine hundred and* 78, *State of Indiana, Groom* Emmett Paul Fuehrer, Jr. *of* Hendricks *County, State of* Indiana, *and, Bride* Karla Jean Runiyon *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 26th *day of* June, 19 78. *Signed* L.M. Hieber
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 27th *day of* June, 19 78
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 214
File 39
June 6, 1978
Date of Application

MALE
Medical Examination Report Dated 6-5-78
Name of Physician Alvin D. Schaaf.

FEMALE
Medical Examination Report Dated 6-5-78
Name of Physician Alvin D. Schaaf

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Steven Middle Lee Last Witt
Date of Birth: Month November Day 15 Year 1959
Place of Birth (State or foreign country) Lebanon, Indiana
Residence Address: Street or R. R. RR 1 Box 229 City Lebanon County Hen. State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard LaVerne Witt
   Residence of father (if deceased so state) RR 1, Box 229, Lebanon
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sandra Lou Riggs
   Residence of mother (if deceased so state) RR 1 Box 229, Lebanon
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Steven Lee Witt
New Address Box 37 Lizton IN 46149

Subscribed and sworn to before me this 6 day of June, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Penny Middle Joyce Last Llewellyn
Date of Birth: Month August Day 28 Year 1960
Place of Birth (State or foreign country) Fort Lauderdale, Florida
Residence Address: Street or R. R. 1 Cherry Blossom City Brownsburg County Hen. State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul Herman Llewellyn Jr.
   Residence of father (if deceased so state) 1 Cherry Blossom, Brownsburg
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Irene Joy Jacobs
   Residence of mother (if deceased so state) 1 Cherry Blossom, Brownsburg
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Penny Joyce Llewellyn
New Address P.O. Box 37 Lizton 46149

Subscribed and sworn to before me this 6 day of June, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Paul H. Llewellyn, Jr. Father
Signed Irene J. Llewellyn Mother
Subscribed and sworn to before me this 6 day of June, 19 78.
Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 6 *day of* June, 19 78, *authorizing the joining together as husband and wife* Steven Lee Witt *and* Penny Joyce Llewellyn

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Gary M. Mantooth hereby certify that on the 9 day of June, one thousand nine hundred and 78 at Brownsburg, County of Hendricks State of Indiana, Groom Steven Lee Witt of Boone County, State of Indiana, and, Bride Penny Joyce Llewellyn of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9th day of June, 19 78.

Signed Gary M. Mantooth
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12 *day of* June, 19 78.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 215

File 39

Hendricks County

6-7-78 Date of Application

MALE
Medical Examination Report Dated 6-5-78
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 6-5-78
Name of Physician Larry D. Lovell

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Alonzo Middle E. Last Eagle

Date of Birth: Month July Day 10 Year 1950

Place of Birth (State or foreign country) Vincennes In

Residence Address: Street or R. R. 1189 Lincoln City Danville County State In

Previous Marital Status: Never Married ☐ OR /

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License with picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Ronald Joe Eagle
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Alonzo H. Eagle
   Residence of father (if deceased so state) Wheatland, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bertha Jane Weber
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Alonzo E Eagle

New Address X 1189 Lincoln St. Apt A1 Dan.

Subscribed and sworn to before me this 7 day of June, 19 78.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Gattis Middle A. Last Carr

Date of Birth: Month April Day 24 Year 1952

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 291 S Rd. 300E City Danville County State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # 3901

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald E. Carr
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dora Ellen Barker
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Gattis A. Carr

New Address 1189 Lincoln Apt A1 Danville

Subscribed and sworn to before me this 7 day of June, 19 78.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....and filed in.....County.....Court by written order issued.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13th day of June, 19 78, authorizing the joining together as husband and wife Alonzo E. Eagle and Gattis A. Carr

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Mark F. & Elaine R. Filup hereby certify that on the 24 day of June, at Danville, County of Hendricks, one thousand nine hundred and 78 State of Indiana, Groom Alonzo E. Eagle of Hendricks County, State of Indiana, and, Bride Gatricia Ann Carr of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28 day of June, 19 78. Signed Mark F. Filup & Elaine R. Filup

Official Designation Associate Ministers

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of June, 19 78

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 216

File

June 7, 1978
Date of Application

MALE
Medical Examination Report Dated 5-26-78
Name of Physician William Wagner

FEMALE
Medical Examination Report Dated 5-26-78
Name of Physician William Wagner

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jerral Middle Jr. Last Lounsbury
Date of Birth: Month September Day 9 Year 1954
Place of Birth (State or foreign country) Muncie Delaware Co.
Residence Address: Street or R. R. 6133 Bunt Dr City Ft. Wayne County Allen State In.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers Lic. (Picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jerry Lee Lounsbury
   Residence of father (if deceased so state) Muncie Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Aron Bowman
   Residence of mother (if deceased so state) Muncie, In.
   Birthplace of mother (State or foreign country) Ft. Recovery, Ohio

State of Indiana, County of ____ } ss: I depose and state the information given in this application is true and correct.

Signed Jerral J. Lounsbury
New Address 6133 Bunt Drive

Subscribed and sworn to before me this 7 day of June, 19 78
Glen M. Harvey Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of ____ } ss:

Signed ____ Father
Signed ____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____.
____ Clerk

FEMALE APPLICANT

Name: First Deborah Middle A. Last Laffin
Date of Birth: Month July Day 8 Year 1954
Place of Birth (State or foreign country) South Bend In.
Residence Address: Street or R. R. 1605 Stafford Rd. City Plainfield County Hen. State In.

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) ____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dallas David Laffin
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Celina, Ohio
9. Full maiden name of mother Vivian Lucille Eichenauer
   Residence of mother (if deceased so state) Plainfield In.
   Birthplace of mother (State or foreign country) Celina Ohio

State of Indiana, County of ____ } ss: I depose and state the information given in this application is true and correct.

Signed Deborah A. Laffin
New Address 6133 Bunt Drive Ft. Wayne Ind

Subscribed and sworn to before me this 17 day of June, 19 78
Glen M. Harvey Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of ____ } ss:

Signed ____ Father
Signed ____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____.
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court by written order issued ____ and filed in ____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Circuit Court *of Indiana dated the* 13 *day of* June, 19 78, *authorizing the joining together as husband and wife* Jerral J. Lounsbury *and* Deborah A. Laffin
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Dillon Laffin *hereby certify that on the* 17 *day of* June, *one thousand nine hundred and* 78 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Jerral J. Lounsbury *of* Allen *County, State of* Indiana *and, Bride* Deborah A. Laffin *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ____ *County.*
Dated this 13 *day of* June, 19 78.

Signed Rev. Dillon Laffin
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* June, 19 78.
Signed Glen M. Harvey Clerk
____ Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 217

File

Hendricks County

June 7 1978
Date of Application

MALE
Medical Examination Report Dated 6/6/78
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 6/6/78
Name of Physician Wm. Edwards

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle A. Last Stephenson

Date of Birth: Month Feb Day 2 Year 1945

Place of Birth (State or foreign country) Arno In.

Residence Address: Street or R. R. 415 Kentucky Ave, City Spfd. County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License #313-46-9674

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Annette Marie
   Charles Robert
   Seth Thomas
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jack Robert Stephenson
   Residence of father (if deceased so state) 415 Kentucky Ave.
   Birthplace of father (State or foreign country) Hendricks Co.
9. Full maiden name of mother Betty J. Fisher
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Hendricks Co.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Robert A. Stephenson

New Address 2910 Landyla Lane Indpls

Subscribed and sworn to before me this 8th day of June, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Pamela Middle S. Last Ferguson

Date of Birth: Month Dec Day 1 Year 1951

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 912 Broken Bow Apt. City Indianapolis County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marvin D. Ferguson
   Residence of father (if deceased so state) R #2 Box 258 Clayton, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Lou Sage
   Residence of mother (if deceased so state) R #2 Box 258 Clayton, In
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Pamela S. Ferguson

New Address 2910 Landyla Lane Indpls

Subscribed and sworn to before me this 7th day of June, 1978.

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Superior.....Court by written order issued.....3 day Waiver.....and filed in.....Clerks Office.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....Circuit Court of Indiana dated the 8 day of June, 1978, authorizing the joining together as husband and wife Robert A. Stephenson and Pamela S. Ferguson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, David L. Thomas hereby certify that on the 10th day of June, one thousand nine hundred and 78 at Mooresville, County of Morgan, State of Indiana, Groom Robert A. Stephenson of Hendricks County, State of Indiana, and, Bride Pamela S. Ferguson of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10th day of June, 19 78.

Signed David L. Thomas

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of June, 19 78.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 218
File 39
6-8-78
Date of Application

MALE
Medical Examination Report Dated 5-31-78
Name of Physician James Black

FEMALE
Medical Examination Report Dated 5-31-78
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle O. Last Ryan
Date of Birth: Month August Day 6 Year 1957
Place of Birth (State or foreign country) Patrick Air Force Base, Florida
Residence Address: Street or R. R. 542 Enderly City Brownsburg County _____ State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Driver's License w/ photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James O. Ryan
   Residence of father (if deceased so state) 409 Murphy Ln. Brownsburg, In.
   Birthplace of father (State or foreign country) Maryland
9. Full maiden name of mother Thekla Teter
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Moosburg, Germany

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.

Signed x James O. Ryan
New Address 542 Enderly, Brownsburg In.

Subscribed and sworn to before me this _____ day of _____, 19____.
_____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____ Clerk

FEMALE APPLICANT

Name: First Linda Middle Kay Last Chapman
Date of Birth: Month June Day 13 Year 1958
Place of Birth (State or foreign country) Noblesville In.
Residence Address: Street or R. R. 125 Pamela Drive City Brownsburg County _____ State In
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David Lee Chapman
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Virginia Lee Walton
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.

Signed x Linda K. Chapman
New Address 542 Enderly, Brownsburg, Ind.

Subscribed and sworn to before me this _____ day of _____, 19____.
_____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* June, 19 78, *authorizing the joining together as husband and wife* James O. Ryan *and* Linda Kay Chapman
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clifford L. Carmichael *hereby certify that on the* 24th *day of* June, *one thousand nine hundred and* 78 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* James O. Ryan *of* Hendricks *County, State of* Indiana, *and, Bride* Linda Kay Chapman *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 21st *day of* June, *19* 78.

Signed Clifford L. Carmichael
Official Designation United Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27th *day of* June, *19* 78
Signed Ellen M. Harness *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 219

Hendricks County

File June 8, 1978
Date of Application

MALE
Medical Examination Report Dated 6-5-78
Name of Physician Ritchie Coons

FEMALE
Medical Examination Report Dated 6-5-78
Name of Physician Ritchie Coons

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Martin Middle Edward Last Brunes

Date of Birth: Month Oct Day 19 Year 1957

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 Box 32 City Lizton County Hend. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edward Brunes
   Residence of father (if deceased so state) Lizton, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Gladys Jean Reiber
   Residence of mother (if deceased so state) Lizton In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Martin E. Brunes
New Address 406 West Pearl North Salem Ind.

Subscribed and sworn to before me this 8 day of June, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Elaine Middle Last Neff

Date of Birth: Month Dec Day 14 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 Box 124 City N. Salem County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Neff
   Residence of father (if deceased so state) North Salem, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Diana De Tashmit
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Elaine Neff
New Address 406 W. Pearl North Salem, In

Subscribed and sworn to before me this 8 day of June, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* June, 19 78, *authorizing the joining together as husband and wife* Martin Edward Brunes *and* Elaine Neff

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. John D. Wright hereby certify that on the 16 day of June, at North Salem U. M. Church, County of Hendricks, one thousand nine hundred and 78 of Hendricks County, State of Indiana, State of Indiana, Groom Martin Edward Brunes of Hendricks County, State of Indiana, and, Bride Elaine Neff of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 th day of June, 19 78. Signed Rev. John D. Wright

Official Designation Minister Judsin Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of August, 19 78. Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 220
File 39
June 8, 1978
Date of Application

MALE
Medical Examination Report Dated 5-25-78
Name of Physician M. O. Seamahorn

FEMALE
Medical Examination Report Dated 5-25-78
Name of Physician M. O. Seamahorn

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Carl Middle Richard Last Weddle
Date of Birth: Month October Day 22 Year 1952
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 538 Enderly, City Brownsburg, County Hen., State Ind

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Oscar Weddle
   Residence of father (if deceased so state) 550 Alpha, Brownsburg
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruby Edna Beecham
   Residence of mother (if deceased so state) 550 Alpha, Brownsburg
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carl Richard Weddle
New Address 538 Enderly apt #5 Brownsburg, Ind.
Subscribed and sworn to before me this 8 day of June, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Patricia Middle Ann Last Porter
Date of Birth: Month February Day 12 Year 1958
Place of Birth (State or foreign country) Monterey, California
Residence Address: Street or R.R. 518 Maxine Manor, City Brownsburg, County Hen., State Ind.

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Ray Porter
   Residence of father (if deceased so state) 518 Maxine Manor, Brownsburg
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Margaret Elizabeth Ryan
   Residence of mother (if deceased so state) 518 Maxine Manor, Brownsburg
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patricia Ann Porter
New Address 538 Enderly apt #5 B'Burg
Subscribed and sworn to before me this 8 day of June, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* June, *19* 78, *authorizing the joining together as husband and wife* Carl Richard Weddle *and* Patricia Ann Porter
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Larry Lilly *hereby certify that on the* 17th *day of* June, *one thousand nine hundred and* 78 *at* Avon, *County of* Hendricks, *State of Indiana, Groom* Carl Richard Weddle *of* Hendricks *County, State of* Indiana, *and, Bride* Patricia Ann Porter *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 17th *day of* June, *19* 78.

Signed Larry Lilly
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 20th *day of* June, *19* 78
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 222

File _____

June 9, 1978
Date of Application

MALE
Medical Examination Report Dated 6-5-78
Name of Physician Irving Coben, M.D.

FEMALE
Medical Examination Report Dated 6-5-78
Name of Physician Irving Coben, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Bruce Middle Douglas Last Cordray

Date of Birth: Month Oct. Day 4 Year 1956

Place of Birth (State or foreign country) Indianapolis, Marion Co Ind.

Residence Address: Street or R. R. 404 Buchanan City Plainfield County Hendricks State Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) I.D. - Habit (Hgr. School)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Roy Cordray
   Residence of father (if deceased so state) 404 Buchanan, Plainfield
   Birthplace of father (State or foreign country) Mooresville, Ind.
9. Full maiden name of mother Shirley Ann Richardson
   Residence of mother (if deceased so state) 404 Buchanan, Plainfield
   Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bruce Douglas Cordray
New Address ? Calif. [illegible]

Subscribed and sworn to before me this 9 day of June, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Dawn Middle Marie Last Rogers

Date of Birth: Month Nov. Day 4 Year 1957

Place of Birth (State or foreign country) Indianapolis, Marion Co. Ind.

Residence Address: Street or R. R. 327 Vestal Road City Plainfield County Hendricks State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
Ind. Bd. Health Cert # 57-101348

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John William Rogers
   Residence of father (if deceased so state) 327 Vestal Rd. Plainfield
   Birthplace of father (State or foreign country) Indianapolis Ind.
9. Full maiden name of mother Margie Ruth Burton
   Residence of mother (if deceased so state) 327 Vestal Rd.
   Birthplace of mother (State or foreign country) French Lick, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dawn Marie Rogers
New Address

Subscribed and sworn to before me this 9 day of June, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13 *day of* June, 19 78, *authorizing the joining together as husband and wife* Bruce Douglas Cordray *and* Dawn Marie Rogers
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren Robbins *hereby certify that on the* 24 *day of* June, *one thousand nine hundred and* 78 *at* Plainfield Friends Meeting House, *County of* Hendricks *State of Indiana, Groom* Bruce Douglas Cordray *of* Hendricks *County, State of* Indiana *and, Bride* Dawn Marie Rogers *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 24th *day of* June, 19 78.

Signed Warren A Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 *day of* June, 19 78.

Signed Glen M Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 323

File

Re-Marriage County

Mon June 9, 1978 Date of Application

MALE
Medical Examination Report Dated May 24, 1978
Name of Physician Dr. Joseph H. Buchman

FEMALE
Medical Examination Report Dated May 24, 1978
Name of Physician Glenn Baker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Henry Middle L. Last Miles III

Date of Birth: Month 10 Day 9 Year 1946

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R. R. 708 Ironwood Dr. City Plainfield County In State R#3

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Wendy
   Kelley
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Henry L. Miles Jr.
   Residence of father (if deceased so state) 5828 Gloucester Circle Indpls.
   Birthplace of father (State or foreign country) Indianapolis
9. Full maiden name of mother Betty Jane Duncan
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indianapolis, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Henry L. Miles III

New Address

Subscribed and sworn to before me this 9 day of June, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Angela Middle Kay Last Miles

Date of Birth: Month Sept Day 29 Year 1948

Place of Birth (State or foreign country) Corpus Christi Texas

Residence Address: Street or R. R. 708 Ironwood Dr. City Plfd County In State R#3

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Malcolm E. Strehane
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Texas
9. Full maiden name of mother Edna M. Black
   Residence of mother (if deceased so state) 5481 York Ln. N. Colo. Ohio
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Angela Miles

New Address 708 Ironwood Dr. R3 Plainfield

Subscribed and sworn to before me this 9 day of June, 19.....

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13th day of June, 19 78, authorizing the joining together as husband and wife Henry L. Miles III and Angela Kay Miles.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, S. Wayne Trevathan hereby certify that on the 15 day of June, one thousand nine hundred and 78 at Indianapolis, County of Marion, State of Indiana, Groom Henry L. Miles of Hendricks County, State of Indiana, and, Bride Angela Kay Miles of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15 day of June, 19 78.

Signed S. Wayne Trevathan

Official Designation United Methodist Elder

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of June, 19 78.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 224

File June 9, 1978

_____ County

Date of Application

MALE
Medical Examination Report Dated 6-5-78

Name of Physician James Black

FEMALE
Medical Examination Report Dated 6-5-78

Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Thomas; Middle M.; Last Hardesty

Date of Birth: Month Aug.; Day 8; Year 1958

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R. R. 514 Enderly, Apt. 3; City Brownsburg; County Hend.; State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Birth Certificate 9642

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Factor James Hardesty, Jr.
   Residence of father (if deceased so state) RR2 Box 177 H, Brownsburg
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosemary Ann Graham
   Residence of mother (if deceased so state) Some
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Thomas M Hardesty

New Address 514 Enderly Ave Apt 3 Brownsburg

Subscribed and sworn to before me this 9 day of June, 19 78.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Donna; Middle Maxine; Last Solomon

Date of Birth: Month June; Day 9; Year 60

Place of Birth (State or foreign country) Terre Haute, Indiana

Residence Address: Street or R. R. RR 1 Box 17; City Pittsboro; County Hend.; State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Birth Certificate 60-279606

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father deceased
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country)
9. Full maiden name of mother Violet Ruth Gardner
   Residence of mother (if deceased so state) RR1 Box 17, Pittsboro
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donna Maxine Solomon

New Address 514 Enderly Ave. Apt 3 Brownsburg

Subscribed and sworn to before me this 9 day of June, 19 78.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13th *day of* June, 1978, *authorizing the joining together as husband and wife* Thomas M. Hardesty *and* Donna Maxine Solomon

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Buryl McCrary *hereby certify that on the* 16th *day of* June, *one thousand nine hundred and* 78 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Thomas M. Hardesty *of* Hendricks *County, State of* Indiana, *and, Bride* Donna Maxine Solomon *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 16th *day of* June, 19 78.

Signed Buryl McCrary

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20th *day of* June, 19 78.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 225

_____ County

File _____

June 12, 1978
Date of Application

MALE
Medical Examination Report Dated 6-8-78
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 6-8-78
Name of Physician David Hadley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Charles Middle Lee Last Beck

Date of Birth: Month 12 Day 15 Year 58

Place of Birth (State or foreign country) Greencastle, Ind.

Residence Address: Street or R. R. RR1 Box 345 City Clayton County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Glen Charles Beck
   Residence of father (if deceased so state) Clayton, Ind. (R.R.)
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Unave Spears
   Residence of mother (if deceased so state) Clayton, Ind (RR)
   Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles Beck
New Address 11304 West Washington
Subscribed and sworn to before me this 12th day of June, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Connie Middle L. Last Crowder

Date of Birth: Month 12 Day 4 Year 57

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R. R. 337 N. Vine City Plainfield County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marlin Crowder
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Anna Fox
   Residence of mother (if deceased so state) Plainfield, Ind.
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Connie Crowder
New Address 11304 West Washington
Subscribed and sworn to before me this 12th day of June, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the 16 day of June, 19 78, authorizing the joining together as husband and wife Charles Lee Beck and Connie L. Crowder

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Hartsel Wilhite hereby certify that on the 16th day of June, one thousand nine hundred and 78 at Kessler Krest Baptist Church, County of Marion, State of Indiana, Groom Charles Lee Beck of Hendricks County, State of Indiana, and, Bride Connie L. Crowder of Hendricks County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 16th day of June, 19 78. Signed Hartsel Whilhite

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of JUly, 19 78

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 226

File

June 12, 1978
Date of Application

MALE
Medical Examination Report Dated 6-9-78
Name of Physician E. J. O'Brien Md.

FEMALE
Medical Examination Report Dated 6-6-78
Name of Physician E. J. O'Brien Md.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Glen Middle Dale Last Downey

Date of Birth: Month [illegible] Day 18 Year 1957

Place of Birth (State or foreign country)

Residence Address: 253 Street or R. R. W. Donnelly Dr. City Ypsma County Ypsma State Ariz.
Brownsburg Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert A. Downey
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) California
9. Full maiden name of mother Priscilla Kay Codispoti
   Residence of mother (if deceased so state) Brownsburg Ind.
   Birthplace of mother (State or foreign country) Arizona

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Glen Dale Downey
New Address San Antonio Tx.
Subscribed and sworn to before me this 12 day of June, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Kathryn Middle Ann Last Kersey

Date of Birth: Month January Day 13 Year 1959

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: 5741 Street or R. R. Lakeland Blvd. City Marion County Indpls. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kenneth Ames Kersey
   Residence of father (if deceased so state) Indianapolis Ind.
   Birthplace of father (State or foreign country) N. Dakota
9. Full maiden name of mother Carol Beth Cambon
   Residence of mother (if deceased so state) Indianapolis Ind.
   Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kathryn A. Kersey
New Address San Antonio Dallas
Subscribed and sworn to before me this 12 day of June, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 19 *day of* June, 19 78, *authorizing the joining together as husband and wife* Glen Dale Downey *and* Kathryn Ann Kersey

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry R. Nash *hereby certify that on the* 24th *day of* June, *one thousand nine hundred and* 78 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Glen Dale Downey *of* Beaxr *County, State of* Texas, *and, Bride* Kathryn Ann Kersey *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 24th *day of* June, 19 78.

Signed Jerry R. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24th *day of* June, 19 78
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 227

Hendricks County

File

Jan 13 1978
Date of Application

MALE
Medical Examination Report Dated 6-8-78
Name of Physician Wm S. Armstrong

FEMALE
Medical Examination Report Dated 6-1-78
Name of Physician Wm S. Armstrong

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Byron Middle Lee Last Bradley

Date of Birth: Month Aug Day 25 Year 1958

Place of Birth (State or foreign country) Penn.

Residence Address: Street or R. R. 5562 Blue Hill Cr. Apt. B City Indpls County ____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) ____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dallas Bradley
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Penn
9. Full maiden name of mother Billie Sue Brawner
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Penn

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Byron Lee Bradley
New Address 5562 Blue Hill Circle #B

Subscribed and sworn to before me this 13 day of June, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary ____

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____.

____ Clerk

FEMALE APPLICANT

Name: First Rhonda Middle Lynn Last Craig

Date of Birth: Month Jan. Day 1 Year 1958

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 9733 Harmony Dr. City Indpls. County Hend. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) ____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert L. Craig
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother La Donna L. Sayers
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Rhonda L Craig
New Address 5562 Blue Hill Circle #B

Subscribed and sworn to before me this 13 day of June, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary ____

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____.

____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court by written order issued ____ and filed in ____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17 *day of* June, 19 78, *authorizing the joining together as husband and wife* Byron Lee Bradley *and* Fhonda Lynn Craig

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Stephen C. Goens *hereby certify that on the* 17th *day of* June, *one thousand nine hundred and* 78 *at* Faith Baptist of Avon, *County of* Hendricks, *State of Indiana, Groom* Byron Lee Bradley *of* Marion *County, State of* Indiana, *and, Bride* Rhonda Lynn Craig *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 17th *day of* June, 19 78.

Signed Rev. Stephen C. Goens
Official Designation Baptist Preacher

Filed and recorded in accordance with the laws of the State of Indiana this 20th *day of* June, 19 78

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 228
File 39
6-15-78
Date of Application

MALE
Medical Examination Report Dated 6-12-78
Name of Physician James Black

FEMALE
Medical Examination Report Dated 6-12-78
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Larry Middle Ray Last Keene

Date of Birth: Month June Day 17 Year 1957

Place of Birth (State or foreign country) Flint Michigan

Residence Address: Street or R. R. RR 18 Bx 122 City Indianapolis County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☑
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul Keene
   Residence of father (if deceased so state) RR 18 Bx 122 Indianapolis In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lois Jean Coulter
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Larry R Keene
New Address 425 N Brownsburg, In.
Subscribed and sworn to before me this 15 day of June, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Janet Middle Lynn Last Cassity

Date of Birth: Month March Day 19 Year 1959

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R. R. RR1 Bx 200 City Brownsburg County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marvin K. Cassity
   Residence of father (if deceased so state) RR1 Bx 200 Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn S. Bond
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Janet Lynn Cassity
New Address 425 N. Brownsburg In.
Subscribed and sworn to before me this 15 day of June, 19 78.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14th *day of* June, 19 78, *authorizing the joining together as husband and wife* Larry Ray Keene *and* Janet Lynn Cassity

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry R. Nash *hereby certify that on the* 1st *day of* July, *one thousand nine hundred and* 78 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Larry Ray Keene *of* Hendricks *County, State of* Indiana, *and, Bride* Janet Lynn Cassity *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 1st *day of* July, 19 78.

Signed Jerry R. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5th *day of* July, 19 78

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 229
File 39
6-15-78
Date of Application

Hendricks County

MALE
Medical Examination Report Dated 6-7-78
Name of Physician R. Steven Irwin

FEMALE
Medical Examination Report Dated 6-7-78
Name of Physician R. Steven Irwin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Rickie Middle E. Last Wilson
Date of Birth: Month May Day 13 Year 1952
Place of Birth (State or foreign country) Indianapolis In
Residence Address: Street or R. R. Cartersburg City County State In

Previous Marital Status: Never Married ☐ OR /
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Voter Reg. # 12813

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Glendel E. Wilson
   Residence of father (if deceased so state) 300 S Rd 125 E Danville, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Edith Dause
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed x Rickie E Wilson
New Address PO Box 21 Cartersburg

Subscribed and sworn to before me this 15 day of June, 19 78.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Donna Middle K Last Gilbreath
Date of Birth: Month September Day 8 Year 1954
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. RI Bx 158 City Coatesville County In. State

Previous Marital Status: Never Married ☐ OR /
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree Local No. 9604 Marion Co.
☐ Other (Specify).....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Randall Glen Wallace
   Residence of father (if deceased so state) RI Bx 158 Coatesville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Doris Irene Case
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed x Donna K. Gilbreath
New Address P O Box 21 Cartersburg

Subscribed and sworn to before me this 15 day of June, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 19 *day of* June, 19 78, *authorizing the joining together as husband and wife* Rickie E. Wilson *and* Donna K. Gilbreath

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edward A. Freathy *hereby certify that on the* 24 *day of* June, *at* Danville, *County of* Hendricks, *one thousand nine hundred and* 78, *State of Indiana, Groom* Rickie E. Wilson *of* Hendricks *County, State of* Indiana, *and, Bride* Donna K Gilbreath *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 24 *day of* June, 19 78.

Signed Edward A. Freathy
Official Designation Minister of the Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 28 *day of* June, 19 78.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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No. 230

File

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

HENDRICKS County

June 13, 1978
Date of Application

MALE
Medical Examination Report Dated June 13, 1978
Name of Physician Kathleen B. Oldham M.D.

FEMALE
Medical Examination Report Dated June 13, 1978
Name of Physician Kathleen B. Oldham M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jose Middle Laserna Last Valena

Date of Birth: Month Nov. Day 13 Year 1950

Place of Birth (State or foreign country) Phillipines

Residence Address: Street or R.R. 1206 N. Petty Rd. City Muncie County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dominador V. Valena
   Residence of father (if deceased so state) Muncie, In.
   Birthplace of father (State or foreign country) Phillipines
9. Full maiden name of mother Patria Laserna
   Residence of mother (if deceased so state) Muncie, In
   Birthplace of mother (State or foreign country) Phillipines

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jose Dominador L. Valena

New Address

Subscribed and sworn to before me this 15 day of June, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Lynn Middle Christine Last Griffey

Date of Birth: Month Dec. Day 8 Year 1953

Place of Birth (State or foreign country) Muncie In.

Residence Address: Street or R. R. 10234 Bacara Dr. City Indpls. County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Griffey
   Residence of father (if deceased so state) R#1 Box 148 Selma, In.
   Birthplace of father (State or foreign country) Muncie, In.
9. Full maiden name of mother Bonnie Ann Sasser
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lynn Griffey

New Address

Subscribed and sworn to before me this 15 day of June, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 15 *day of* June, 19 78, *authorizing the joining together as husband and wife* Jose Dominador Laserna Velena *and* Lynn Christina Griffey

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James A. Bates hereby certify that on the 17 day of June, one thousand nine hundred and 78 at Muncie, County of Delaware, State of Indiana, Groom Jose Dominador Laserna Velena Delaware County, State of Indiana, and, Bride Lynn Christine Griffey of Delaware County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17 day of June, 19 78.

Signed James A. Bates

Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* June, 19 78.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 231

Hendricks County

File June 15, 1978
Date of Application

MALE
Medical Examination Report Dated 6-13-78
Name of Physician Gene A. White, M.D.

FEMALE
Medical Examination Report Dated 6-13-78
Name of Physician William L. Wagner M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Chris Middle Lynn Last Lawson
Date of Birth: Month Dec. Day 8 Year 1955
Place of Birth (State or foreign country): Indianapolis, Marion Co. Ind.
Residence Address: Street or R. R. R.R. 1, Box 62, City Danville, County Hendricks, State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Voter's Registration # 15884

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Beauford Winfrey Lawson
   Residence of father (if deceased so state) RR 1 Box 62, Danville
   Birthplace of father (State or foreign country) Jasonville, Ind.
9. Full maiden name of mother Grace Louise Keller
   Residence of mother (if deceased so state) RR. 1, Box 62,
   Birthplace of mother (State or foreign country) Linton, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Chris Lynn Lawson
New Address ?

Subscribed and sworn to before me this 15 day of June, 19....
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Trina Middle Lynn Last Pitts
Date of Birth: Month Feb. Day 18 Year 1957
Place of Birth (State or foreign country) Vincennes, Ind.
Residence Address: Street or R. R. 1112 Charles Ct., City Plainfield, County Hend., State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree #5316-66-4720
☒ Other (Specify) Ind. Driver License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Larry Keith Pitts
   Residence of father (if deceased so state) 1112 Charles Ct. Plainfield
   Birthplace of father (State or foreign country) Vincennes, Ind.
9. Full maiden name of mother Linda Joan Wolfe
   Residence of mother (if deceased so state) 1112 Charles Ct. Plainfield
   Birthplace of mother (State or foreign country) Vincennes, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Trina Lynn Pitts
New Address ?

Subscribed and sworn to before me this 15 day of....., 19....
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21st day of June, 1978, authorizing the joining together as husband and wife Chris Lynn Lawson and Trina Lynn Pitts

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jeffrey A. Frees hereby certify that on the 24 day of June, one thousand nine hundred and 78 at Plainfield U.M. Church, County of Hendricks, State of Indiana, Groom Chris Lynn Lawson of Hendricks County, State of Indiana, and, Bride Trina Lynn Pitts of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 24 day of June, 19 78. Signed Jeffrey A. Frees
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of June, 19 78
Signed Glenn M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

Hendricks County

No. 232

File

June 16 1978
Date of Application

MALE
Medical Examination Report Dated June 13, 1978
Name of Physician Carl L. Hendricks

FEMALE
Medical Examination Report Dated June 13, 1978
Name of Physician Carl L. Hendricks

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Allen Last Gray
Date of Birth: Month April Day 10 Year 1959
Place of Birth (State or foreign country) Lebanon In.
Residence Address: Street or R. R. RR #6 Box 156 City Brownsburg County Hendricks State In

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Virgil Hugh Gray
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother June Maxine Jones
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael A Gray
New Address RR 6 Box 156

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sandra Middle Marie Last Burnett
Date of Birth: Month Sept Day 3 Year 1961
Place of Birth (State or foreign country) Greencastle In.
Residence Address: Street or R. R. P.O. Box 75 City Clayton County Hendricks State In

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wilbur Leon Burnett
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marilyn R. Sinclusen
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sandra Marie Burnett
New Address RR 6 Box 156

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Wilbur Leon Burnett Father

Signed Marilyn R. Burnett Mother

Subscribed and sworn to before me this 16 day of June, 19 78

Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 3 day & age waived and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 16 *day of* June, 1978, *authorizing the joining together as husband and wife* Michall Allen Gray *and* Sandra Marie Burnett

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glen M. Harvey hereby certify that on the 16 day of June, one thousand nine hundred and 78 at Danville, County of Hendricks, State of Indiana, Groom Michall Allen Gray of Hendricks County, State of Indiana, and, Bride Sandra Marie Burnett of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 day of June, 19 78.

Signed Glen M. Harvey
Official Designation Clerk Hendricks Co.

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of June, 19 78.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 933

File 39

_____ County

6-16-78
Date of Application

MALE
Medical Examination Report Dated 6-13-78
Name of Physician Ralph B. Ullom, M.D.

FEMALE
Medical Examination Report Dated 6-13-78
Name of Physician Paul Stanley Lewis

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gary Middle R. Last Wilson

Date of Birth: Month July Day 22 Year 1944

Place of Birth (State or foreign country) Russell Co., KY

Residence Address: Street or R. R. RR 2 Box 294E, City Clayton, County Hen., State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒ 2 - 1978 Johnson Co

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Lisa Ann Wilson
   Timothy Ray Wilson
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ira C. Wilson
   Residence of father (if deceased so state) RR 4, Box 160, Russell Springs, KY
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Elsie M. Chumbley
   Residence of mother (if deceased so state) RR 4, Box 160, Russell Springs, KY
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gary R Wilson
New Address RR 2 Box 294E Clayton Ind
Subscribed and sworn to before me this 16 day of June, 1978
_____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____
_____ Clerk

FEMALE APPLICANT

Name: First Donna Middle J. Last Harmon

Date of Birth: Month Sept. Day 4 Year 1944

Place of Birth (State or foreign country) Monroe - KY

Residence Address: Street or R. R. RR 2 Box 294E, City Clayton, County Hen., State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1 - Morgan Co - 1970

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Chad Montgomery Harmon
   Ross Edgar Harmon
   Todd Allen Harmon
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald R. Wolfe
   Residence of father (if deceased so state) RR 2 Box 295, Clayton, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Audra H. Blakey
   Residence of mother (if deceased so state) RR 2 Box 295, Clayton, Ind.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donna J Harmon
New Address RR 2 Box 294E Clayton Ind
Subscribed and sworn to before me this 16 day of June, 1978
_____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court by written order issued ____ and filed in ____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22 day of June, 19 78, authorizing the joining together as husband and wife Gary L Wilson and Donna J Harmon

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, David L Thomas hereby certify that on the 23 day of June, at RR2 Bx 295 Hazlewood, County of Hendricks, one thousand nine hundred and 78, State of Indiana, Groom Gary L Wilson of Hendricks County, State of Indiana, and, Bride Donna J Harmon of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23 day of June, 19 78. Signed David L Thomas
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of June, 19 78. Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 234
File 39
6-16-78
Date of Application

MALE
Medical Examination Report Dated 6-13-78
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 6-13-78
Name of Physician Eric D. Clark

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Mark Middle A. Last Miller

Date of Birth: Month February Day 26 Year 1958

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. RR3 Bx 324 City Plainfield County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licinse w/ phato

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles F. Meller
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Donna L. Weilkammer
   Residence of mother (if deceased so state) RR3 Bx 324 Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Mark A. Miller
New Address Mill St. Plainfield, IN

Subscribed and sworn to before me this 16 day of June, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First San Dee Middle Last May

Date of Birth: Month July Day 20 Year 1957

Place of Birth (State or foreign country) Bedford In.

Residence Address: Street or R. R. RR3 Bx 433 City Plainfield County In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/ phato

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ronald D. May
   Residence of father (if deceased so state) RR3 Bx 433 Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Sue Gregory
   Residence of mother (if deceased so state) Above
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X San Dee May
New Address Mill St., Plainfield, IN

Subscribed and sworn to before me this 16 day of June, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 21 *day of* June, 19 78, *authorizing the joining together as husband and wife* Mark A. Miller *and* San Dee May

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edward Curtice *hereby certify that on the* 1st *day of* July, *one thousand nine hundred and* 78 *at* Avon, *County of* Hendricks, *State of Indiana, Groom* Mark A. Miller *of* Hendricks *County, State of* Indiana, *and, Bride* San Dee May *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 21st *day of* June, 19 78.

Signed Edward Curtice

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5th *day of* July, 19 78

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

Hendricks County

No. 235
File 39
6-16-78
Date of Application

MALE
Medical Examination Report Dated 6-12-78
Name of Physician M.D. Seamahorn

FEMALE
Medical Examination Report Dated 6-12-78
Name of Physician M.D. Seamahorn

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Charles Last Drew
Date of Birth: Month November Day 28 Year 1957
Place of Birth (State or foreign country) Marion Co., Ind.
Residence Address: Street or R. R. 31 Lincoln Ave, City Brownsburg, County, State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Thomas Drew
   Residence of father (if deceased so state) R.R. 1 Box 230D, Pittsboro
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Roxanne Hukens
   Residence of mother (if deceased so state) R.R. 1, Box 230D, Pittsboro
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed Michael C. Drew
New Address 31 LINCOLN AVE BROWNSBURG
Subscribed and sworn to before me this 16 day of June, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Robin Middle Lynn Last Albright
Date of Birth: Month December Day 13 Year 1957
Place of Birth (State or foreign country) Marion Co., Ind.
Residence Address: Street or R. R. R R 1 Box 182E, City Pittsboro, County Hen., State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kenneth Sylvester Albright
   Residence of father (if deceased so state) Bridgeton, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Jean Smith
   Residence of mother (if deceased so state) R R 1, Box 182E, Pittsboro
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed Robin L. Albright
New Address 31 Lincoln Ave. Brownsburg
Subscribed and sworn to before me this 16 day of June, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20 day of June, 19 78, authorizing the joining together as husband and wife Michael Charles Drew and Robin Lynn Albright

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William Charles McGraw hereby certify that on the 1st day of July, one thousand nine hundred and 78 at Pittsboro, County of Hendricks, State of Indiana, Groom Michael Charles Drew of Hendricks County, State of Indiana, and, Bride Robin Lynn Albright of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of July, 19 78. Signed William C. McGraw
Official Designation Minister, Pittsboro Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of July, 19 78
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 0236
File 39
6-19-78
Date of Application

MALE
Medical Examination Report Dated 6-16-78
Name of Physician James Black

FEMALE
Medical Examination Report Dated 6-16-78
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Quinnon; Middle Kent; Last Purvis
Date of Birth: Month Sept.; Day 16; Year 1957
Place of Birth (State or foreign country): Atlanta, Georgia
Residence Address: 32 Georgetown; Street or R. R.; Fort Myers; City; Lee; County; Fla.; State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Driver's License w/photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Quinnon Ralph Purvis
   Residence of father (if deceased so state) 3598 Broadway Fort Myers, Fla.
   Birthplace of father (State or foreign country) Florida
9. Full maiden name of mother Marjorie Kent
   Residence of mother (if deceased so state) 32 Georgetown Fort Myers, Fla.
   Birthplace of mother (State or foreign country) Alabama

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Quinnon Kent Purvis
New Address Walden Book Company, Houston, Texas

Subscribed and sworn to before me this 16 day of June, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Mary; Middle Ruth; Last Robinson
Date of Birth: Month March; Day 25; Year 1955
Place of Birth (State or foreign country): Detroit, Michigan
Residence Address: 704 Maple Lane; Street or R. R.; Brownsburg; City; Hendricks; County; In.; State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Passport

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Eugene Robinson
   Residence of father (if deceased so state) See Above
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janet Ruth Wilson
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Nebraska

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Mary Ruth Robinson
New Address Walden Book Company, Houston, Texas

Subscribed and sworn to before me this 16 day of June, 1976
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23 *day of* June, 19 78, *authorizing the joining together as husband and wife* Quinnon Kent Purvis *and* Mary Ruth Robinson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry R. Nash *hereby certify that on the* 24th *day of* June, *one thousand nine hundred and* 78 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Quinnon Kent Purvis *of* Lee *County, State of* Florida *and, Bride* Mary Ruth Robinson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 24th *day of* June, 19 78.

Signed Jerry R. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27th *day of* June, 19 78.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 237

File

Hendricks County

6-21-78 Date of Application

MALE
Medical Examination Report Dated 6-19-78
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 6-19-78
Name of Physician David Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle Bryan Last Habig

Date of Birth: Month 2 Day 14 Year 55

Place of Birth (State or foreign country) Bluffton, Indiana

Residence Address: Street or R. R. 1614 N. High School Rd. City Indpls. County Marion State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Louis John Habig
   Residence of father (if deceased so state) Florida, St. Petersburg
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janet Elizabeth Nausbaumer
   Residence of mother (if deceased so state) RR 1, Box 55, Keystone, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed David B. Habig
New Address 1614 N. High School Rd.
Subscribed and sworn to before me this 21 day of June, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Carolyn Middle Sue Last Cox

Date of Birth: Month 3 Day 13 Year 58

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R. R. RR 2 Box 617 City Plainfield County Hendricks State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Edward Cox
   Residence of father (if deceased so state) RR 2, Box 617, Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elsie Bernice Davis
   Residence of mother (if deceased so state) RR 2, Box 617, Plainfield, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Carolyn Sue Cox
New Address 1614 N. High School Road
Subscribed and sworn to before me this 21 day of June, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior II Court by written order issued 3 day Waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 21st *day of* June, 19 78, *authorizing the joining together as husband and wife* David Bryan Habig *and* Carolyn Sue Cox

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edward Curtice hereby certify that on the 25th day of June, one thousand nine hundred and 78 at Plainfield, County of Hendricks, State of Indiana, Groom David B. Habig of Marion County, State of Indiana, and, Bride Carolyn S. Cox of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of June, 19 78 Signed Edward Curtice
Minister
Official Designation

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of June, 19 78
Signed Glenn M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 238
File 39
6-21-78
Date of Application

MALE
Medical Examination Report Dated 6-13-78
Name of Physician Nelson D. Gaddy

FEMALE
Medical Examination Report Dated 6-13-78
Name of Physician Nelson D. Gaddy

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Douglas Middle Edward Last George

Date of Birth: Month September Day 14 Year 1954

Place of Birth (State or foreign country): Columbus Ohio

Residence Address: 601 Park Ave. Street or R. R. Lafayette City Lebanon Ind. County Ohio State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Lloyd George
   Residence of father (if deceased so state) 101 Briarsdale Indpls, In.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Gertrude Mary Purcell
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Douglas E. George
New Address ~~601~~ 601 Park Ave Laf. In.

Subscribed and sworn to before me this 21 day of June, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Barbara Middle Karon Last Boschen

Date of Birth: Month Day Year

Place of Birth (State or foreign country)

Residence Address: 5117 Fairway Dr. Street or R. R. Plainfield City Indiana County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles L. Boschen
   Residence of father (if deceased so state) 4246 Woodsage Indpls. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Louise Friedmeyer
   Residence of mother (if deceased so state) 5117 Fairway Dr. Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Barbara K Boschen
New Address 601 Park Ave. Lafayette, In

Subscribed and sworn to before me this 21 day of June, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 26 *day of* June, 19 78, *authorizing the joining together as husband and wife* Douglas Edward George *and* Barbara Karen Boschen

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, George H. Hoog *hereby certify that on the* 1st *day of* July, *one thousand nine hundred and* 78 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Douglas Edward George *of* Hendricks *County, State of* Indiana, *and, Bride* Barbara Karen Boschen *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 1st *day of* July, 19 78.

Signed George H. Hoog

Official Designation Lutheran Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* July, 19 78

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 239

File

Hendricks County

6-22-78 Date of Application

MALE
Medical Examination Report Dated 6-13-78
Name of Physician Robert Coons

FEMALE
Medical Examination Report Dated 6-13-78
Name of Physician Robert Coons

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Tony Middle Everett Last Purkhiser

Date of Birth: Month Feb. Day 13 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 Box 190 A City Lebanon County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Perry Purkhiser
   Residence of father (if deceased so state) Lebanon, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Carolyn Smithey
   Residence of mother (if deceased so state) Lebanon, Ind
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Tony Purkhiser
New Address RR1 Lebanon Ind.

Subscribed and sworn to before me this 22 day of June, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
County of

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Cheryl Middle Ann Last Frick

Date of Birth: Month Jan. Day 6 Year 1961

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 25 E. Main St. City Brownsburg County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Brownsburg School Record

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clyde R. Frick
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Dorothy Hall
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Cheryl Frick
New Address R1 Lebanon Ind

Subscribed and sworn to before me this 22 day of June, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
County of

Signed Clyde R. Frick. Father

Signed Dorothy J. Frick Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* ..... *of Indiana dated the* 27 *day of* June, 19 78, *authorizing the joining together as husband and wife* Tony Everett Purkhiser *and* Cheryl Ann Frick

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Clifford L. Carmichael *hereby certify that on the* 1st *day of* July, *one thousand nine hundred and* 78 *at* Brownsburg, *County of* Hendricks, *State of Indiana,* Boons *County, State of* Indiana, *Groom* Tony Everett Purkhiser *of* Hendricks *County, State of* Indiana, *and, Bride* Cheryl Anne Frick *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 27th *day of* June, 19 78

Signed Clifford L. Carmichael

Official Designation United Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* July, 19 78

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 240
File 39
6-23-78
Date of Application

MALE
Medical Examination Report Dated 6-21-78
Name of Physician John L. Searight

FEMALE
Medical Examination Report Dated 6-21-78
Name of Physician John L Searight

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Eldon Middle K. Last Mc Kenzie, Jr.
Date of Birth: Month October Day 28 Year 1953
Place of Birth (State or foreign country) Angola In.
Residence Address: Street or R. R. 3633 Watergate Cl. #3 City Indianapolis County _____ State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) I.U.P.U.I. Identification 316-56-0664

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Eldon K. Mc Kenzie, Sr.
   Residence of father (if deceased so state) 9109 Trinity Pl. Indpls. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Irene Reed
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Eldon McKenzie
New Address 3644 Watergate Place Indpls

Subscribed and sworn to before me this 23 day of June, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Robyn Middle A. Last Zoelzer
Date of Birth: Month November Day 10 Year 1955
Place of Birth (State or foreign country) St. Louis Missouri
Residence Address: Street or R. R. 515 Moore Dr. City Brownsburg County _____ State Ins.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Voter Reg. 7073

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Vernon A. Zoelzer
   Residence of father (if deceased so state) 515 Moore Dr. Brownsburg, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Gail Muriel Kuntz
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Robyn A. Zoelzer
New Address 3644 3644 Watergate Pl. Indpls.

Subscribed and sworn to before me this 23 day of June, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 29th *day of* June, *19* 78, *authorizing the joining together as husband and wife* Eldon K. McKenzie, Jr. *and* Robyn A. Zoelzer

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Keith L. Kinney *hereby certify that on the* 1st *day of* July, *one thousand nine hundred and* 78 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Eldon K. McKenzie, Jr. *of* Marion *County, State of* Indiana *and, Bride* Robyn A. Zoelzer *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 1st *day of* July, *19* 78

Signed Ketih L. Kinney
Official Designation Chaplin, Methodist Hospital, Indianapolis

Filed and recorded in accordance with the laws of the State of Indiana this 5th *day of* July, *19* 78

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

Hendricks County

No. 241
File 6-23-78
39
Date of Application

MALE
Medical Examination Report Dated 6-23-78
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 6-23-78
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle E. Last Gellenbeck
Date of Birth: Month September Day 13 Year 1955
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 3215 Sup. Ct. Dr. City Indianapolis County In. State
Previous Marital Status: Never Married ☐ OR /
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License w/photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Andrew Ryan Gellenbeck
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. Hendricks Co. Clerk
8. Full name of father Harry Arthur Gellenbeck
   Residence of father (if deceased so state) 3215 Sup Ct. Indpls, In.
   Birthplace of father (State or foreign country) N. Dekota
9. Full maiden name of mother Talitha Mae Aldred
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed XRonald E Gellenbeck
New Address 7853 Sky crest tr. 1808 FP

Subscribed and sworn to before me this 23 day of June, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Anita Middle K Last Harrison
Date of Birth: Month March Day 22 Year 1952
Place of Birth (State or foreign country) Indianapolis In
Residence Address: Street or R. R. 7853 Skycrest Tr. City Indianapolis County In. State
Previous Marital Status: Never Married ☐ OR /
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Johnathon Everett Harrison
   Jimmy Garland Harrison
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl Thomas Bysase
   Residence of father (if deceased so state) 8729 Chapel Glen Dr. Indpls., In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jimmie Louise Garland
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Anita K Harrison
New Address 7853 Skycrest Tr. #1808 Indpls

Subscribed and sworn to before me this 23 day of June, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superiors Court by written order issued 3 Day Waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23 *day of* June, 19 78, *authorizing the joining together as husband and wife* Donald E. Gellenbeck *and* Anita K Harrison

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Maurer hereby certify that on the 23rd day of June, one thousand nine hundred and 78 at Danville, County of Hendricks, State of Indiana, Groom Donald E. Gellenbeck of Hendricks County, State of Indiana, and, Bride Anita K Harrison of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23rd day of June, 19 78.

Signed John C. Maurer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of June, 19 78.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 242

File June 23, 1978

_____ County

Date of Application

MALE
Medical Examination Report Dated 6-22-78
Name of Physician James Black, M.D.

FEMALE
Medical Examination Report Dated 6-22-78
Name of Physician James Black M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gary Middle Lee Last Roth

Date of Birth: Month August Day 20 Year 1960

Place of Birth (State or foreign country) Oceanside, San Diego Co. Calif.

Residence Address: Street or R. R. 507 Enderly Ave. City Brownsburg County Hend. State Co. Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
State of Calif. Cert # 8000 16408

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gerald Eugene Roth
   Residence of father (if deceased so state) 8831 Center St. Indpls.
   Birthplace of father (State or foreign country) Frankfort Ind. Ind
9. Full maiden name of mother Patricia Ann Thomas
   Residence of mother (if deceased so state) 8831 Center St. Indpls.
   Birthplace of mother (State or foreign country) Kokomo, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gary Roth

New Address 5201 Adams Rd., Del Ray Beach Fla.

Subscribed and sworn to before me this 23 day of June, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed Patricia A. Roth Mother

Subscribed and sworn to before me this 23 day of June, 1978

Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Diana Middle Kay Last Morphew

Date of Birth: Month June Day 14 Year 1959

Place of Birth (State or foreign country) Methodist Hosp., Indpls., Marion Co. Ind.

Residence Address: Street or R. R. 507 Enderly Ave. apt. 3, City Brownsburg County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Meth. Hosp. D.O. Case # 105033-5

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold Lloyd Morphew
   Residence of father (if deceased so state) 5041 Clover Drive Indpls. Ind.
   Birthplace of father (State or foreign country) Indianapolis, Ind.
9. Full maiden name of mother Carol Ann Mena
   Residence of mother (if deceased so state) 5201 Adams Rd., Del Ray Beach, Fla.
   Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Diana K. Morphew

New Address _____

Subscribed and sworn to before me this 23 day of June, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 27 *day of* June, 1978, *authorizing the joining together as husband and wife* Gary Lee Roth *and* Diana Kay Morphew

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 28 day of June, one thousand nine hundred and 78 at Danville, County of Hendricks, State of Indiana, Groom Gary Lee Roth of Hendricks County, State of Indiana, and, Bride Diana Kay Morphew of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28 day of June, 1978.

Signed John C. Mowrer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 29 *day of* June, 1978.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Form Prescribed By Indiana State Board of Health under Authority Chap. 126, Ind. Acts 1965 (Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

______ County

No. 242

File June 23, 1978

Date of Application

MALE	
Medical Examination Report Dated	6-22-78
Name of Physician	James Black, M.D.

FEMALE	
Medical Examination Report Dated	6-22-78
Name of Physician	James Black M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1965 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name (First, Middle, Last): Gary Lee Roth

Date of Birth (Month, Day, Year): August 20 1960

Place of Birth (State or foreign country): Oceanside, San Diego Co. Calif.

Residence Address (Street or R. R., City, County, State): 507 Enderly Ave. Brownsburg, Hend. Co. Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
State of Calif. Cert # 8000 16408

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Gerald Eugene Roth
   Residence of father (if deceased so state): 8831 Center St. Indpls. Ind
   Birthplace of father (State or foreign country): Frankfort Ind
9. Full maiden name of mother: Patricia Ann Thomas
   Residence of mother (if deceased so state): 8831 Center St. Indpls.
   Birthplace of mother (State or foreign country): Kokomo, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gary Roth

FEMALE APPLICANT

Name (First, Middle, Last): Diana Kay Morphew

Date of Birth (Month, Day, Year): June 14 1959

Place of Birth (State or foreign country): Methodist Hosp., Indpls., Marion Co. Ind.

Residence Address (Street or R. R., City, County, State): 507 Enderly Ave, Apt. 3, Brownsburg, Hend. Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Meth. Hosp. I.D. Card # 105038-5

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Harold Floyd Morphew
   Residence of father (if deceased so state): 3041 Clover Drive Indpls. Ind.
   Birthplace of father (State or foreign country): Indianapolis, Ind.
9. Full maiden name of mother: Carol Ann Mann
   Residence of mother (if deceased so state): 5201 Adams Rd., Del Ray Beach, Fla
   Birthplace of mother (State or foreign country): Indianapolis, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Diana K. Morphew

New Address

..... June, 1978

HENDRICKS Circuit Court

...ge. If only one parent ...essary

.....Father

.....Mother

....., 19.....

.....Clerk

I, Gerald E. Roth, hereby give my consent for my (son), Gary Lee Roth to marry Diana K. Morphew.

Gerald E. Roth

Subscribed and sworn to before me this 26th day of June 1978

John L Crenshaw ; Marion Co.
Notary Public
John L. Crenshaw
My Commission expires Nov. 3rd 1981

NOTARY PUBLIC SEAL INDIANA

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ______ County ______ Court by written order issued ______ and filed in ______ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 27 *day of* June*, 19*78*, authorizing the joining together as husband and wife* Gary Lee Roth *and* Diana Kay Morphew

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer *hereby certify that on the* 28 *day of* June*, one thousand nine hundred and* 78 *at* Danville*, County of* Hendricks*, State of Indiana, Groom* Gary Lee Roth *of* Hendricks *County, State of* Indiana *and, Bride* Diana Kay Morphew *of* Hendricks *County, State of* Indiana*, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 28 *day of* June*, 19*78.

Signed John C. Mowrer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 29 *day of* June*, 19*78.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 243

File

_____ County

6-26-78
Date of Application

MALE
Medical Examination Report Dated 6-26-78
Name of Physician M. O. Seamahorn

FEMALE
Medical Examination Report Dated 6-26-78
Name of Physician M. O. Seamahorn

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Don Middle Richard Last Helton

Date of Birth: Month 12 Day 30 Year 32

Place of Birth (State or foreign country) Ind.

Residence Address: 18 Henderson Street or R. R. Brownsburg City Ind. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Christopher C. Helton
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Goldie Johnson
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Don R. Helton

New Address 18 W Vermont Brownsburg Ind

Subscribed and sworn to before me this 20 day of June, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Cleda Middle E. Last Burkert

Date of Birth: Month Oct Day 8 Year 31

Place of Birth (State or foreign country) Kentucky

Residence Address: 18 W. Vermont Street or R. R. Brownsburg City Ind. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jess Harris
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Nica Carlton
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Cleda E. Burkert

New Address 18 W. Vermont St Brownsburg Ind.

Subscribed and sworn to before me this 26 day of June, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30 *day of* June, 19 78, *authorizing the joining together as husband and wife* Don Richard Helton *and* Cleda E. Burkert

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry R. Nash hereby certify that on the 1 day of July, at Brownsburg, County of Hendricks, one thousand nine hundred and 78 State of Indiana, Groom Don Richard Helton of Hendricks County, State of Indiana, and, Bride Cleda E. Burkert of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1 day of July, 1978.

Signed Jerry R. Nash

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3rd *day of* July, 1978.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 244

File

6-27-78
Date of Application

MALE
Medical Examination Report Dated 6-26-78
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 6-26-78
Name of Physician David Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dale Middle Ray Last Husk

Date of Birth: Month July Day 8 Year 1942

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1705 Beechwood City Plainfield County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Selective Service Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Debra Husk
   Diane Husk
   Automatic Allotment from Army Pay
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George Husk
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Hazel Ashley
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Dale R Husk

New Address Fall Creek apt 2 Indpls

Subscribed and sworn to before me this 27 day of June, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Gisela Middle Elfriede Last Behm

Date of Birth: Month Aug Day 28 Year 1943

Place of Birth (State or foreign country) Germany

Residence Address: Street or R. R. 1700 Beechwood City Plainfield County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Passport

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Jeanette Behm
   Ernest Behm
   Belinda Behm
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter Schmidt
   Residence of father (if deceased so state) Germany
   Birthplace of father (State or foreign country) Germany
9. Full maiden name of mother Elfriede Bauer
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Germany

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Gisela E Behm

New Address Fall Creek apt 2 Indpls

Subscribed and sworn to before me this 27 day of June, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 3 day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27th day of June, 19 78, authorizing the joining together as husband and wife Dale Ray Husk and Gisela Elfrieda Behm

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Myron Barnard hereby certify that on the 27 day of June, one thousand nine hundred and 78 at Indianapolis, County of Marion, State of Indiana, Groom Dale Ray Husk of Marion County, State of Indiana, and, Bride Gisela Elfrieda Behm of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27 day of June, 19 78.

Signed Myron Barnard

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of June, 19 78.

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 245
File 39
6-27-78
Date of Application

_____ County

MALE
Medical Examination Report Dated 6-26-78
Name of Physician James Black

FEMALE
Medical Examination Report Dated 6-26-78
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle George Last Bowersock
Date of Birth: Month October Day 28 Year 1946
Place of Birth (State or foreign country) Crestline, Ohio
Residence Address: Street or R. R. P.O. Box 37 City Pittsboro County Hen. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1978 Richland Co. Ohio
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers license with picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Robert George Bowersock, Jr.
   Theresa Louise Bowersock
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Raymond George Bowersock
   Residence of father (if deceased so state) 1722 Shell Dr., Englewood, FA
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Esther Jane Poole
   Residence of mother (if deceased so state) 1722 Shell Dr., Englewood, FA
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert G Bowersock
New Address P.O. Box 37 Pittsboro Ind.
Subscribed and sworn to before me this 27 day of June, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Mickie Middle Lea Last Trent
Date of Birth: Month January Day 15 Year 1949
Place of Birth (State or foreign country) Lebanon, Indiana
Residence Address: Street or R. R. P.O. Box 37 City Pittsboro County Hen. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1977 - Hendricks Co.
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Teresa Lynn Trent
   Jerry Andrew Trent
   Michael Wayne Trent
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William M. Cox
   Residence of father (if deceased so state) RR 1, Rockville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Gladys McPhetridge
   Residence of mother (if deceased so state) RR 1, Rockville, Ind.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mickie R. Trent
New Address P.O. Box 37 Pittsboro, Ind.
Subscribed and sworn to before me this 27 day of June, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....of Indiana dated the 3rd day of July, 1978, authorizing the joining together as husband and wife Robert George Bowersock and Mickie Lea Trent.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James A. Jones hereby certify that on the 4 day of July, one thousand nine hundred and 78 at Brownsburg, County of Hendricks, State of Indiana, Groom Robert George Bowersock of Hendricks County, State of Indiana, and, Bride Mickie Lea Trent of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 4 day of July, 1978.

Signed James A. Jones
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of July, 1978.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 246

File

June 27, 1978
Date of Application

MALE
Medical Examination Report Dated 6-27-78

Name of Physician Walter MC Massie

FEMALE
Medical Examination Report Dated 6-27-78

Name of Physician Walter MC Massie

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Arlis Middle G. Last Roark

Date of Birth: Month March Day 5 Year 1933

Place of Birth (State or foreign country) London Ky

Residence Address: Street or R. R. RR#3 Box 327B City Clarksdale County _____ State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic. (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Cecil Vincent Roark
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Beulah Trembrel
   Residence of mother (if deceased so state) Indianapolis Ind.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Arlis G Roark

New Address R3 Box 327-B Clarksdale

Subscribed and sworn to before me this 27 day of June, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Maureena Middle M. Last Fox

Date of Birth: Month March Day 6 Year 1946

Place of Birth (State or foreign country) Indianapolis Marion Co

Residence Address: Street or R. R. 4015 E. Main St City Clarksdale County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorced ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic. (Picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clarence Lyle McCoy
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Alice Roberta Brown
   Residence of mother (if deceased so state) Danville, Ind.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Maureena M. Fox

New Address RR 3 Box 327B. Clarksdale

Subscribed and sworn to before me this 27 day of June, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 1 *day of* July, 19 78, *authorizing the joining together as husband and wife* Arlis G. Roark *and* Maureena M. Fox

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Thomas S. Moncrief *hereby certify that on the* 1st *day of* July, *one thousand nine hundred and* 78 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Arlis G. Roard *of* Putnam *County, State of* Indiana, *and, Bride* Maureena M. Fox *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 3rd *day of* July, *19* 78.

Signed Thomas S. Moncrief

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5th *day of* July, 19 78

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 247

File 39

6-27-78
Date of Application

_____ County

MALE
Medical Examination Report Dated 6-19-78

Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 6-19-78

Name of Physician Larry D. Lovell

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Allen Last Bacon

Date of Birth: Month September Day 9 Year 1954

Place of Birth (State or foreign country) Tipton Co., Indiana

Residence Address: Street or R. R. 11824 W. Morris, City Indpls. County Nex. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Manson Orville Bacon
   Residence of father (if deceased so state) Perry, Georgia
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Georgia Cassie Whitaker
   Residence of mother (if deceased so state) Danville, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Michael A Bacon

New Address 11824 W. Morris Indpls

Subscribed and sworn to before me this 27 day of June, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Candis Middle Kay Last Pruitt

Date of Birth: Month October Day 5 Year 1958

Place of Birth (State or foreign country) Lebanon, Ind.

Residence Address: Street or R. R. 11824 W. Morris, City Indpls, County Nex., State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Ray Pruitt
   Residence of father (if deceased so state) 11824 W. Morris, Indpls, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Christine Margaret Burch
   Residence of mother (if deceased so state) 11824 W. Morris, Indpls, Ind.
   Birthplace of mother (State or foreign country) North Dakota

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Candis Kay Pruitt

New Address 11824 W Morris St

Subscribed and sworn to before me this 27 day of June, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 3 *day of* July, 19 78, *authorizing the joining together as husband and wife and.....*

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I,.....hereby certify that on the.....day of....., at....., County of....., one thousand nine hundred and.....of.....County, State of....., State of Indiana, Groom.....of.....County, State of....., and, Bride.....were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS *County.*

Dated this.....day of....., 19.....

Signed.....

Official Designation.....

Filed and recorded in accordance with the laws of the State of Indiana this.....day of....., 19.....

Signed.....Clerk

HENDRICKS .....*Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 248

File

6-27-78
Date of Application

MALE
Medical Examination Report Dated 6-22-78
Name of Physician James Black

FEMALE
Medical Examination Report Dated 6-22-78
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle L. Last Huxtable

Date of Birth: Month Feb. Day 9 Year 1940

Place of Birth (State or foreign country) Ill.

Residence Address: Street or R. R. 856 Lenora Ct. City Crothersville County Jackson State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clyde K. Huxtable
   Residence of father (if deceased so state) Bellair, Fla.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Edith V. Phillips
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Unknown

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James Leslie Huxtable

New Address R#4 Box 260 G Brownsburg

Subscribed and sworn to before me this 27 day of June, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Deborah Middle Ann Last Needham

Date of Birth: Month May Day 5 Year 1948

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. R#4 Box 260G City Brownsburg County _____ State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Joseph Lee Needham
   Matthew James Needham

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Floyd G. Cragun
   Residence of father (if deceased so state) Lebanon, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Bonetha Sipe
   Residence of mother (if deceased so state) Lebanon, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Deborah Ann Needham

New Address R#4 Box 260 G Brownsburg Ind.

Subscribed and sworn to before me this 27th day of June, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the in Clerks Office County Circuit Court by written order issued 3 day waiver and filed authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 27 *day of* June, 19 78, *authorizing the joining together as husband and wife* James L. Huxtable *and* Deborah Ann Needham

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D. Wilson *hereby certify that on the* 1st *day of* July, *one thousand nine hundred and* 78 *at* Brownsburg, *County of* Hendricks *State of Indiana, Groom* James L. Huxtable *of* Marion *County, State of* Indiana *and, Bride* Deborah Ann Needham *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 1st *day of* July, 19 78.

Signed Joseph D. Wilson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5th *day of* July, 19 78.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 249

Hendricks County

File

June 28, 1978
Date of Application

MALE
Medical Examination Report Dated 6-28-78
Name of Physician Dr. T. L. Dillon

FEMALE
Medical Examination Report Dated 6-28-78
Name of Physician Dr. T. L. Dillon

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle Bruce Last Fentress

Date of Birth: Month September Day 21 Year 1941

Place of Birth (State or foreign country): La Crosse County Wisconsin

Residence Address: Street or R. R. R.R. #5 Box 108 AB City Brownsburg State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Veterans Lic. (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter Gordon Fentress
   Residence of father (if deceased so state) Louisville Ky.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Martha Ann Philbeck
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald Bruce Fentress

New Address RR 5 Brownsburg Box 108 AB

Subscribed and sworn to before me this 28 day of June, 19 78

Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of ..... } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Alberta Middle Marie Last Johnson

Date of Birth: Month April Day 7 Year 1939

Place of Birth (State or foreign country): Jefferson County Ky

Residence Address: Street or R. R. R.R. #5 Box 108 AB City Brownsburg State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Veterans Lic. (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry Edward Gambrell
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Jefferson Co. Ky.
9. Full maiden name of mother Ruth Casterlow
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Jefferson Co. Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Alberta M. Johnson

New Address 509 Brentwood Louisville Ky 40215

Subscribed and sworn to before me this 28 day of June, 19 78

Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Ct. #2 Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28 day of June, 19 78, authorizing the joining together as husband and wife Donald Bruce Fentress and Alberta Marie Johnson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Ollie G. Wilson hereby certify that on the 2 day of July, 19 78 at Brownsburg, County of Hendricks, State of Indiana, one thousand nine hundred and 78 Donald B. Fentress of Hendricks County, State of Indiana, and, Bride Alberta Marie Johnson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2nd day of July, 19 78.

Signed Rev. Ollie G. Wilson

Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of July, 19 78

Signed Ellen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 250
File 39
6-29-78
Date of Application

MALE
Medical Examination Report Dated 6-12-78
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated 6-14-78
Name of Physician J. W. Asher

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Buford, Middle C., Last Plummer
Date of Birth: Month Jan., Day 6., Year 1902
Place of Birth (State or foreign country): Liston Indiana
Residence Address: Street or R. R. 20 Lincoln, City Brownsburg, County, State In.

Previous Marital Status: Never Married ☐ OR /
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Voter Reg. # 01900

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph Edward Plummer
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ada Moon
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of ____ } ss: I depose and state the information given in this application is true and correct.

Signed X Buford C Plummer
New Address 5316 B. West 22nd Street, Speedway Ind

Subscribed and sworn to before me this 29 day of June, 1978.
Glen M. Harvey Clerk ____ Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary....

State of Indiana, County of ____ } ss:

Signed ____ Father
Signed ____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____.
____ Clerk

FEMALE APPLICANT

Name: First Daisey, Middle G., Last Seaton
Date of Birth: Month August, Day 3, Year 1901
Place of Birth (State or foreign country): Indianapolis In.
Residence Address: Street or R. R. 5310 W 22, Apt B., City Indianapolis, County, State In.

Previous Marital Status: Never Married ☐ OR /
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Driver's Lic with photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Sylvester W. Landrey
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lattie Lattia Carter
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of ____ } ss: I depose and state the information given in this application is true and correct.

Signed X Daisy G. Seaton
New Address 5316 W. 22 Apt B, Indpls Ind

Subscribed and sworn to before me this 29 day of June, 1978.
Glen M. Harvey Clerk ____ Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary....

State of Indiana, County of ____ } ss:

Signed ____ Father
Signed ____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____.
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court by written order issued ____ and filed in ____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* ____ *Circuit Court of Indiana dated the* 3 *day of* July, *19* 78, *authorizing the joining together as husband and wife* Buford C. Plummer *and* Daisy G. Seaton
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jerry L. Williams *hereby certify that on the* 8ty *day of* July, *one thousand nine hundred and* 78 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Buford C. Plummer *of* Hendricks *County, State of* Indiana *and, Bride* Daisy G. Seaton *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ____ *County.*
Dated this 8th *day of* July, *19* 78.

Signed Jerry. L. Williams
Official Designation Minister, Ben Davis Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 11th *day of* July, *19* 78
Signed Glen M Harvey *Clerk*
____ *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 251

File 39

Hendricks County

6-29-78 Date of Application

MALE
Medical Examination Report Dated 6-23-78
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 6-23-78
Name of Physician Wm. Edwards

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle L. Last Fisher

Date of Birth: Month November Day 24 Year 1947

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. R#4, Bx 200 City Brownsburg County — State In

Previous Marital Status: Never Married ☐ OR 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Sherry Lynn Fisher
   Shelly Ann Fisher
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Wm. Fisher
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruth Eileen Hockett
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X Robert L. Fisher
New Address RR#4 Box 200 Brownsburg

Subscribed and sworn to before me this 29 day of June, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Janet Middle L. Last Thomas

Date of Birth: Month February Day 7 Year 1946

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. R#3, Bx 54A City Brownsburg County — State In

Previous Marital Status: Never Married ☐ OR 2

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Mark Aaron Thomas
   Patrick Wm. Thomas
   Amy Leigh Thomas
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Maxwell Glenn Pfeffer
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia Louise Zeiller
   Residence of mother (if deceased so state) Martinsville, In.
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X Janet L. Thomas
New Address RR#4 Box 200 Brownsburg

Subscribed and sworn to before me this 29 day of June, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 3 *day of* July, 19 78, *authorizing the joining together as husband and wife* Robert L. Fisher *and* Janet L. Thomas

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev Ralph G. Wade hereby certify that on the 8 day of July, 19 78 at Brownsburg, County of Hendricks, State of Indiana, one thousand nine hundred and 78 Groom Robert Lee Fisher of Hendricks County, State of Indiana, and, Bride Janet Louise Thomas of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 8 day of July, 19 78.

Signed Rev Ralph G. Wade

Official Designation Pastor, Greenwood Baptist Ch.

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of July, 19 78

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 252

File

June 29, 1978
Date of Application

MALE
Medical Examination Report Dated 6-26-78
Name of Physician Carl L. Wurster MD.

FEMALE
Medical Examination Report Dated 6-26-78
Name of Physician Carl L. Wurster MD.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle Leon Last Martin

Date of Birth: Month March Day 9 Year 1930

Place of Birth (State or foreign country): Edgar County Ill

Residence Address: Street or R. R. P.O. Box 202 City Paris County _____ State Ill.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic # 323-20-6425

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Grant Leon Martin
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Grace Pearl Hadley
   Residence of mother (if deceased so state) Paris Ill.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert Leon Martin
New Address R. 3 - Box 395

Subscribed and sworn to before me this 29 day of June, 19 78.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Charlotte Middle Marian Last Rumple

Date of Birth: Month March Day 26 Year 1928

Place of Birth (State or foreign country): DeKalb Jct. N.Y.

Residence Address: Street or R. R. RR # 3 Box 395 City Plfd. County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic. (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William La Rock
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) DeKalb Jct. N.Y.
9. Full maiden name of mother Josephine Sterling
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) DeKalb Jct. N.Y.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charlotte M Rumple
New Address RR 3 Box 395, Ind. Plainfield

Subscribed and sworn to before me this 26 day of June, 19 78.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 6th *day of* June, 19 78, *authorizing the joining together as husband and wife* Robert Leon Martin *and* Charlotte Marian Rumple

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev William L Hendricks *hereby certify that on the* 12 *day of* August, *one thousand nine hundred and* 78 *at* Avon Christian Church, *County of* Hendricks, *State of Indiana, Groom* Robert Leon Martin *of* Hendricks *County, State of* Indiana, *and, Bride* Charlotte Marian Rumple *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICK *County.*

Dated this 6 *day of* July, 19 78.

Signed Rev William L Hendricks
Official Designation Pastor, Avon Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* August, 19 78.

Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 253

File 39

_____ County

6-29-78
Date of Application

MALE
Medical Examination Report Dated 6-29-78
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 6-29-78
Name of Physician Joseph C. Kerlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Levon Middle _____ Last Cooper

Date of Birth: Month December Day 13 Year 1928

Place of Birth (State or foreign country) Bloomington In.

Residence Address: Street or R. R. 7777 W. Washington City Indpls, In. County _____ State _____

Previous Marital Status: Never Married ☐ OR /

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Driver's Lic. w/ photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry Oscar Cooper
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mittie Mary Houston
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X Levon Cooper
New Address 7777 W Washington St - Ipls

Subscribed and sworn to before me this 29 day of June, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Wilma Middle F. Last Lanier

Date of Birth: Month March Day 30 Year 1928

Place of Birth (State or foreign country) Dickens Co. S. Carolina

Residence Address: Street or R. R. 314 S. Grant City Brownsburg County _____ State In

Previous Marital Status: Never Married ☐ OR /

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Driver's Lic w/ photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jehue Sylvester Gilstrap
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) S. Carolina
9. Full maiden name of mother Dora Powell
   Residence of mother (if deceased so state) S. Carolina
   Birthplace of mother (State or foreign country) S. Carolina

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X Wilma F. Lanier
New Address 7777 W. Wash. St. D. 29 Ipls.

Subscribed and sworn to before me this 29 day of June, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 3 Day Waiver and filed in Clk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 29 *day of* June, 1978, *authorizing the joining together as husband and wife* Levon Cooper *and* Wilma F. Lanier

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry L. Williams hereby certify that on the 3 day of July, one thousand nine hundred and 78 at Indianapolis, County of Marion, State of Indiana, Groom Levon Cooper of Marion County, State of Indiana, and, Bride Wilma F. Lanier of Hendricks HENDRICKS County, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 3rd day of July, 19 78.

Signed Jerry L. Williams
Official Designation Minister, Bun Davis Christian Ch.

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* July, 19 78.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 254
File 39
6-30-78
Date of Application

MALE
Medical Examination Report Dated 6-21-78
Name of Physician Jose N. Fordice Jr

FEMALE
Medical Examination Report Dated 6-21-78
Name of Physician Robert F. Flanders

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Charles Middle W. Last Bryan
Date of Birth: Month September Day 16 Year 1943
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. RR2 Box 306A City Clayton County In. State

Previous Marital Status: Never Married ☐ OR /
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Driver's Lic. w/ photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Angela Y. Bryan
   Michael S Bryan
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Henry Bryan
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosalie McMannis
   Residence of mother (if deceased so state) 501 N. Tacoma Indpls. In.
   Birthplace of mother (State or foreign country) Georgia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Charles W. Bryan
New Address RR2 Box 306D / Clayton Ind

Subscribed and sworn to before me this 30 day of June, 1978.
Glen M. Harper Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Janice Middle D. Last Harper
Date of Birth: Month March Day 5 Year 1947
Place of Birth (State or foreign country) Rural Carlisle Co. Ky.
Residence Address: Street or R. R. RR2 Box 306D City Clayton County In. State

Previous Marital Status: Never Married ☐ OR /
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kenneth S. Harper
   Mia M. Harper
   Misty D. Harper
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Bodine Gill
   Residence of father (if deceased so state) RR2 Box 306C Clayton, In.
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Martha Alice O'Connor
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Janice D. Harper
New Address RR#2 Box 306-D Clayton Ind

Subscribed and sworn to before me this 30 day of June, 1978.
Glen M. Harper Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued three days waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30 *day of* June, 19 78., *authorizing the joining together as husband and wife* Charles W. Bryan *and* Janice D. Harper

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, David L. Thomas *hereby certify that on the* 30th *day of* June, *one thousand nine hundred and* 78 *at* Hazelwood Christian Church *County of* Hendricks *State of Indiana, Groom* Charles W. Bryan *of* Hendricks *County, State of* Indiana *and, Bride* Janice D. Harper *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 30th *day of* June, 19 78.

Signed David L. Thomas
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5th *day of* July, 19 78.

Signed Glen M. Harper *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 255

File _____

6-30-78
Date of Application

MALE
Medical Examination Report Dated 6-26-78
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 6-16-78
Name of Physician Adrian Oleck

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Chester Middle Eugene Last Blanton
Date of Birth: Month Nov. Day 9 Year 1952
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 1522 Buchanan City Plainfield County Ha. State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Elvin Eugene Blanton
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Thelma L. Deitrick
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Chester E Blanton
New Address Plainfield
Subscribed and sworn to before me this 30 day of June, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Mary Middle Ann Last Hughey
Date of Birth: Month Jan Day 27 Year 1953
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. Rt 1 Box 427 City Plainfield County Ha. State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clayton H. Hughey
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Barbara J. Martin
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Mary Ann Hughey
New Address Plainfield
Subscribed and sworn to before me this 30 day of June, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 5 day of July, 1978, authorizing the joining together as husband and wife Chester Eugene Blanton and Mary Ann Hughey

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Donald S Wallace hereby certify that on the 7 day of July, one thousand nine hundred and 78 at Plainfield, County of Hendricks, State of Indiana, Groom Chester Eugene Blanton of Hendricks County, State of Indiana, and, Bride Mary Ann Hughey of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7 day of July, 1978.

Signed Donald S Wallace
Official Designation Pastor, Glory Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of July, 1978.

Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 256

File _____

6-30-78
Date of Application

MALE
Medical Examination Report Dated 6-26-78

Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 6-26-78

Name of Physician David Hadley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Norman Middle C. Last Berry Jr.

Date of Birth: Month Aug. Day 5 Year 54

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: Street or R. R. RR1 Box 218 City Clayton County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Voters Registration # 4523

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Norman Cecil Berry, Sr.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indpls, Indiana
9. Full maiden name of mother Anna May Tucker
   Residence of mother (if deceased so state) 2623 Brookview Dr. Texas
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Norman C. Berry Jr.

New Address RR1, Box 218, Clayton, In.

Subscribed and sworn to before me this 30 day of June, 1978.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Brenda Middle J. Last Appling

Date of Birth: Month 1 Day 15 Year 53

Place of Birth (State or foreign country) ~~Iowa~~ Hamburg, Iowa

Residence Address: Street or R. R. RR1 Box 218 City Clayton County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Voters Registration # 02272

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Jasoline Jean
   Trina Sue

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ralph Ray Spidell
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Nebraska
9. Full maiden name of mother Betty Jane Dowell
   Residence of mother (if deceased so state) Nebraska City, Nebraska
   Birthplace of mother (State or foreign country) Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brenda J. Appling

New Address RR1 Box 218 Clayton In.

Subscribed and sworn to before me this 30 day of June, 1978.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court II Court by written order issued 3 day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30th *day of* June, 19 78, *authorizing the joining together as husband and wife* Norman C. Berry, Jr. *and* Brenda J. Appling

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glen M. Harvey hereby certify that on the 2nd day of July, one thousand nine hundred and 78 at Belleville, County of Hendricks, State of Indiana, Groom Norman C. Berry of Hendricks County, State of Indiana, and, Bride Brenda J. Appling of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2nd day of July, 1978.

Signed Glen M Harvey

Official Designation Clerk of Hendricks Co

Filed and recorded in accordance with the laws of the State of Indiana this 3rd *day of* July, 19 78.

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

Hendricks County

No. 257
File 39
6-30-78 Date of Application

MALE
Medical Examination Report Dated 6-27-78
Name of Physician Ronald K. Stegemoller

FEMALE
Medical Examination Report Dated 6-27-78
Name of Physician Ronald K. Stegemoller

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Edsel; Middle E.; Last Sparks
Date of Birth: Month May; Day 30; Year 1958
Place of Birth (State or foreign country): Indianapolis
Residence Address: Street or R. R. RR1, Bx 174; City Clayton; County In.; State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Driver License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Elbert L. Sparks
   Residence of father (if deceased so state) RR1 Bx 174 Clayton
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Delores May Acton
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed x Edsel E. Sparks
New Address RR 1 Box 174 Clayton
Subscribed and sworn to before me this 30 day of June, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Tammy; Middle J.; Last Whitbeck
Date of Birth: Month March; Day 22; Year 1959
Place of Birth (State or foreign country): Council Bluffs; County Pottawattamie; State Iowa
Residence Address: Street or R. R. RR 1, Box 174; City Danville; State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Driver's License w/ photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Henry Whitbeck
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Kathrine Jane Brockman
   Residence of mother (if deceased so state) 2838 Avenue K Council Bluffs, Iowa
   Birthplace of mother (State or foreign country) Iowa

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed x Tammy J. Whitbeck
New Address R.R. 1 Box 174 Clayton
Subscribed and sworn to before me this 30 day of June, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* ..... *of Indiana dated the* 5th *day of* July, 19 78, *authorizing the joining together as husband and wife* Edsel E. Sparks *and* Tammy J Whitbeck

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Maurer hereby certify that on the 7 day of July, 19 78, at Danville, County of Hendricks, State of Indiana, one thousand nine hundred and 78 Edsel E. Sparks of Hendricks County, State of Indiana, Groom, and Tammy J Whitbeck of Pottawattamie County, State of Iowa, Bride, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7 day of July, 19 78.

Signed John C. Maurer
Official Designation Judge Hendricks Superior Ct 2

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* July, 19 78.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 258
File 39
6-30-78
Date of Application

MALE
Medical Examination Report Dated June 23, 1978
Name of Physician James B. Johnson

FEMALE
Medical Examination Report Dated June 23, 1978
Name of Physician James B. Johnson

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Leslie Middle Keith Last Harp
Date of Birth: Month March Day 27 Year 1958
Place of Birth (State or foreign country) Campbell, Tennessee
Residence Address: Street or R. R. RR 2 Box 400, City Clayton, County, State Ind.

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter Clifford Harp
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Allie Taylor
   Residence of mother (if deceased so state) Clayton, Ind.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Leslie Keith Harp
New Address Avon, Ind.
Subscribed and sworn to before me this 30 day of June, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Tina Middle Lee Last Arnold
Date of Birth: Month December Day 17 Year 1957
Place of Birth (State or foreign country) Putnam Co. Indiana
Residence Address: Street or R. R. RR 2 City Coatesville, County, State Ind.

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bobby Wayne Arnold
   Residence of father (if deceased so state) Coatesville, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marilyn Joan Renfro
   Residence of mother (if deceased so state) Coatesville, Ind.
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tina Lee Arnold
New Address Avon, Ind.
Subscribed and sworn to before me this 30 day of June, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 6th *day of* July, 19 78, *authorizing the joining together as husband and wife* Leslie Keith Harp *and* Tina Lee Arnold
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Frank Bunn *hereby certify that on the* 8 *day of* July, *one thousand nine hundred and* 78 *at* Coatesville, *County of* Hendricks, *State of Indiana, Groom* Leslie Keith Harp *of* Hendricks *County, State of* Indiana, *and, Bride* Tina Lee Arnold *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 6 *day of* July, 19 78.

Signed Frank Bunn
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* July, 19 78.
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

Hendricks County

No. 259

File

June 30 1978
Date of Application

MALE
Medical Examination Report Dated 6/28/78
Name of Physician Carl L. Heinlein M.D.

FEMALE
Medical Examination Report Dated 6/28/78
Name of Physician Carl L Heinlein

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Samuel Middle Keith Last Smith

Date of Birth: Month Feb. Day 5 Year 1959

Place of Birth (State or foreign country) Beech Grove, In

Residence Address: Street or R. R. RR #1 Box 230 City Plainfield County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Estus Curtis Smith
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Vassye Evelyne Henson
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Samuel Keith Smith
New Address 230 Plainfield RR 1

Subscribed and sworn to before me this 30 day of June, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Emily Middle Susan Last Quinn

Date of Birth: Month Feb Day 6 Year 1961

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R. R. Box 77 City Cartersburg County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold Everett Quinn
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joan Elizabeth Cornwell
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Emily Susan Quinn
New Address 230 Plainfield RR 1

Subscribed and sworn to before me this 30 day of June, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

I, Harold E. Quinn, hereby give my consent for my daughter, Emily S. Quinn to marry Sam Smith.

Harold E. Quinn

Subscribed and sworn to before me this 3 day of July 1978

Jessie K Spencer
Notary Public
My Comm. Exp 2-26-82

...or this marriage. If only one parent ... parent unnecessary.

...Father
...rold Quinn
...Mother
...ay of ..., 19...
...Clerk

...the above named parties, the
...and filed

...HENDRICKS ...Circuit Court

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5th *day of* July, 19 78, *authorizing the joining together as husband and wife* Samuel Keith Smith *and* Emily Susan Quinn

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Andy Arnett, Sr. *hereby certify that on the* 6th *day of* July, *at* Indianapolis, *County of* Marion, *one thousand nine hundred and* 78, *State of Indiana, Groom* Samuel Keith Smith *of* Hendricks *County, State of* Indiana, *and, Bride* Emily Suaan Quinn *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 6th *day of* July, 19 78. *Signed* Rev. Andy Arnett, Sr.
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18th *day of* July, 19 78
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 260

File

6-30-78
Date of Application

MALE
Medical Examination Report Dated 6-21-78
Name of Physician Thomas Vieira

FEMALE
Medical Examination Report Dated 6-21-78
Name of Physician Thomas Vieira

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kenneth Middle Lee Last Boggs

Date of Birth: Month Nov. Day 22 Year 1957

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 139 Duffy Apt. 2 City Plainfield County — State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Vato Boggs
   Residence of father (if deceased so state) Stilesville In.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Mitzi Sloan
   Residence of mother (if deceased so state) Stilesville, In.
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kenneth Lee Boggs

New Address 139 Duffy Apt. 2

Subscribed and sworn to before me this 30 day of June, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____.

_____ Clerk

FEMALE APPLICANT

Name: First Peggy Middle Colleen Last Gauld

Date of Birth: Month Aug. Day 9 Year 1958

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. P. O. Box 34 City Stilesville County — State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Gauld
   Residence of father (if deceased so state) Stilesville In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Carrol Clear
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Peggy Colleen Gauld

New Address 139 Duffy Apt #2

Subscribed and sworn to before me this 30 day of June, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____.

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 6th *day of* July, 19 78, *authorizing the joining together as husband and wife* Kenneth Lee Boggs *and* Peggy Colleen Gould

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Robert G. Norton *hereby certify that on the* 15th *day of* July, *one thousand nine hundred and* 78 *at* Hazelwood, *County of* Hendricks, *State of Indiana, Groom* Kenneth Lee Boggs *of* Hendricks *County, State of* Indiana, *and, Bride* Peggy Colleen Gould *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 15th *day of* July, *19* 78.

Signed Robert G. Norton

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* July, *19* 78.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

Hendricks County

No. 261

File

June 30, 1978
Date of Application

MALE
Medical Examination Report Dated June 27, 1978
Name of Physician Lorex A. Martin

FEMALE
Medical Examination Report Dated 6/28/78
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John; Middle B.; Last Cooper

Date of Birth: Month Sept.; Day 8; Year 1954

Place of Birth (State or foreign country) Indianapolis, In

Residence Address: Street or R. R. RR #2 Box 353; City; County; State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ira B. Cooper
   Residence of father (if deceased so state) unknown
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margaretann Farrington
   Residence of mother (if deceased so state) 1880 W. 10th St. 42-7 Indpls
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed John B Cooper

New Address RR 2 BOX 353 PLAINFIELD

Subscribed and sworn to before me this 30 day of June, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Rebecca; Middle Susan; Last Sanders

Date of Birth: Month Oct; Day 2; Year 1953

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. R #8 Box 256; City Indpls.; County; State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Russell B. Sanders
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Gwendolyn J. Cox.
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Rebecca Susan Sanders

New Address RR 2 Box 353, Plainfield

Subscribed and sworn to before me this 30 day of June, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5 *day of* July, 19 78, *authorizing the joining together as husband and wife* John B Cooper *and* Rebecca Susan Sanders

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Kenneth E. Vetters hereby certify that on the 8th day of July, one thousand nine hundred and 78 at Bartlett Chapel U.M., County of Hendricks, State of Indiana, Groom John B. Cooper of Hendricks County, State of Indiana, and, Bride Rebecca Susan Sanders of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 8th day of July, 19 78.

Signed Rev. Kenneth E. Vetters

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* July, 19 78

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 262
File 39
7-3-78
Date of Application

MALE
Medical Examination Report Dated 6-27-78
Name of Physician Ronald K Stegemoller

FEMALE
Medical Examination Report Dated 6-27-78
Name of Physician Ronald K. Stegemoller

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle J. Last Breneman
Date of Birth: Month July Day 3 Year 1955
Place of Birth (State or foreign country): Indianapolis In.
Residence Address: Street or R. R. R4 Bx 404 City Clayton County In. State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Roy H. Breneman
   Residence of father (if deceased so state) R4 Clayton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Jane Edmondson
   Residence of mother (if deceased so state) R4 Clayton
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Robert J Breneman
New Address R1 Box 68 Clayton IN 46118
Subscribed and sworn to before me this 3 day of July, 1978.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Kathy Middle J. Last Luhman
Date of Birth: Month September Day 10 Year 1960
Place of Birth (State or foreign country): Indianapolis In.
Residence Address: Street or R. R. R6 Bx 102 City Danville County In. State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kenneth Kermit Luhman
   Residence of father (if deceased so state) See Above
   Birthplace of father (State or foreign country) North Dakota
9. Full maiden name of mother Mary Ellen Alexander
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Kathy Luhman
New Address R# 1 Box 68 Clayton In 46118
Subscribed and sworn to before me this 3 day of July, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed x Kenneth K. Luhman.....Father
Signed x Mary E. Luhman.....Mother
Subscribed and sworn to before me this 3rd day of July, 1978.
Glen M. Harvey.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10 *day of* July, *19* 78., *authorizing the joining together as husband and wife* Robert J. Breneman *and* Kathy J. Luhman
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Howard D. Breneman *hereby certify that on the* 15th *day of* July, *one thousand nine hundred and* 78 *at* Clayton, *County of* Hendricks, *State of Indiana, Groom* Robert J. Breneman *of* Hendricks *County, State of* Indiana, *and, Bride* Kathy J. Luhman *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 15th *day of* July, *19* 78

Signed Rev. Howard D. Breneman
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25th *day of* July, *19* 78
Signed Glen M Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 263

File

_____ County

July 3 1978
Date of Application

MALE
Medical Examination Report Dated June 16, 1978
Name of Physician Homer A. Sallings

FEMALE
Medical Examination Report Dated June 13 1978
Name of Physician William Peter Clarke

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Peter Middle S. Last Carabetta

Date of Birth: Month March Day 14 Year 1948

Place of Birth (State or foreign country) Marsiden Conn.

Residence Address: Street or R. R. 3009 S. Semoran Blvd Apt 136 City Orl. County — State Florida

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licence Florida

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Sam J. Carabetta
   Residence of father (if deceased so state) 249 Gracey Ave. Conn.
   Birthplace of father (State or foreign country) Conn.
9. Full maiden name of mother Pauline Greiner
   Residence of mother (if deceased so state) 249 Gracey Ave. Conn.
   Birthplace of mother (State or foreign country) Conn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Peter S. Carabetta

New Address 3009 S. SEMORAN BLVD. ORLANDO, FLA.

Subscribed and sworn to before me this 3 day of July, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Karen Middle Lee Last Allen

Date of Birth: Month May Day 2 Year 1952

Place of Birth (State or foreign country) Martinsville, In.

Residence Address: Street or R. R. R#2 Box 450 City Clayton County — State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Voters Reg.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Don W. Allen
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patsy Hall
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Karen L. Allen

New Address 3009 S. Semoran Orlando Flo

Subscribed and sworn to before me this 3rd day of July, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Circuit County Hendricks Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 3rd *day of* July, 19 78, *authorizing the joining together as husband and wife* Peter S. Carabetta *and* Karen Lee Allen

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, G. Dayle Cain *hereby certify that on the* 4th *day of* July, *one thousand nine hundred and* 78 *at* Hendricks Hazelwood, *County of* Hendricks, *State of Indiana, Groom* Peter S. Carabetta *of* Hendricks *County, State of* Indiana, *and, Bride* Karen Lee Allen *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 4th *day of* July, 19 78

Signed G. Dayle Cain

Official Designation Minister Manilla Church of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* July, 19 78

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 264

File

_____ County

July 3, 1978
Date of Application

MALE
Medical Examination Report Dated 6-30-78
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 6-30-78
Name of Physician Glenn Baker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle J. Last Wilson

Date of Birth: Month 1 Day 9 Year 55

Place of Birth (State or foreign country) Bloomington, Ind.

Residence Address: Street or R. R. 514 Locust Lane City B'Burg, Nend. County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Marion County, Superior Ct. I

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Natl Life + Acc. Ins. Co. Pol # 7363061 1

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Danelle Marie Wilson
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edward J. Wilson
   Residence of father (if deceased so state) 514 Locust Lane, Brownsburg
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phyllis L. Blackwell
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael J. Wilson
New Address 10 Manor Ct B'Burg
Subscribed and sworn to before me this 3 day of July, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Kathy Middle L. Last Hooper

Date of Birth: Month 11 Day 26 Year 58

Place of Birth (State or foreign country) Indpls., Ind.

Residence Address: Street or R. R. 473 Tomahawk Trial City Indpls, County Marion, State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Prudential Ins. Co. Policy No D46 830 873

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul Norman Hooper
   Residence of father (if deceased so state) 445 Chatham Dr., B'Burg
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Elaine Sampley
   Residence of mother (if deceased so state) 473 Tomahawk Trail, Indpls.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kathy L. Hooper
New Address 10 Manor Ct B'Burg
Subscribed and sworn to before me this 3 day of July, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 7th *day of* July, 19 78, *authorizing the joining together as husband and wife* Michael J. Wilson *and* Kathy L. Hooper

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry D. Nash hereby certify that on the 15 day of July, one thousand nine hundred and 78 at Brownsburg, County of Hendricks, State of Indiana, Groom Michael J. Wilson of Hendricks County, State of Indiana, and, Bride Kathy L. Hooper of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15 day of July, 19 78.

Signed Jerry D. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of July, 19 78.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 265

File

_____ County

July 3 1978
Date of Application

MALE
Medical Examination Report Dated 6-26-78
Name of Physician E. Kenney MD.

FEMALE
Medical Examination Report Dated 6-26-78
Name of Physician E. Kenney MD.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jerry Middle M. Last Sluss

Date of Birth: Month June Day 23 Year 1939

Place of Birth (State or foreign country) Bloomington Ind.

Residence Address: Street or R. R. 49 Oakridge Dr. City Mooresville County _____ State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers lic. (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Cathy Sluss
   Monica Sluss
   Russell Sluss
   Karen Sluss
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dale Sluss
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Hester Parker
   Residence of mother (if deceased so state) Bloomington Ind.
   Birthplace of mother (State or foreign country) Bloomington Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jerry M Sluss

New Address 49 oakridge dr

Subscribed and sworn to before me this 3 day of July, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

FEMALE APPLICANT

Name: First Ruth Middle Darnell Last Nevarez

Date of Birth: Month January Day 21 Year 1951

Place of Birth (State or foreign country) Tazewell Virginia

Residence Address: Street or R. R. 611 Arbor City Bridge County _____ State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ray C. Dillow
   Residence of father (if deceased so state) Indianapolis Ind.
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Belasda M. Gross
   Residence of mother (if deceased so state) Indianapolis
   Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ruth D Nevarez

New Address 49 OaRidge Dr. 0

Subscribed and sworn to before me this 3 day of July, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 7 *day of* July, 19 78, *authorizing the joining together as husband and wife* Jerry M. Sluss *and* Ruth Darnell Nevarez

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Myron Barnard hereby certify that on the 8th day of July, one thousand nine hundred and 78 at Indianapolis, County of Marion, State of Indiana, Groom Jerry M. Sluss of Hendricks County, State of Indiana, and, Bride Ruth Darnell Nevarez of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 8th day of July, 19 78.

Signed Myron Barnard

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of July, 19 78.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 2666

File

_____ County

July 3, 1978
Date of Application

MALE
Medical Examination Report Dated 6-13-78
Name of Physician Fred F. Boling

FEMALE
Medical Examination Report Dated 6-13-78
Name of Physician Fred F Boling

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Leroy Middle Paul Last Byrnes, Jr.
Date of Birth: Month 7 Day 25 Year 59
Place of Birth (State or foreign country) Indpls. In
Residence Address: Street or R. R. 257 Park Dr. City Mooresville County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Birth Certificate

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Leroy Paul Byrnes, Sr.
   Residence of father (if deceased so state) 257 Park Dr. Mooresville
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Charlotte Marie Holland
   Residence of mother (if deceased so state) 257 Park Dr. Mooresville
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Leroy Paul Byrnes Jr.
New Address 5055 Edinburough Ln #724 Indpls
Subscribed and sworn to before me this 3 day of July, 1978.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Cindy Middle Lu Last Pease
Date of Birth: Month 7 Day 2 Year 59
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R. R. 118 Continental Dr. N. City Mooresville County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Voter's Registration # 00580

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gerald Wallace Pease
   Residence of father (if deceased so state) 118 Continental Dr. N., Mooresville
   Birthplace of father (State or foreign country) Washington
9. Full maiden name of mother Wilma Aleeda Fields
   Residence of mother (if deceased so state) 118 Continental Dr. N., Mooresville
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cindy Lu Pease
New Address 5055 Edinburough Ln #724 Indpls
Subscribed and sworn to before me this 3 day of July, 1978.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 7th *day of* July, 19 78, *authorizing the joining together as husband and wife* Leroy Paul Byrnes, Jr. *and* Cindy Lee Pease

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Glen Flowers *hereby certify that on the* 8th *day of* July, *one thousand nine hundred and* 78 *at* Mooresville, *County of* Morgan, *State of Indiana, Groom* Leroy Paul Byrnes *of* Morgan *County, State of* Indiana, *and, Bride* Cindy Lu Pease *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 7th *day of* July, *19* 78

Signed Rev. Glen Flowers
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11th *day of* July, *19* 78

Signed Glen M Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 267

Hendricks County

File

7-5-78 Date of Application

MALE
Medical Examination Report Dated 7-4-78
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 7-4-78
Name of Physician David Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Franklin Middle Desmon Last Endres

Date of Birth: Month Sept Day 11 Year 1940

Place of Birth (State or foreign country) Ill.

Residence Address: Street or R. R. Box 313 City Plainfield County Hn. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Daniel J. Endres
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Franklin J. Endres
   Residence of father (if deceased so state) Rockville, In.
   Birthplace of father (State or foreign country) Mich.
9. Full maiden name of mother Lucilla M. Rowsey
   Residence of mother (if deceased so state) Coral Gables, Fla.
   Birthplace of mother (State or foreign country) W. Va.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Franklin D. Endres
New Address BOX 473 WESTVILLE IND 46391 c/o CORRECTIONAL TRAINING INSTITUTE

Subscribed and sworn to before me this 5 day of July, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Sharleene Middle Ann Last Moore

Date of Birth: Month May Day 17 Year 1946

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 3 Box 48 City Plainfield County Hn. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   1. Kimberly Lohse 4. Krista Moore
   2. Douglas Lohse 5. Michelle Moore
   3. Craig Lohse
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bruce Brower
   Residence of father (if deceased so state) Springfield, Mo.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Evelyn Ellis
   Residence of mother (if deceased so state) Speedway, In.
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sharleene Ann Moore
New Address Box 473 Westville In. 46391 c/o Correctional Training Institute

Subscribed and sworn to before me this 5 day of July, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....Circuit Court of Indiana dated the 5th day of July, 19 78, authorizing the joining together as husband and wife Franklin Desmon Endres and Sharleene Ann Moore

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Merritt W Dayton hereby certify that on the 8 day of July, at Plainfield, County of Hendricks, one thousand nine hundred and 78, State of Indiana, Groom Franklin Desmon Endres of Hendricks County, State of Indiana, and, Bride Sharleene Ann Moore of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 8 day of July, 19 78. Signed Merritt W. Dayton

Official Designation Institutional Chaplin

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of July, 19 78.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 268
File 39
7-5-78
Date of Application

MALE
Medical Examination Report Dated 7-3-78
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated 7-3-78
Name of Physician Thomas M. Walker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle G. Last Watson
Date of Birth: Month January Day 19 Year 1960
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 2 #3 Price Rd. City Avon County _____ State In.

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) # M-002-60

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Lee Watson
   Residence of father (if deceased so state) 2821½ Howard Indpls, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Ellen Daily
   Residence of mother (if deceased so state) RR3 Greece Rd. Avon, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Donald G. Watson
New Address 2826 Donnabell Indpls

Subscribed and sworn to before me this 5 day of July, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Lois Middle A. Last Wagner
Date of Birth: Month May Day 26 Year 1960
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: 3616 S. Lynhurst Street or R. R. City Indianapolis County _____ State In.

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) # 6336

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Cecil Franklin Wagner
   Residence of father (if deceased so state) RR1 Rockville, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Helen Jean Jones
   Residence of mother (if deceased so state) 3616 S. Lynhurst Indpls, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Lois A Wagner
New Address 2826 Donna Bell Indpls.

Subscribed and sworn to before me this 5 day of July, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10th *day of* July, 19 78, *authorizing the joining together as husband and wife* Donald G. Watson *and* Lois A. Wagner
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James D. Wilson hereby certify that on the 15 day of July, one thousand nine hundred and 78 at Plainfield, County of Hendricks, State of Indiana, Groom Donald G. Watson of Hendricks County, State of Indiana, and, Bride Lois A. Wagner of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 15 day of July, 19 78.

Signed James D. Wilson
Official Designation Minister Religious Society of Friends

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* July, 19 78.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 269

File

July 5 1978
Date of Application

_____ County

MALE
Medical Examination Report Dated 6-25-78
Name of Physician Robert Mauser

FEMALE
Medical Examination Report Dated 6-25-78
Name of Physician Robert Mauser

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Vernon Middle M. Last Wood Sr.

Date of Birth: Month Feb. Day 15 Year 1926

Place of Birth (State or foreign country) Kansas

Residence Address: Street or R. R. 1080 W. Washington St. City Indpls County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Malbree B. Wood
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Kansas
9. Full maiden name of mother Cleo Myer
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Mo.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Vernon M. Wood Sr.

New Address 1080 W. Wash. Indpls.

Subscribed and sworn to before me this 5 day of July, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Helen Middle Marie Last Barrett

Date of Birth: Month Jan Day 17 Year 1931

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1080 W. Washington City Indpls County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Samuel W. Meredith
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) W. Va.
9. Full maiden name of mother Nanny Agnes Terrell
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) W. Va

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Helen Marie Barrett

New Address 1080 W. Wash, Indpls.

Subscribed and sworn to before me this 5th day of July, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12 day of July, 19 78, authorizing the joining together as husband and wife Vernon M. Wood, Sr. and Helen Marie Barrett

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Thomas E. Chittenden hereby certify that on the 15th day of July, at Plainfield, County of Hendricks, one thousand nine hundred and 78 State of Indiana, Groom Vernon M. Wood, Sr. of Hendricks County, State of Indiana, and, Bride Helen Marie Barrett of Hendricks County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12th day of July, 19 78 Signed Thomas E. Chittenden, Jr.

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18th day of July, 19 78 Signed Glen M Harvey Clerk HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 270

File _____

July 5, 1978
Date of Application

MALE
Medical Examination Report Dated 7-3-78
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated 7-3-78
Name of Physician Thomas M. Walker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle J. Last Humble

Date of Birth: Month Aug. Day 11 Year 1932

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 6838 Castle Manor Dr. City Indpls. County Marion State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # 3720

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Richard J. Humble
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jesse Lewis Humble
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Irene Irvin James
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert J. Humble
New Address RR. 3 Box 641 Plainfield

Subscribed and sworn to before me this 5 day of July, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Shirley Middle Christine Last Duncan

Date of Birth: Month Feb. Day 13 Year 1944

Place of Birth (State or foreign country) Washington

Residence Address: Street or R. R. RR 3, Box 641 City Plainfield County Hend. State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # 25

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Annette Duncan
   Teresa Duncan
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jimmie D. Farley
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Essie Mae Swindle
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Shirley Christine Duncan
New Address RR#3 Box 641 Plfd. In 46168

Subscribed and sworn to before me this 5 day of July, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 11th *day of* July, 1978, *authorizing the joining together as husband and wife* Robert J. Humble *and* Shirley Christine Duncan

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Thomas S. Moncrief *hereby certify that on the* 15th *day of* July, *one thousand nine hundred and* 78 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Robert J. Humble *of* Marion *County, State of* Indiana *and, Bride* Shirley Christine Duncan *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 17th *day of* July, 1978.

Signed Thomas S. Moncrief

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18th *day of* July, *19* 78

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 271

_____ County

File July 6 1978
Date of Application

MALE
Medical Examination Report Dated 7-5-78
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 6-12-78
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Mark Middle Edward Last Wishmier

Date of Birth: Month July Day 7 Year 1958

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 2 Box 176 C City Brownsburg County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Army. I.D.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James L. Wishmier
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Shirley Goodwin
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mark Wishmier

New Address Fort Hood Texas

Subscribed and sworn to before me this 6 day of July, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Rhonda Middle Camille Last Cuevas

Date of Birth: Month Sept Day 1 Year 1958

Place of Birth (State or foreign country) California

Residence Address: Street or R. R. P.O. Box 88 City Pittsboro County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert A. Cuevas
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Calif
9. Full maiden name of mother Ramona Ruth Myers
   Residence of mother (if deceased so state) Pittsboro
   Birthplace of mother (State or foreign country) S. Dak.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rhonda Cuevas

New Address Fort Hood, Tx

Subscribed and sworn to before me this 6th day of July, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 6th *day of* July, 19 78, *authorizing the joining together as husband and wife* Mark Edward Wishmier *and* Rhonda Camille Cuevas

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Howard Joquess *hereby certify that on the* 8th *day of* July, *one thousand nine hundred and* 78 *at* Pittsboro U.M. Church, *County of* Hendricks, *State of Indiana, Groom* Mark Edward Wishmier *of* Hendircks *County, State of* Indiana, *and, Bride* Rhonda Camille Cuevas *of* Hencricks *County, State of* HENDRICKS *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 6th *day of* July, 19 78.

Signed Rev. Howard Joquess

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11th *day of* July, 19 78

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 272

File

_____ County

July 6 1978
Date of Application

MALE
Medical Examination Report Dated 7-6-78
Name of Physician William Edwards MD.

FEMALE
Medical Examination Report Dated 7-6-78
Name of Physician William Edwards MD.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Rocky Middle Martin Last Phillips

Date of Birth: Month July Day 1 Year 1952

Place of Birth (State or foreign country) Indianapolis Marion Ind.

Residence Address: Street or R. R. 3603 S. Clarks Creek Rd. City Plfd. County Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dept. Pub. Health Cert# 6504

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Edward Phillips
   Residence of father (if deceased so state) Cicero Ind.
   Birthplace of father (State or foreign country) Noblesville Ind.
9. Full maiden name of mother Roberta Lucille Gregory
   Residence of mother (if deceased so state) Cicero Ind.
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Rocky Martin Phillips

New Address Cicero, Winds Dr. Angels

Subscribed and sworn to before me this 6 day of July, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Holly Middle Ann Last Story

Date of Birth: Month December Day 26 Year 19 60

Place of Birth (State or foreign country) Denver Colorado

Residence Address: Street or R. R. 3603 S. Clarks Creek Rd. City Plfd. County Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Mesa Hosp. Cert. (Darrel C Clarke M.D.) Bro. Junction Colo.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Earl Hubert Story
   Residence of father (if deceased so state) Indianapolis Ind.
   Birthplace of father (State or foreign country) Denver Colorado
9. Full maiden name of mother Dorothy May Hoosbaw
   Residence of mother (if deceased so state) Plainfield Ind.
   Birthplace of mother (State or foreign country) Illinois (Chicago)

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Holly Ann Story

New Address Cross Wind & Angels.

Subscribed and sworn to before me this 6 day of July, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. I am signing for Holly Story because I have custody of her. Divorced.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed Dorothy Story Sr. Mother

Subscribed and sworn to before me this 10 day of July, 19 78

Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10 *day of* July, 19 78, *authorizing the joining together as husband and wife* Rocky Martin Phillips *and* Holly Ann Story

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Donald S. Wallace hereby certify that on the 12 day of July, one thousand nine hundred and 78 at Plainfield, County of Hendricks, State of Indiana, Groom Rocky Martin Phillips of Hendricks County, State of Indiana, and, Bride Holly Ann Story of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12 day of July, 19 78.

Signed Rev. Donald S. Wallace

Official Designation Pastor, Calvary Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* July, 19 78.

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 273

File 39

Hendricks County

7-7-78 Date of Application

MALE
Medical Examination Report Dated 6-30-78
Name of Physician Larry D. Lovall

FEMALE
Medical Examination Report Dated 7-3-78
Name of Physician Larry D. Lovall

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Micheal Middle G. Last Settles

Date of Birth: Month December Day 5 Year 1958

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. RR 2 Bx 471 City Clayton County — State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Leslie Settles, Jr.
   Residence of father (if deceased so state) RR2 Bx 471 Clayton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Audrey Marie Mitchell
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Micheal G. Settles

New Address RR 2 Box 471 Clayton, In

Subscribed and sworn to before me this 7 day of July, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Michelle Middle L. Last Gipson

Date of Birth: Month May Day 26 Year 1961

Place of Birth (State or foreign country) Greencastle In.

Residence Address: Street or R. R. Bx 69 City Ona County — State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Virgil Lewis Gipson
   Residence of father (if deceased so state) Bx 69 Ona, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mary Kathleen Gaulon
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Michelle L. Gipson

New Address RR 2 Box 471 Clayton In.

Subscribed and sworn to before me this 7 day of July, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed X Virgil L. Gipson Father

Signed X Mary K. Gipson Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* ..... *Circuit Court of Indiana dated the* 11 *day of* July, *19* 78, *authorizing the joining together as husband and wife* Michael G. Settles *and* Michelle L. Gipson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Paul Taylor *hereby certify that on the* 15th *day of* July, *one thousand nine hundred and* 78 *at* Mooresville (R.R.), *County of* Indiana, *State of Indiana, Groom* Michael G. Settles *of* Hendricks *County, State of* Indiana, *and, Bride* Michelle L. Gipson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 15th *day of* July, *19* 78.

Signed Paul Taylor

Official Designation Minister, Fillmore U. M. Church

Filed and recorded in accordance with the laws of the State of Indiana this 18th *day of* July, *19* 78

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 274

File

Hendricks County

July 10, 1978
Date of Application

MALE
Medical Examination Report Dated 7-7-78
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 7-7-78
Name of Physician Joseph C Kerlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Daniel Middle Joseph Last Rinehart

Date of Birth: Month July Day 12 Year 1952

Place of Birth (State or foreign country) Lebanon In.

Residence Address: Street or R. R. 785 Macky Rd. City Danville County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Orchie Lee Rinehart
   Residence of father (if deceased so state) 15 Purpura Dr. Danville
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Jean Livers
   Residence of mother (if deceased so state) 15 Purpura Dr. Danville
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Daniel J. Rinehart
New Address 785 Macky Rd

Subscribed and sworn to before me this 10 day of July, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Rebecca Middle Lynn Last Wright

Date of Birth: Month May Day 23 Year 1959

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. R # 2 Box 14A City Danville County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George Thomas Wright
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Donna Jean Williams
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Rebecca L. Wright
New Address 785 Mackey Rd.

Subscribed and sworn to before me this 10 day of July, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14 *day of* July, 19 78, *authorizing the joining together as husband and wife* Daniel Joseph Rinehart *and* Rebecca Lynn Wright

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John P. Roof *hereby certify that on the* 15th *day of* July, *one thousand nine hundred and* 78 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Daniel Joseph Rinehart *of* Hendricks *County, State of* Indiana, *and, Bride* Rebecca Lynne Wright *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 15th *day of* July, *19* 78.

Signed John P. Roof

Official Designation Episcopal Priest

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* July, *19* 78

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 275

File

Hendricks County

7-10-78 Date of Application

MALE
Medical Examination Report Dated 7-7-78
Name of Physician James Black

FEMALE
Medical Examination Report Dated 7-6-78
Name of Physician Wendell M. Friedl, Jr.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First William Middle Steve Last Birch

Date of Birth: Month July Day 29 Year 1953

Place of Birth (State or foreign country): Clinton In.

Residence Address: Street or R. R. 3603 S. Clarks Creek City Indpls. County Marion State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Frank E. Birch
   Residence of father (if deceased so state) Quincy, In.
   Birthplace of father (State or foreign country) Connecticutt
9. Full maiden name of mother Mary R. Adams
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) South Dakota

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x William Steve Birch
New Address PSC Box 605 Rickenbacker AFB OHIO

Subscribed and sworn to before me this 10 day of July, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Betty Middle Ruth Last Hiff

Date of Birth: Month September Day 23 Year 1958

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. Box 65 R.A.F.B. City Columbus County Marion State In.

Previous Marital Status: Never Married ☐ OR /

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David Edward Hiff, Sr.
   Residence of father (if deceased so state) Clarks Creek Rd. Indianapolis, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Katherine Louise Bradbury
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Betty Ruth Hiff
New Address PSC Box 605 Rickenbacker AFB Ohio

Subscribed and sworn to before me this 10 day of July, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 14th *day of* July, 19 78, *authorizing the joining together as husband and wife* .....*and*.....

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ...*hereby certify that on the*.....*day of*....., *one thousand nine hundred and*.....*at*....., *County of*....., *State of Indiana, Groom*.....*of*.....*County, State of*....., *and, Bride*.....*of*.....*County, State of*..... *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this.....*day of*....., 19.....

Signed.....

Official Designation.....

Filed and recorded in accordance with the laws of the State of Indiana this.....*day of*....., 19.....

Signed.....*Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 276
File 39
7-10-78
Date of Application

MALE
Medical Examination Report Dated 7-3-78
Name of Physician Wm. Wagner

FEMALE
Medical Examination Report Dated 7-3-78
Name of Physician Wm Wagner

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kenneth Middle Lee Last Mourning
Date of Birth: Month May Day 27 Year 1956
Place of Birth (State or foreign country) Syracuse Onondaga N.York
Residence Address: Street or R. R. 1003 Valleyview Dr. City Plainfield County In State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Howard Mourning
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Dorothy Marie Newseedt
   Residence of mother (if deceased so state) 718 Harlan Plainfield, In.
   Birthplace of mother (State or foreign country) New York

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kenneth L. Mourning
New Address 1003 VALLEY VIEW DR. PLAINFIELD
Subscribed and sworn to before me this 10 day of July, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Teresa Middle Lynn Last Jeffries
Date of Birth: Month Sept Day 23 Year 1957
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 1434 Rosecourt City Plainfield County In. State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James R. Jeffries
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary E. Lankford
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Georgia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Teresa Jeffries
New Address 1003 Valley View Dr. PlFd.
Subscribed and sworn to before me this 11 day of July, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17 *day of* July, 19 78, *authorizing the joining together as husband and wife* Kenneth Lee Mourning *and* Teresa Lynn Jeffries

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer *hereby certify that on the* 21st *day of* July, *one thousand nine hundred and* 78 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Kenneth Lee Mourning *of* Hendricks *County, State of* Indiana, *and, Bride* Teresa Lynn Jeffries *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 21st *day of* July, 19 78.

Signed John C. Mowrer
Official Designation Judge, Superior Court #2

Filed and recorded in accordance with the laws of the State of Indiana this 25th *day of* July, 19 78.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 277

File

Date of Application

_____ County

MALE
Medical Examination Report Dated 7-10-78
Name of Physician

FEMALE
Medical Examination Report Dated 7-10-78
Name of Physician

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Mark Middle J. Last Irving

Date of Birth: Month July Day 29 Year 1959

Place of Birth (State or foreign country) Terre Haute In.

Residence Address: Street or R. R. 2320 1st St. City Plainfield County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Lee Irving
   Residence of father (if deceased so state) RR1 Bx 690 Plainfield, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patty Jane Reynolds
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Mark Irving

New Address 2320 First Street Plainfield

Subscribed and sworn to before me this 11 day of July, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

.....

.....

.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Heidi Middle J. Last Johnson

Date of Birth: Month December Day 9 Year 1958

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 215 West St. City Plainfield County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Sydney Wayne Johnson
   Residence of father (if deceased so state) 213 West St. Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Caralyn Sue Schwier
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Heidi Johnson

New Address 2320 First Street Plainfield

Subscribed and sworn to before me this 11 day of July, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

.....

.....

.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....Circuit Court of Indiana dated the 15 day of July, 1978, authorizing the joining together as husband and wife Mark A. Irving and Heidi J. Johnson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Donald S. Wallace hereby certify that on the 15 day of July, County of Hendricks, one thousand nine hundred and 78 at Plainfield, County, State of Indiana, State of Indiana, Groom Mark A. Irving of Hendricks County, State of Indiana, and, Bride Heidi J. Johnson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15th day of Julyb, 19 78

Signed Doanld S. Wallace

Official Designation Pastor, Calavry Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 18th day of July, 19 78

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 278

File _____

July 11, 1978
Date of Application

MALE
Medical Examination Report Dated 7-3-78
Name of Physician Joseph Kerlin

FEMALE
Medical Examination Report Dated 7-4-78
Name of Physician Joseph Kerlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle Frederick Last Odle
Date of Birth: Month Mar. Day 29 Year 1946
Place of Birth (State or foreign country) Ohio
Residence Address: 408 S. Cross Street or R. R. Danville City County State In.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Chad Odle
   Nikki Odle
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald J. Odle
   Residence of father (if deceased so state) Upland, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Bonnie J. Weaver
   Residence of mother (if deceased so state) Upland, In.
   Birthplace of mother (State or foreign country) Okla.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David F. Odle
New Address 253 Old North Salem Rd. Danville Ind.

Subscribed and sworn to before me this 11 day of July, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Rebecca Middle Alice Last Rogers
Date of Birth: Month June Day 15 Year 1952
Place of Birth (State or foreign country) Ind.
Residence Address: 253 Old North Salem Rd. Street or R. R. Danville City County State

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James F. Rogers
   Residence of father (if deceased so state) Eaton, In.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Eileen Brooks
   Residence of mother (if deceased so state) Eaton, In.
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rebecca A. Rogers
New Address 253 Old North Salem Rd.

Subscribed and sworn to before me this 11 day of July, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 19 *day of* July, *19* 78, *authorizing the joining together as husband and wife* David Frederick Odle *and* Rebecca Alice Rogers

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John P. Roof *hereby certify that on the* 12 *day of* August, *one thousand nine hundred and* 78 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* David Frederick Odle *of* Hendricks *County, State of* Indiana *and, Bride* Rebecca Alice Rogers *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 12 *day of* August, *19* 78.

Signed John P. Roof

Official Designation Episcopal Priest

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* August, *19* 78.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 279

File

July 10 1978
Date of Application

County

MALE
Medical Examination Report Dated July 7, 1978
Name of Physician David M. Gladley

FEMALE
Medical Examination Report Dated July 7, 1978
Name of Physician David M. Harvey

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Randy Middle Lee Last Lawson

Date of Birth: Month June Day 20 Year 1956

Place of Birth (State or foreign country) Virginia

Residence Address: Street or R. R. 11315 W Washington City St. Indpls. County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Insurance policy 1st Insurance

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father J. P. Lawson
   Residence of father (if deceased so state) 1315 W. Washington St. Indpls.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Faye Hartsock
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Randy L. Lawson

New Address 11315 W. Washington Indpls.

Subscribed and sworn to before me this 11 day of July, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Tisanna Middle Jo Last Roell

Date of Birth: Month Feb Day 11 Year 1959

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 11315 W. Washington City St. County Indpls. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 413-59-28788

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William H. Roell
   Residence of father (if deceased so state) Shelby St. Indpls. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janet Sue Abbott
   Residence of mother (if deceased so state) 1722 Hemlock Ln. Plfd. In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tisanna J Roell

New Address 11315 W. Wash St Indpls.

Subscribed and sworn to before me this 11th day of July, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17 *day of* July, 19 78, *authorizing the joining together as husband and wife* Randy Lee Lawson *and* Tisanna Jo Roell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Gilbert L. Richey *hereby certify that on the* 24th *day of* July, *at* Indianapolis, *County of* Marion, *one thousand nine hundred and* 78, *State of Indiana, Groom* Randy Lee Lawson *of* Hendricks *County, State of* Indiana, *and, Bride* Tisanna Jo Roell *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 24th *day of* July, 19 78

Signed Gilbert L. Richey

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26th *day of* July, 19 78

Signed Glen M Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 280

File _____

July 11, 1978
Date of Application

MALE
Medical Examination Report Dated _____

Name of Physician _____

FEMALE
Medical Examination Report Dated _____

Name of Physician _____

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name — First: Phillip — Middle: James — Last: Rubeck

Date of Birth — Month: Sept — Day: 8 — Year: 1959

Place of Birth (State or foreign country): Ind.

Residence Address: 127 Pickett — Street or R. R. — City: Plainfield — County — State: In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☑
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Robert P. Rubeck
   Residence of father (if deceased so state): Plainfield, In.
   Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Wilma June Price
   Residence of mother (if deceased so state): Plainfield, In.
   Birthplace of mother (State or foreign country): Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Phillip J. Rubeck

New Address: 127 Pickett Plainfield

Subscribed and sworn to before me this 11 day of July, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name — First: Nancy — Middle: Lynn — Last: Eaton

Date of Birth — Month: March — Day: 7 — Year: 1960

Place of Birth (State or foreign country): Ind.

Residence Address: 1631 Aubert — Street or R. R. — City: Plainfield — County — State: In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: William A. Eaton
   Residence of father (if deceased so state): Plainfield, In.
   Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Beverly Scott
   Residence of mother (if deceased so state): Plainfield, In.
   Birthplace of mother (State or foreign country): Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Nancy Lynn Eaton

New Address: 127 Pickett St Plainfield

Subscribed and sworn to before me this 11 day of July, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17 *day of* July, 19 78, *authorizing the joining together as husband and wife* Phillips James Rubeck J r *and* Nancy Lynn Eaton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Marc S. Hays hereby certify that on the 22 day of July, one thousand nine hundred and 78 at Plainfield, County of Hendricks, State of Indiana, Groom Phillips J. Rubeck of Hendricks County, State of Indiana, and, Bride Nancy L. Eaton of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 22 day of July, 19 78.

Signed Marc S. Hays

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* July, 19 78.

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 281
File 39
7-12-78
Date of Application

_____ County

MALE
Medical Examination Report Dated 7-7-78
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 7-7-78
Name of Physician David M. Hadley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Lloyd Middle E. Last Bell
Date of Birth: Month January Day 1 Year 1947
Place of Birth (State or foreign country): Savannah Georgia
Residence Address: Street or R. R. Rt 1 Bx 249 City Clayton County _____ State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree #2171096
☑ Other (Specify) Drivers License #313-52-2970

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Eugene Bell
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Arlene Martin
   Residence of mother (if deceased so state) Marion, In.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Lloyd E Bell
New Address Rt 1 Bx 249 Clayton Ind.

Subscribed and sworn to before me this 12 day of July, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Lana Middle Carol Last Hamilton
Date of Birth: Month April Day 15 Year 1955
Place of Birth (State or foreign country) Colquitt Co. Georgia
Residence Address: Street or R. R. 1110 S. McClure City Marion County _____ State In
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Henry Franklin Hamilton
   Residence of father (if deceased so state) Miami, Florida
   Birthplace of father (State or foreign country) Georgia
9. Full maiden name of mother Doris Warren
   Residence of mother (if deceased so state) Miami, Florida
   Birthplace of mother (State or foreign country) Georgia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Lana Hamilton
New Address Rt 1 Box 249 Clayton, Ind.

Subscribed and sworn to before me this 12 day of July, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12 day of July, 19 78, authorizing the joining together as husband and wife Lloyd E Bell and Lana Carol Hamilton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, August V. Huber hereby certify that on the 15 day of July one thousand nine hundred and 78 at Bellevville, County of Hendricks, State of Indiana, Groom Lloyd E Bell of Hendricks County, State of Indiana, and, Bride Lana Carol Hamilton of Grant County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15 day of July, 19 78. Signed August V. Huber
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of July, 19 78
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 282
File Book 39
July 13, 1978
Date of Application

MALE
Medical Examination Report Dated July 11, 1978
Name of Physician Joseph C. Kerlin, M.D.

FEMALE
Medical Examination Report Dated July 11, 1978
Name of Physician Joseph C. Kerlin, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Darrell Middle Joseph Last Bumen

Date of Birth: Month May Day 22 Year 1935

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 98 North Rd. 500 E. City Danville County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Police F. D.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Maurice Bumen
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Unknown
9. Full maiden name of mother Mary Beason
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of ..... } ss: I depose and state the information given in this application is true and correct.

Signed Darrell J. Bumen
New Address Indpls. Ind.

Subscribed and sworn to before me this 13 day of July, 1978.
Glen M. Harvey Clerk ..... Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of ..... } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Kathryn Middle Last Ransom

Date of Birth: Month Aug Day 26 Year 1954

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 98 North Rd 500 E City Danville County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Life Ins - Policy

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Amy Ransom

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Stewart
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Eliza P. Phelps
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of ..... } ss: I depose and state the information given in this application is true and correct.

Signed Kathryn Ransom
New Address Indianapolis, Ind.

Subscribed and sworn to before me this 13 day of July, 1978
Glen M. Harvey Clerk ..... Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of ..... } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. Supreme Court by written order issued 3 day Waiver and filed

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* ..... *Circuit Court of Indiana dated the* 13 *day of* July, 19 78, *authorizing the joining together as husband and wife* Darrell Joseph Bumen *and* Dathryn Ransom

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Alex J. Kertis, III *hereby certify that on the* 15 *day of* July, *one thousand nine hundred and* 78 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Darrell J. Bumen *of* Marion *County, State of* Indiana, *and, Bride* Kathryn Ransom *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 15 *day of* July, *19* 78.

Signed Alex J. Kertis, III
Official Designation Judge Pro Tem

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* August, *19* 78

Signed Glen M. Harvey *Clerk*
..... *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 283
File 39
Hendricks County
July 13 1978
Date of Application

MALE
Medical Examination Report Dated July 4, 1978
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated July 4, 1978
Name of Physician M. O. Scamahorn

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle L. Last Wilkinson
Date of Birth: Month April Day 12 Year 1951
Place of Birth (State or foreign country) Marion Co. Ind.
Residence Address: Street or R. R. RR 18, Box 357, City Indpls. County Hen. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Melissa Marie Wilkinson
   David Steven Wilkinson
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gilbert Francis Wilkinson
   Residence of father (if deceased so state) Clermont, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alice Fay Hamon
   Residence of mother (if deceased so state) Clermont, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David Wilkinson
New Address RR 18 Box 357

Subscribed and sworn to before me this 13 day of July, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Cynthia Middle K. Last Alexander
Date of Birth: Month June Day 7 Year 1959
Place of Birth (State or foreign country) Boone Co. Ind.
Residence Address: Street or R. R. RR #18, Box 357, City Indpls. County Hen. State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ralph Vernon Alexander
   Residence of father (if deceased so state) RR #18 Box 357, Indpls
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margaret Earnestine Dillman
   Residence of mother (if deceased so state) RR #18 Box 357, Indpls.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cynthia K Alexander
New Address RR 18 Box 357 Indpls, Ind.

Subscribed and sworn to before me this 13 day of July, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 17 *day of* July, 19 78, *authorizing the joining together as husband and wife and.....*

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I,.....hereby certify that on the.....day of....., at.....County of....., one thousand nine hundred and.....State of Indiana, Groom.....County, State of....., and, Bride.....of.....County, State of....., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this.....day of....., 19.....

Signed.....
Official Designation.....

Filed and recorded in accordance with the laws of the State of Indiana this.....day of....., 19.....

Signed.....Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 284

File _____

July 13 1978
Date of Application

MALE
Medical Examination Report Dated 6-23-78
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 6-23-78
Name of Physician David M. Hadley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Steven Middle W. Last Price

Date of Birth: Month July Day 8 Year 1955

Place of Birth (State or foreign country) West Virginia

Residence Address: Street or R. R. 1131 W. Washington St. City Indpls. County _____ State _____

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Steve Price
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father De Wayne Price Sr.
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) West Virginia
9. Full maiden name of mother Betty Lee Yost
   Residence of mother (if deceased so state) Indianapolis, In
   Birthplace of mother (State or foreign country) West Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Steve W Price

New Address 3422 S campbell Indpls In

Subscribed and sworn to before me this 13 day of July, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Sandra Middle J. Last Mc Kenney

Date of Birth: Month Jan. Day 22 Year 1959

Place of Birth (State or foreign country) New Hampshire

Residence Address: Street or R. R. 3422 S. Campbell City Indpls. County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kenneth Bernard Mc Kenney
   Residence of father (if deceased so state) Plainfield, In
   Birthplace of father (State or foreign country) New Hampshire
9. Full maiden name of mother Edith Arlene Holloway
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) New Hamsphire

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sandra J Mc Kenney

New Address 3422 S Campbell Indpls. Ind.

Subscribed and sworn to before me this 13 day of July, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17 *day of* July, 19 78, *authorizing the joining together as husband and wife* Steven W. Price *and* Sandra J. Mc Kenney

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Aaron C Paynter hereby certify that on the 23 day of July, one thousand nine hundred and 78 at 3422 S. Campbell, County of Hendricks, State of Indiana, Groom Steven W. Price of Hendricks County, State of Indiana, and, Bride Sandra J Mc Kenney of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23 day of July, 19 78.

Signed Aaron C. Paynter

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* August, 19 78.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 285

Hendricks County

File July 14, 1978 Date of Application

MALE
Medical Examination Report Dated 7-12-78
Name of Physician Joseph Kerlin

FEMALE
Medical Examination Report Dated 7-12-78
Name of Physician Joseph Kerlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First W. Middle Keith Last Miller

Date of Birth: Month Oct Day 3 Year 1928

Place of Birth (State or foreign country) Ind.

Residence Address: 206 N. High Street or R. R. Danville City Hendricks County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Eric Miller
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bruce Miller
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Margaret Dennerline
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed W. Keith Miller
New Address 206 N. High St Danville Ind

Subscribed and sworn to before me this 14 day of July, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Kathryn Middle Irene Last DeLuca

Date of Birth: Month Dec. Day 25 Year 1940

Place of Birth (State or foreign country) Ind.

Residence Address: 3613 Norfolk Street or R. R. Indpls. City Marion County In State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Benjamin DeLuca
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Arnold Porter
   Residence of father (if deceased so state) Miami, Fla
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Harriet L. Sparks
   Residence of mother (if deceased so state) Miami, Fla.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Kathryn DeLuca
New Address 3613 N. High St Indpls. Ind.

Subscribed and sworn to before me this 14 day of July, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 18th *day of* July, *19* 78, *authorizing the joining together as husband and wife* W. Keith Miller *and* Kathryn Irene DeLuca

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev Joseph D. Stump *hereby certify that on the* 22nd *day of* July, *one thousand nine hundred and* 78 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Wallie Keith Miller *of* Marion *County, State of* Indiana, *and, Bride* Kathryn Irene DeLuca *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 22nd *day of* July, *19* 78. *Signed* Dr. Joseph D. Stump *Official Designation* Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26th *day of* July, *19* 78 *Signed* Glen M. Harvey *Clerk* HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

Hendricks County

No. 286

File

July 14, 1978
Date of Application

MALE
Medical Examination Report Dated 7-8-78
Name of Physician Nelson D. Gaddy M.D.

FEMALE
Medical Examination Report Dated 7-8-78
Name of Physician Nelson D. Gaddy

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Arthur Middle Wayne Last Menzies
Date of Birth: Month May Day 3 Year 1945
Place of Birth (State or foreign country) Harrisburg Penn.
Residence Address: Street or R. R. #97 1000E MHP City Brownsburg County — State In

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles G. Menzies
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Alma Malin
   Residence of mother (if deceased so state) 315 Scenic Ridge Rd. Mc Keesport Penn
   Birthplace of mother (State or foreign country) Penn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Arthur Wayne Menzies
New Address Lot #97 1000E Brownsburg

Subscribed and sworn to before me this 14th day of July, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Dorothy Middle May Last Branham
Date of Birth: Month Aug Day 22 Year 1949
Place of Birth (State or foreign country) Mount Clemens Michigan
Residence Address: Street or R. R. #97 1000E City Brownsburg County — State In

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Laurence E. Wakley
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Heath
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Lebanon, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dorothy M Branham
New Address Lot # 97 1000E Brownsburg,

Subscribed and sworn to before me this 14th day of July, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 21 *day of* July, 1978, *authorizing the joining together as husband and wife* Arthur Wayne Menzies *and* Darathy May Branham

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mourer *hereby certify that on the* 21 *day of* July, *one thousand nine hundred and* 78 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Arthur Wayne Menzies *of* Hendricks *County, State of* Indiana *and, Bride* Darathy May Branham *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 21 *day of* July, 19 78.

Signed John C. Mourer
Official Designation Judge, Superior Ct. #2

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* July, 19 78.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 287
File 39
_____ County
7-14-78 Date of Application

MALE
Medical Examination Report Dated 7-5-78
Name of Physician E. J. O'Brian

FEMALE
Medical Examination Report Dated 7-5-78
Name of Physician E. J. O'Brian

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jerry Middle Richard Last Hendrickson
Date of Birth: Month September Day 11 Year 1955
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 209 Washington St. City Indpls County Indpls State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard D. Hendrickson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Minnesota
9. Full maiden name of mother Georgia Mae Courtney
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jerry R Hendrickson
New Address 209 WASHINGTON CT. INDPLS.

Subscribed and sworn to before me this 14 day of July, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Jerry Middle Lynn Last Teskey
Date of Birth: Month May Day 24 Year 1957
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: RR 3 Bx 130 City Brownsburg County State In
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Merle E. Teskey
   RR 3 Bx 130
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Beverly A. Gray
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Terry L Teskey
New Address 209 Washington Ct Indpls.

Subscribed and sworn to before me this 14 day of July, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....and filed
.....County.....Court by written order issued.....
in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19 day of July, 19 78, authorizing the joining together as husband and wife Jerry Richard Hendrickson and Jerry Lynn Teskey

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D. Wilson hereby certify that on the 22 day of July, one thousand nine hundred and 78 at Martinsville, County of Morgan, State of Indiana, Groom Jerry R. Hendrickson of Morgan County, State of Indiana, and, Bride Jerry L. Teskey of Hendricks County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 22 day of July, 19 78. Signed Joseph D. Wilson
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of August, 19 78
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 288

File

_____ County

7-17-78
Date of Application

MALE
Medical Examination Report Dated 6-22-78
Name of Physician William M. Gilkison

FEMALE
Medical Examination Report Dated 6-22-78
Name of Physician William M. Gilkison

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John, Middle A., Last Remetta

Date of Birth: Month Sept, Day 21, Year 1958

Place of Birth (State or foreign country) New Orleans, La.

Residence Address: Street or R. R. 107 Buckwood Ln., City Indpls, County Marion, State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Remetta Jr.
   Residence of father (if deceased so state) 107 Buckwood Ln. Indpls.
   Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Ruth Ann Rodenbeck
   Residence of mother (if deceased so state) same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John A Remetta
New Address 3800 W. MICHIGAN #1709

Subscribed and sworn to before me this 17 day of July, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____.

_____ Clerk

FEMALE APPLICANT

Name: First DeAnn, Middle NONE, Last Emberson

Date of Birth: Month Jan., Day 23, Year 1963

Place of Birth (State or foreign country) Indpls Indiana

Residence Address: Street or R. R. RR 8 Box 235A, City Indpls, County Hend., State Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # 847

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Eugene Emberson
   Residence of father (if deceased so state) RR 8 Box 235 A, Indpls.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Beverly Ann Sprinkle
   Residence of mother (if deceased so state) same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed DeAnn Emberson
New Address 3800 W Michigan #1709

Subscribed and sworn to before me this 17 day of July, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Donald Emberson Father

Signed Beverly A. Emberson Mother

Subscribed and sworn to before me this 17 day of July, 19 78.

Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior I Court by written order issued 3 day waiver age requirements and filed in Clerks authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17th *day of* July, 19 78, *authorizing the joining together as husband and wife* John A. Remetta *and* DeAnn Emberson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Walter W. Stuenkel *hereby certify that on the* 19 *day of* July, *one thousand nine hundred and* 78 *at* Calvary Lutheran Ch., *County of* Marion, *State of Indiana, Groom* John A. Remetta *of* Marion *County, State of* Indiana *and, Bride* DeAnn Emberson *of* Hendricks *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 21 *day of* July, 19 78.

Signed Walter W Stuenkel
Official Designation Asst. Pastor, Calvary Lutheran Ch.

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* July, 19 78.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 289

File

Hendricks County

July 17, 1978
Date of Application

MALE
Medical Examination Report Dated David Hadley 7-12-78
Name of Physician

FEMALE
Medical Examination Report Dated David Hadley 7-12-78
Name of Physician

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Mark Middle Stephen Last Edens

Date of Birth: Month Jan. Day 3 Year 1957

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 4415 S. Kathryn City Indpls. County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Junior D. Edens
   Residence of father (if deceased so state) Martinsville, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Dorothy Sutphin
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mark Edens

New Address 5920 APACHE WELLS 452

Subscribed and sworn to before me this 17 day of July, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Elizabeth Middle Ann Last Porter

Date of Birth: Month May Day 22 Year 1960

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 5920 Apache Wells City Indpls. County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Porter
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Barbara Rogers
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Elizabeth Porter

New Address 5920 Apache Wells #452

Subscribed and sworn to before me this 17th day of July, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 21 *day of* July, *19* 78, *authorizing the joining together as husband and wife* Mark Stephen Edens *and* Elizabeth Ann Porter

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, J. Gayle Edens *hereby certify that on the* 21st *day of* July, *one thousand nine hundred and* 78 *at* Lynhurst Baptist Church, *County of* Marion, *State of Indiana, Groom* Mark Stephen Edens *of* Hendricks *County, State of* Indiana, *and, Bride* Elizabeth Ann Porter *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 21st *day of* July, *19* 78.

Signed J. Gayle Edens

Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25th *day of* July, *19* 78.

Signed Glen M Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 290
File Book 39
July 17, 1978
Date of Application

MALE
Medical Examination Report Dated July 11, 1978
Name of Physician Lawrence A. Reitz

FEMALE
Medical Examination Report Dated July 11, 1978
Name of Physician Lawrence A. Reitz

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Walter Middle H. Last Brauer
Date of Birth: Month Dec. Day 22 Year 1932
Place of Birth (State or foreign country) Lawrenceburg, Dearborn Co., Ind.
Residence Address: Street or R.R. 7918 Barnfield Dr. City Indianapolis County Marion State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 5/31/77 - Boone Co.
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) U.S. Armed Forces I.D. 22408

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Kurt P. Brauer, Kim M. Brauer, Kent W. Brauer -
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. (Support affidavit signed)
8. Full name of father Joseph B. Brauer
   Residence of father (if deceased so state) Deceased (Lawrenceburg)
   Birthplace of father (State or foreign country) Lawrenceburg Ind.
9. Full maiden name of mother Berda M. Volz
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Morris, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Walter H Brauer
New Address 506 E. Main, Plainfield
Subscribed and sworn to before me this 17th day of July, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Virginia Middle A. Last Speer
Date of Birth: Month Nov. Day 4 Year 1939
Place of Birth (State or foreign country) Madison, Jefferson Co., Ind.
Residence Address: Street or R. R. 506 E. Main, City Plainfield, County Hendricks, State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Ind. Driver's License #5308-43-3540

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Otho Speer
   Residence of father (if deceased so state) R.3. North Vernon, Ind.
   Birthplace of father (State or foreign country) Jennings Co. Ind.
9. Full maiden name of mother Emily Gertrude Yeager
   Residence of mother (if deceased so state) R.3. North Vernon, Ind.
   Birthplace of mother (State or foreign country) South Dakota

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Virginia A. Speer
New Address 506 E. Main St. Plainfield, Ind.
Subscribed and sworn to before me this 17 day of July, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 24th *day of* July, 1978., *authorizing the joining together as husband and wife* Walter H. Brauer *and* Virginia A. Speer
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, E. Carver Mc Griff *hereby certify that on the* 26 *day of* July, *one thousand nine hundred and* 78 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Walter H Brauer *of* Marion *County, State of* Indiana, *and, Bride* Virginia A. Speer *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 26 *day of* July, 19 78.

Signed E. Carver Mc Griff
Official Designation Pastor, St. Luke's U.M.C.

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* March, 19 79.
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 296

File

Hendricks County

Sept. 11 1978
Date of Application

MALE
Medical Examination Report Dated 9-8-78
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 9-8-78
Name of Physician Larry D. Lovell

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gary Middle — Last Gillespie

Date of Birth: Month Jan. Day 26 Year 42

Place of Birth (State or foreign country) Mattsville) In.

Residence Address: Street or R. R. 9033 Meadow Lake Dr. City Indpls. County — State —

Previous Marital Status: Never Married ☐ OR 5 times

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Kelly Gillespie
   Glen Gillespie
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Herman Gillespie
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Valetta Elsie Strange
   Residence of mother (if deceased so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Gary D Gillespie

New Address

Subscribed and sworn to before me this 11th day of Sept, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Christina Middle M Last Carr

Date of Birth: Month Jan Day 27 Year 45

Place of Birth (State or foreign country) Warsaw In.

Residence Address: Street or R. R. 13 Hawthorn Ct. City Danville County — State In.

Previous Marital Status: Never Married ☐ OR 1 time

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl Dayton Campbell
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Marie Hanson
   Residence of mother (if deceased so state) Indianapolis
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Christina M Carr

New Address 13 Hawthorn Ct. Danville

Subscribed and sworn to before me this 11 day of Sept, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 15th *day of* September, 19 78, *authorizing the joining together as husband and wife*.....*and*.....

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I,.....*hereby certify that on the*.....*day of*....., *one thousand nine hundred and*.....*at*.....*County of*....., *State of Indiana, Groom*.....*of*.....*County of*....., *State of*....., *and, Bride*.....*of*.....*County, State of*..... *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this.....*day of*....., 19.....

Signed.....

Official Designation.....

Filed and recorded in accordance with the laws of the State of Indiana this.....*day of*....., 19.....

Signed.....*Clerk*

HENDRICKS *Circuit Court*

520

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 397

File _____

Sept 11 1978
Date of Application

MALE
Medical Examination Report Dated 9-6-78
Name of Physician John Collette Jr. MD.

FEMALE
Medical Examination Report Dated 9-6-78
Name of Physician John Collette Jr.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name — First: Aaron Middle: D. Last: Reitzel

Date of Birth — Month: May Day: 11 Year: 1958

Place of Birth (State or foreign country): Greencastle, In.

Residence Address — Street or R. R.: Stilesville City: Stilesville County: In State:

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard A. Reetzel
   Residence of father (if deceased so state) R #1 Stilesville
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Jean Buis
   Residence of mother (if deceased so state) R #1 Stilesville In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Aaron Reitzel
New Address R 2 #1 Stilesville

Subscribed and sworn to before me this 11 day of Sept, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name — First: Luanne Middle: Last: Pruett

Date of Birth — Month: 12 Day: 5 Year: 1959

Place of Birth (State or foreign country): Indianapolis, In.

Residence Address — Street or R. R.: R.R. #1 Box 119 City: Stilesville County: State:

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard A. Pruett
   Residence of father (if deceased so state) Stilesville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Ann Hornung
   Residence of mother (if deceased so state) Stilesville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Luanne Pruett
New Address RR 1 Stilesville, IN 46180

Subscribed and sworn to before me this 11th day of Sept, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 15 *day of* Sept, 19 78, *authorizing the joining together as husband and wife* Aaron D. Reitzel *and* Luanne Pruett
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Richard Zore *hereby certify that on the* 16 *day of* Sept. *one thousand nine hundred and* 78 *at* Plainfield, *County of* Hendricks *State of Indiana, Groom* Aaron D. Reitzel *of* Hendricks *County, State of* Indiana *and, Bride* Luanne Pruett *of* Morgan *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 15 *day of* Sept., 19 78.

Signed Rev Richard Zore
Official Designation Roman Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* Sept, 19 78.

Signed Glen M Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 291

File 39

Hendricks County

July 18, 1978
Date of Application

MALE
Medical Examination Report Dated 7-11-78
Name of Physician Wm Wagner

FEMALE
Medical Examination Report Dated 7-11-78
Name of Physician Wm Wagner

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jeffery Middle Alan Last Acton

Date of Birth: Month Feb. Day 22 Year 1957

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 3 Box 22 City Plainfield County Hend. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles H. Acton
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Elizabeth F. Smith
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jeffery A Acton

New Address 548 WESTBURY EAST, INDIANAPOLIS

Subscribed and sworn to before me this 18 day of June, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Julie Middle Ann Last Mercer

Date of Birth: Month Sept. Day 12 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 280 Sheets Rd. City Mooresville, In. County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kenneth Leroy Mercer
   Residence of father (if deceased so state) Mooresville, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Delores Jane Hood
   Residence of mother (if deceased so state) Mooresville In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Julia A Mercer

New Address 548 Westbury East, Indpls

Subscribed and sworn to before me this 18 day of June, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....Circuit Court of Indiana dated the 26th day of July, 19 78, authorizing the joining together as husband and wife Jeffery Alan Acton and Julia Ann Mercer

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, R. Kent Allen hereby certify that on the 5th day of August, one thousand nine hundred and 78 at Plainfield, County of Indiana, State of Indiana, Groom Jeffery Alan Acton of Hendricks County, State of Indiana, and, Bride Julia Ann Mercer of Morgan County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5th day of August, 19 78. Signed R. Kent Allen

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of August, 19 78

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 292

File 39

_____ County

July 18, 1978
Date of Application

MALE
Medical Examination Report Dated 7-17-78
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 7-17-78
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Larry Middle Wayne Last Dykes

Date of Birth: Month April Day 3 Year 1957

Place of Birth (State or foreign country) Ind'p'l's, Ind

Residence Address: Street or R. R. 614 Ironwood Dr. City P'field County Hen. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Neff S. Dykes
   Residence of father (if deceased so state) 614 Ironwood Dr., P'field
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Helen Brubaker
   Residence of mother (if deceased so state) 614 Ironwood Dr., P'field
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Larry Wayne Dykes

New Address 1111 Brookside Lane, P'fld

Subscribed and sworn to before me this 18 day of July, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Ginger Middle Cherri Last Snapp

Date of Birth: Month Nov. Day 6 Year 1956

Place of Birth (State or foreign country) Marion Co., Indiana

Residence Address: Street or R. R. 25 N. Rd 450 E City Danville County _____ State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Clyde Snapp
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elizabeth Rose Mehl
   Residence of mother (if deceased so state) 25 N. Rd 450 E., Danville
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ginger Cherri Snapp

New Address 1111 Brookside Lane, P'field

Subscribed and sworn to before me this 18 day of July, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 26th *day of* July, 19 78, *authorizing the joining together as husband and wife* Larry Wayne Dykes *and* Ginger Cherri Snapp

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edward Curtice *hereby certify that on the* 12th *day of* August, *one thousand nine hundred and* 78 *at* Avon, *County of* Hendricks, *State of Indiana, Groom* Larry Wayne Dykes *of* Hendricks *County, State of* Indiana, *and, Bride* Ginger Cherri Snapp *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 15th 26th *day of* August July, 19 78.

Signed Edward Curtice

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* August, 19 78

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 293
File 39

_____ County

Date of Application

MALE
Medical Examination Report Dated 7-18-78
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 7-18-78
Name of Physician David Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dean Middle A. Last Schanz
Date of Birth: Month Nov. Day 2 Year 1953
Place of Birth (State or foreign country) Ill.
Residence Address: Street or R. R. P.O. Box 248 City Plainfield County In. State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers license with picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father A. J. Schanz
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Iris L. Moore
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dean A. Schanz
New Address Plainfield, In. 5

Subscribed and sworn to before me this 18 day of July, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Mary Middle Jane Last Ewbank
Date of Birth: Month Nov. Day 19 Year 1947
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 1013 Valley View City Plainfield County In. State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Life Ins. I.D.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edgar Neeley
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Va.
9. Full maiden name of mother Geralderie Bennett
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary Jane Ewbank
New Address Plainfield, Ind.

Subscribed and sworn to before me this 18 day of July, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20 day of July, 19 78, authorizing the joining together as husband and wife Dean A. Schanz and Mary Jane Ewbank

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 20 day of July, one thousand nine hundred and 78 at Danville, County of Hendricks, State of Indiana, Groom Dean A. Schanz of Hendricks County, State of Indiana, and, Bride Mary Jane Ewbank of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20 day of July, 19 78.

Signed John C. Mowrer
Official Designation Judge, Superior Ct #2

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of July, 19 78.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 294
File 39
7-18-78
Date of Application

MALE
Medical Examination Report Dated 7-14-78
Name of Physician M. Seamahorn

FEMALE
Medical Examination Report Dated 7-14-78
Name of Physician M. Seamahorn

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Thomas; Middle Milton; Last Taylor
Date of Birth: Month March; Day 31; Year 1956
Place of Birth (State or foreign country): Lebanon Ind.
Residence Address: Street or R. R. RR1 Box 167; City Lizton; County Hend.; State Ind.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) # 56-296043

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Thomas M. Taylor, Jr.
   Keith Justin Taylor
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas Milton Stitt
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Teresa Belle Nolan
   Residence of mother (if deceased so state) RR1 Box 167, Lizton, Ind.
   Birthplace of mother (State or foreign country) Kansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Thomas M Taylor
New Address [redacted]
Subscribed and sworn to before me this 18 day of July, 19 78
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed .....Father
Signed .....Mother
Subscribed and sworn to before me this .....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Robyn; Middle Diane; Last Symmonds
Date of Birth: Month June; Day 15; Year 1960
Place of Birth (State or foreign country): Ft. Madison Iowa
Residence Address: Street or R. R. RR1 Box 129; City Pittsboro; County Hend.; State Ind.

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) # 114-60-27356

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David Lester Symmonds
   Residence of father (if deceased so state) RR1 Box 129, Pittsboro, Ind.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Laymon Davel Burns
   Residence of mother (if deceased so state) New Jersey
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Robyn Diane Symmonds
New Address undecided
Subscribed and sworn to before me this 18 day of July, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed .....Father
Signed .....Mother
Subscribed and sworn to before me this .....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 22 *day of* July, 19 78, *authorizing the joining together as husband and wife* Thomas Milton Taylor *and* Robyn Diane Symmonds

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Chanwick A. Roach, *hereby certify that on the* 23rd *day of* July, *one thousand nine hundred and* 78, *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Thomas Taylor *of* Hendricks *County, State of* Indiana, *and, Bride* Robyn Symmonds *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 23rd *day of* July, 19 78

Signed Chanwick Roach
Official Designation Pastor, Ch. of God

Filed and recorded in accordance with the laws of the State of Indiana this 26th *day of* July, 19 78

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 295
File 39

_____ County

July 19, 1978
Date of Application

MALE
Medical Examination Report Dated 7-17-78
Name of Physician Willis Wagner

FEMALE
Medical Examination Report Dated 7-17-78
Name of Physician Carl L. Weidner M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ruben Middle D. Last Ross
Date of Birth: Month January Day 23 Year 1933
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. R.R. # 2 BOX 689 City Plainfield County _____ State Ind.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☒
6. List the full names of any dependent children.
   Tilda Rose
   Andrew Ross
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ned Ross
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Maude King
   Residence of mother (if deceased so state) Kentucky
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.

Signed Ruben D Ross
New Address RR2 Box 689 Plainfield
Subscribed and sworn to before me this 19 day of July, 19 78
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Inis Middle _____ Last Musgrove
Date of Birth: Month April Day 2 Year 1928
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R. R. R R # 2 BOX 16 City Clayton County _____ State Ind.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers Lic (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☒
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Sidney Wilson
   Residence of father (if deceased so state) Freedom, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Nellie Crabtree
   Residence of mother (if deceased so state) Freedom, Ind.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.

Signed Inis Musgrove
New Address R.R. 2 box 189 Plainfield Ind.
Subscribed and sworn to before me this 19 day of July, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS *Circuit Court*

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* ..... *, 19* 78 *, authorizing the joining together as husband and wife of Indiana dated the* 23 *day of* July *and* Inis Musgrove
Ruben D. Ross
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glen M. Harvey *hereby certify that on the* 25th *day of* July,
one thousand nine hundred and 78 *at* Danville, *County of* Hendricks,
State of Indiana, Groom Ruben D. Ross *of* Hendricks *County, State of* Indiana,
and, Bride Inis Musgrove *of* Hendricks *County, State of* Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.

Dated this 25th *day of* July, *19* 78. *Signed* Glen M. Harvey
Official Designation Clerk, Hendricks County

Filed and recorded in accordance with the laws of the State of Indiana this 25th *day of* July, *19* 78
Signed Glen M Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 296
File 39
July 19, 1978
Date of Application

_____ County

MALE
Medical Examination Report Dated 7-19-78
Name of Physician Wm. L. Wagner M.D.

FEMALE
Medical Examination Report Dated 7-19-78
Name of Physician Wm. L. Wagner, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Timothy Middle L. Last Story
Date of Birth: Month November Day 17 Year 1958
Place of Birth (State or foreign country): Denver Colorado
Residence Address: Street or R. R. 3603 Clarks Creek Rd. City Brownsburg County State In

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Earl Hubert Story
   Residence of father (if deceased so state) Indianapolis Ind.
   Birthplace of father (State or foreign country) Colorado
9. Full maiden name of mother Dorothy May Hanshaw
   Residence of mother (if deceased so state) Indianapolis In
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Timothy L Story
New Address 3603 So. CLARK CREEK RD.
Subscribed and sworn to before me this 19 day of July, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Carolyn Middle Louise Last Franks
Date of Birth: Month December Day 4 Year 1958
Place of Birth (State or foreign country): Pontiac Michigan
Residence Address: Street or R. R. 2057 State Rd. 144 City Mooresville County In State

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold Walter Franks
   Residence of father (if deceased so state) Mooresville In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Ellen Harrell
   Residence of mother (if deceased so state) Mooresville
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carolyn Louise Franks
New Address 3603 So. Clarks Creek Rd
Subscribed and sworn to before me this 19 day of July, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 26th *day of* July, 19 78, *authorizing the joining together as husband and wife* Timothy L Story *and* Carolyn Louise Franks
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev Donald L. Wallace *hereby certify that on the* 15 *day of* August, *one thousand nine hundred and* 78 *at* Indianapolis, *County of* Hendricks, *State of Indiana, Groom* Timothy L Story *of* Hendricks *County, State of* Indiana *and, Bride* Carolyn L Franks *of* Morgan *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 15 *day of* August, 19 78.

Signed Donald L Wallace
Official Designation Pastor, Calvary Baptist Ch

Filed and recorded in accordance with the laws of the State of Indiana this 17 *day of* August, 19 78.
Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 297
File 39
7-20-78 Date of Application

_____ County

MALE
Medical Examination Report Dated 7-9-78
Name of Physician Larry D. Lovall

FEMALE
Medical Examination Report Dated 7-9-78
Name of Physician Larry D. Lovall

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle A. Last Via
Date of Birth: Month October Day 13 Year 1956
Place of Birth (State or foreign country) Vincennes In.
Residence Address: Street or R. R. RR#1 Bx 98 City Danville County In. State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Samuel Ralph Via
   Residence of father (if deceased so state) RR2 Bot 188 Clayton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Jewell Bezy
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Michael A. Via
New Address R 1 Box 98 Danville In
Subscribed and sworn to before me this 20 day of July, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Lisa Middle J. Last Mitchell
Date of Birth: Month October Day 23 Year 1959
Place of Birth (State or foreign country) Linton In.
Residence Address: Street or R. R. 10813 Brunswick City Indianapolis County In. State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bobby M. Mitchell
   Residence of father (if deceased so state) 10813 Brunswick Indianapolis
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jane E. Moss
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Lisa J Mitchell
New Address R 1 Box 98 Danville Ind.
Subscribed and sworn to before me this 20 day of July, 19 78.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued three day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20th day of July, 19 78, authorizing the joining together as husband and wife Michael A. Via and Lisa J. Mitchell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jewell Reed hereby certify that on the 23rd day of July, one thousand nine hundred and 78 at Plainfield, County of Hendricks, State of Indiana, Groom Michael A. Via of Hendricks County, State of Indiana, and, Bride Lisa J. Mitchell of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23rd day of July, 19 78. Signed Jewell Reed
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of July, 19 78
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 298
File 39
7-21-78
Date of Application

MALE
Medical Examination Report Dated 7-8-78
Name of Physician R. J. Robinson

FEMALE
Medical Examination Report Dated 7-8-78
Name of Physician R. J. Robinson

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle B. Last Hildebrand
Date of Birth: Month 3 Day 31 Year 47
Place of Birth (State or foreign country) Washington D.C.
Residence Address: Street or R. R. P.O. Box 41 City Cartersburg County Hend. State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's Licnse w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Clark Hildebrand
   Residence of father (if deceased so state) 1335 E Avenue, Marion Iowa
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Lois Harriett Kennard
   Residence of mother (if deceased so state) same
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James B Hildebrand
New Address P.O. Box 41 CARTERSBURG IND.

Subscribed and sworn to before me this 21 day of July, 19 78.
Glen M Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Deborah Middle K. Last Burkett
Date of Birth: Month 1 Day 26 Year 52
Place of Birth (State or foreign country) Rochester, Indiana
Residence Address: Street or R. R. 3912 D Rue Rabelais City Indpls County Marion State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's Licnse w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Allen Burkett
   Residence of father (if deceased so state) 4129 Oakleaf Dr., Ft. Wayne Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Belva Elizabeth Burns
   Residence of mother (if deceased so state) same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Deborah K Burkett
New Address P.O. Box 41 CARTERSBURG, IND.

Subscribed and sworn to before me this 21 day of July, 19 78.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 26 *day of* July, 19 78, *authorizing the joining together as husband and wife* James B Hildebrand *and* Deborah K Burkett.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, C. Arthur Bostrom *hereby certify that on the* 19 *day of* August, *one thousand nine hundred and* 78 *at* Clayton, *County of* Hendricks *State of Indiana, Groom* James Bernard Hildebrand Hendricks *County, State of* Indiana *and, Bride* Deborah Kay Burkett *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 19 *day of* August, 19 78.

Signed C. Arthur Bostrom
Official Designation Presbyterian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* August, 19 78.

Signed Glen M Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 299
File 39
7-24-78
Date of Application

_____ County

MALE
Medical Examination Report Dated 7-21-78
Name of Physician Donald R. Wright

FEMALE
Medical Examination Report Dated 7-21-78
Name of Physician Donald R. Wright

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Steven Middle R. Last Binkley
Date of Birth: Month October Day 16 Year 1953
Place of Birth (State or foreign country) Indianapolis In
Residence Address: Street or R. R. 316 Odell City Brownsburg County _____ State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Thomas Binkley
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Cornelia Ann Cisman
   Residence of mother (if deceased so state) 316 Odell Brownsburg, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Steven Binkley
New Address 1808 Mac Arthur Lane, Speedway
Subscribed and sworn to before me this 24 day of July, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____ Clerk

FEMALE APPLICANT

Name: First Nancy Middle Jean Last Donner
Date of Birth: Month July Day 19 Year 1956
Place of Birth (State or foreign country) Greencastle In.
Residence Address: Street or R. R. RR 3 Box 116 City Brownsburg County _____ State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers Lic. w/photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Frank Edward Donner
   Residence of father (if deceased so state) RR 3 Brownsburg
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Florence Louise Jome
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Wisconsin

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Nancy Jean Donner
New Address 1808 MacArthur Lane, Speedway
Subscribed and sworn to before me this 24 day of July, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 19 78, authorizing the joining together as husband and wife of Indiana dated the 28th day of July and Steven R. Binkley and Nancy Jean Donner
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph D. Wilson hereby certify that on the 29 day of July, at Brownsburg, County of Hendricks one thousand nine hundred and 78 State of Indiana, Groom Steven R. Binkley of Marion County, State of Indiana, and, Bride Nancy Jean Donner of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 29 day of July, 19 78. Signed Joseph D. Wilson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of August, 19 78. Clerk
Signed Glen M. Harvey
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 300
File 39
7-24-78
Date of Application

MALE
Medical Examination Report Dated 7-20-78
Name of Physician James Black

FEMALE
Medical Examination Report Dated 7-20-78
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Drew Middle _____ Last Morris
Date of Birth: Month April Day 4 Year 1961
Place of Birth (State or foreign country) Beech Grove In.
Residence Address: Street or R. R. R#1 Box 206 City Liston County _____ State In.

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George Alexander Morris
   Residence of father (if deceased so state) RI Bx 206 Liston, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marilee Bennett
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Drew Morris
New Address RI Box 206 Liston

Subscribed and sworn to before me this 24 day of July, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Sue Middle Ann Last Zollner
Date of Birth: Month June Day 3 Year 1959
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 620 Locust Ln. City Brownsburg County _____ State In.

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Leroy Zollner
   Residence of father (if deceased so state) RR Zionsville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Jean Admire
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Sue A Zollner
New Address R I Box 206 Liston, Ind.

Subscribed and sworn to before me this 24 day of July, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed x Marilee Morris Mother

Subscribed and sworn to before me this _____ day of _____, 19_____.
_____ Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed x Mary Lou Morris Mother

Subscribed and sworn to before me this _____ day of _____, 19_____.
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 28th *day of* July, 19 78, *authorizing the joining together as husband and wife* Drew Morris *and* Sue Ann Zollner
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
John C. Maurer *hereby certify that on the* 28 *day of* July,
One thousand nine hundred and 78 *at* 1:30 P.M., *County of* Hendricks,
State of Indiana, Groom Drew Morris *of* Hendricks *County, State of* Indiana
and, Bride Sue Ann Zollner *of* Hendricks *County, State of* Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS *County.*
Dated this 28 *day of* July, 19 78.

Signed John C. Maurer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 31 *day of* July, 19 78.
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 300
File 39
7-24-78
Date of Application

MALE
Medical Examination Report Dated 7-20-78
Name of Physician James Black

FEMALE
Medical Examination Report Dated 7-20-78
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Drew Middle _____ Last Morris
Date of Birth: Month April Day 4 Year 1961
Place of Birth (State or foreign country) Beech Grove In.
Residence Address: Street or R. R. R#1 Box 206 City Liston County _____ State In.

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George Alexander Morris
   Residence of father (if deceased so state) R1 Bx 206 Liston, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marilee Bennett
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Drew Morris
New Address R1 Box 206 Liston

Subscribed and sworn to before me this 24 day of July, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Sue Middle Ann Last Zollner
Date of Birth: Month June Day 3 Year 1959
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 620 Locust Ln. City Brownsburg County _____ State In.

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Leroy Zollner
   Residence of father (if deceased so state) RR Zionsville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Jean Admire
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Sue A Zollner
New Address R1 Box 206 Liston, Ind.

Subscribed and sworn to before me this 24 day of July, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

I, George Morris, hereby give my consent for my Son, Gerald Andrew to marry Sue Ann Zollner.

George A. Morris

Subscribed and sworn to before my this 20th day of July 19 78.

Bernice J. Turner
Bernice J. Turner,
NOTARY PUBLIC

Bernice J. Turner
Notary Public
Hendricks County, Indiana
My Commission Expires
January 28, 1980

...ly one parent
...Father
...Mother
..., 19...
...Clerk
...arties, the
...and filed
...rcuit Court
...l and wife
...,
...dricks,
...ana
...na,
...,

Filed and recorded in accordance with the laws of the State of Indiana this 31 *day of* July, 19 78.

Signed John C. Mowrer
Official Designation Judge
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 301

File Book 39

_____ County

July 24, 1978
Date of Application

MALE
Medical Examination Report Dated 7-10-78
Name of Physician Walter McMannis M.D.

FEMALE
Medical Examination Report Dated 7-10-78
Name of Physician Walter McMannis M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Lonis Middle _____ Last Smith

Date of Birth: Month Feb. Day 16, Year 1940

Place of Birth (State or foreign country) Mills Ky.

Residence Address: Street or R. R. 1917 Fisher Ave. City Speedway County Marion State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree #97

☐ Other (Specify) Ky St. Registrar of Vital Statistics

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Theresa Lyn Smith - 8yr.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. (Affidavit on file)
8. Full name of father Gilbert E. Smith
   Residence of father (if deceased so state) (Mars Hill) Indianapolis Ind
   Birthplace of father (State or foreign country) Kentucky.
9. Full maiden name of mother Nancy Mills
   Residence of mother (if deceased so state) 1917 Fisher Ave. Speedway.
   Birthplace of mother (State or foreign country) Kentucky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lonis Smith

New Address 518 Cobblestone Rd. Plainfield

Subscribed and sworn to before me this 24 day of July, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Mary Middle Ann Last Crane

Date of Birth: Month April Day 15 Year 1946

Place of Birth (State or foreign country) Terre Haute, Vigo Co. Ind.

Residence Address: Street or R. R. 518 Cobblestone Rd. City Plainfield County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree Cert. # 8875

☐ Other (Specify) Ind. State Bd. of Health

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Homer Crane
   Residence of father (if deceased so state) Deceased.
   Birthplace of father (State or foreign country) Indiana (Davis Co.)
9. Full maiden name of mother Mary Kruse
   Residence of mother (if deceased so state) Deceased.
   Birthplace of mother (State or foreign country) (Unknown)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary Ann Crane

New Address 518 Cobblestone Rd. Plainfield

Subscribed and sworn to before me this 24 day of July, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 28 *day of* July, 1978, *authorizing the joining together as husband and wife* Lonis Smith *and* Mary Ann Crane

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer *hereby certify that on the* 19 *day of* August, *one thousand nine hundred and* 78 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Lonis Smith *of* Marion *County, State of* Indiana, *and, Bride* Mary Ann Crane *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 19 *day of* August, 19 78

Signed John C. Mowrer

Official Designation Judge, Superior Court #2

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* August, 19 78

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 302

File

July 24 1978
Date of Application

MALE
Medical Examination Report Dated July 24, 1978
Name of Physician David B. Haggard M.D.

FEMALE
Medical Examination Report Dated July 24, 1978
Name of Physician David B. Haggard.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David, Middle R., Last Spieth

Date of Birth: Month Aug, Day 31, Year 1956

Place of Birth (State or foreign country): Illinois

Residence Address: Street or R. R. R R #2 Box 10, City Clayton, County, State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William A. Spieth Jr.
   Residence of father (if deceased so state) 2246 Hutchinson Rd. Elsmore, Ill.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Betty Griffith
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed David R. Spieth
New Address ALLEN TR. PK RR 3 Box 18 COATDON, IN 47112

Subscribed and sworn to before me this 24th day of July, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Jo, Middle Ann, Last Weber

Date of Birth: Month March, Day 13, Year 1958

Place of Birth (State or foreign country): Indianapolis, In.

Residence Address: Street or R. R. R R #2, City Box 10, County Clayton, State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jerome R. Weber
   Residence of father (if deceased so state) R #2 Box 10 Clayton, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Erma J. Kincaid
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Jo Ann Weber
New Address Allen Trailer Park R.R. 3 Box 18 Corydon, IN 47112

Subscribed and sworn to before me this 24 day of July, 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 1 *day of* August, 19 78, *authorizing the joining together as husband and wife* David R. Apieth *and* Jo Ann Weber

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Everett V; Smock *hereby certify that on the* 12th *day of* August, *one thousand nine hundred and* 78 *at* Clayton, *County of* Hendricks, *State of Indiana, Groom* David R. Spieth *of* Harrison *County, State of* Indiana *and, Bride* Jo Ann Weber *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 12th *day of* August, 19 78.

Signed Everett V. Smock

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* August, 19 78

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 303

File

Hendricks County

July 24 1978
Date of Application

MALE
Medical Examination Report Dated 7-18-78
Name of Physician M.D. Seamahorn

FEMALE
Medical Examination Report Dated 7-18-78
Name of Physician M.D. Seamahorn

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Steven Middle Lee Last Althoff

Date of Birth: Month April Day 2 Year 1953

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. RR # 1 Box 243 AB City Pittsboro County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Leroy P. Althoff
   Residence of father (if deceased so state) Brownsburg In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Evelyn R. Albrecht
   Residence of mother (if deceased so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Steven Lee Althoff

New Address RR 1 Box 243 AB RF

Subscribed and sworn to before me this 24 day of July, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Deborah Middle Sue Last Soots

Date of Birth: Month July Day 6 Year 1956

Place of Birth (State or foreign country) Indpls. Marion In.

Residence Address: Street or R. R. 6029 Buckingham Dr. City Indpls. County Marion State In.

Previous Marital Status: Never Married ☐ ~~OR~~

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Melvin R. Soots
   Residence of father (if deceased so state) Indianapolis Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carrie L. Hayes
   Residence of mother (if deceased so state) Indianapolis In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Deborah Sue Soots

New Address RR 1 Box 243 AB

Subscribed and sworn to before me this 24 day of July, 19 78

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....Circuit Court of Indiana dated the 31st day of July, 19 78, authorizing the joining together as husband and wife Steven Lee Althoff and Deborah Sue Soots

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Robert J. Gilday hereby certify that on the 12th day of August, one thousand nine hundred and 78 at SL. Malachy Ch. Brownsburg, County of Hendricks, State of Indiana, Groom Steven Lee Althoff of Hendricks County, State of Indiana, and, Bride Deborah Sue Soots of Hendricks County, State of HENDRICKS County.

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of

Dated this 12th day of August, 19 78.

Signed Robert J. Gilday

Official Designation Associate Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of August, 19 78.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 304
File 39
July 25, 1978
Date of Application

MALE
Medical Examination Report Dated 7-24-78
Name of Physician Robert Flanders

FEMALE
Medical Examination Report Dated 7-24-78
Name of Physician Robert Flanders

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle Anderson Last White
Date of Birth: Month November Day 3 Year 1944
Place of Birth (State or foreign country) Indpls., Indiana
Residence Address: Street or R. R. 2336 S. Smith, City Indpls, County Hen., State Ind.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph Raymond White
   Residence of father (if deceased so state) 154 W. Harris, Mooresville
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn Leorah Anderson
   Residence of mother (if deceased so state) Mooresville
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John Anderson White
New Address 2336 S. Smith Rd.

Subscribed and sworn to before me this 25 day of July, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____ Clerk

FEMALE APPLICANT

Name: First Lorinda Middle Mae Last Gregory
Date of Birth: Month February Day 14 Year 1956
Place of Birth (State or foreign country) Martinsville, Indiana
Residence Address: Street or R. R. 2336 S Smith Rd., City Indpls, County Hen., State Ind.

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Albert Leroy Gregory
   Residence of father (if deceased so state) 640 Gilencastle Rd. Mooresville
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elsie Carmelleta Nail
   Residence of mother (if deceased so state) Mooresville
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lorinda Mae Gregory
New Address 2336 S Smith Rd Indianapolis Ind

Subscribed and sworn to before me this 25 day of July, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 29 *day of* July, 19 78, *authorizing the joining together as husband and wife* John Anderson White *and* Lorinda Mae Gregory

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Castor C. W. Taylor *hereby certify that on the* 30 *day of* July, *one thousand nine hundred and* 78 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* John Anderson White *of* Hendricks *County, State of* Indiana *and, Bride* Lorinda Mae Gregory *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 30 *day of* July, 19 78.

Signed Castor C. W. Taylor
Official Designation United Methodist Castor

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* August, 19 78.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 305

File 39

7-25-78 Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 7-18-78
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 7-18-78
Name of Physician Wm. Edwards

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Steven Middle L. Last Hall

Date of Birth: Month February Day 6 Year 1955

Place of Birth (State or foreign country): Gainesboro Tenn.

Residence Address: Street or R. R. 3768 Rockville Rd. City Indianapolis County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Willie Frank Hall
   Residence of father (if deceased so state) 3768 Rockville Rd. Indianapolis, In.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Alpha Fairy Pennington
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Steven Lester Hall

New Address 300 E Danville

Subscribed and sworn to before me this 25 day of July, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Debra Middle S. Last Bridwell

Date of Birth: Month October Day 26 Year 1958

Place of Birth (State or foreign country): Baytown Texas

Residence Address: Street or R. R. 370 E. 200 S. City Danville County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Everett Bridwell
   Residence of father (if deceased so state) 370 E. 200 S. Danville, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Gladys Virginia Hoehns
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Debra S. Bridwell

New Address 300 E. Danville

Subscribed and sworn to before me this 25 day of July, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 31 *day of* July, 19 78, *authorizing the joining together as husband and wife* Steven L. Hall *and* Debra S. Bridwell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Jerry D. Van Lue *hereby certify that on the* 5 *day of* August *one thousand nine hundred and* 78 *at* Danville (Home), *County of* Hendricks, *State of Indiana, Groom* Steven L. Hall *of* Marion *County, State of* Indiana, *and, Bride* Debra S. Bridwell *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 5 *day of* August, 19.....

Signed Rev. Jerry D. Van Lue

Official Designation Minister, Danville Apostolic Ch.

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* August, 19 78

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 306

File

_____ County

July 26 1978
Date of Application

MALE
Medical Examination Report Dated July 24, 1978
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated July 21, 78
Name of Physician William Wagner

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Roy Middle L. Last Turley

Date of Birth: Month July Day 12 Year 1944

Place of Birth (State or foreign country) Linton In

Residence Address: Street or R. R. 520 Edinborough Ln. City Indpls. County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ (1 time)

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Mark Turley
   Cindy Turley
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Roy C. Turley
   Residence of father (if deceased so state) Jasonville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Clarace E. Rose
   Residence of mother (if deceased so state) Jasonville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Roy L. Turley
New Address Indianapolis, Ind 46241
Subscribed and sworn to before me this 26 day of July, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Kathy Middle J. Last Weaver

Date of Birth: Month January Day 15 Year 1953

Place of Birth (State or foreign country) Wabash, In.

Residence Address: Street or R. R. 218 Hancock Rd. City Plainfield, County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert O. Weaver
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alice K. Stickley
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Kathy J. Weaver
New Address Indianapolis, In 46241
Subscribed and sworn to before me this 26 day of July, 1978
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 26 *day of* July, 19 78, *authorizing the joining together as husband and wife* Roy L. Turley *and* Kathy J. Weaver

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Marc L. Hays hereby certify that on the 29 day of July, one thousand nine hundred and 78 at Plainfield, County of Hendricks, State of Indiana, Groom Roy L. Turley of Marion County, State of Indiana, and, Bride Kathy J. Weaver of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 29 day of July, 19 78.

Signed Marc L Hays
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 2 *day of* August, 19 78.

Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 307
File 39
7-26-78 Date of Application

_____ County

MALE
Medical Examination Report Dated 7-17-78
Name of Physician Ronald Stegemoller

FEMALE
Medical Examination Report Dated 7-17-78
Name of Physician Ronald Stegemoller

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Stanley Middle T. Last George
Date of Birth: Month November Day 16 Year 1955
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 265 S. Pearl St. City Arno. County _____ State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's Lic. w/ photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James T. George
   Residence of father (if deceased so state) Arno, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Ann Drake
   Residence of mother (if deceased so state) Arno, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed X Stanley T. George
New Address 140 S East St. Plainfield Ind.

Subscribed and sworn to before me this 26 day of July, 19 78.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Gina Middle S. Last Stegemoller
Date of Birth: Month October Day 16 Year 1958
Place of Birth (State or foreign country) Topeka Kansas
Residence Address: Street or R. R. RR 8, Rt 277 City Indianapolis County _____ State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John William Stegemoller
   Residence of father (if deceased so state) RR 8 Rt 277 Indianapolis
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Carol Sue Smith
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed X Gina S. Stegemoller
New Address 140 S. East Street Plainfield, In.

Subscribed and sworn to before me this 26 day of July, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 31st *day of* July, 19 78, *authorizing the joining together as husband and wife* Stanley T. George *and* Gina S. Stegemoller

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dr. Marvin Wittkopf *hereby certify that on the* 5th *day of* August, *one thousand nine hundred and* 78 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Stanley Thomas George *of* Hendricks *County, State of* Indiana, *and, Bride* Gina Sue Stegemoller *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 5th *day of* August, 19 78 *Signed* Dr. M. Wittkopf

Official Designation Pastor of Faith Lutheran Church

Filed and recorded in accordance with the laws of the State of Indiana this 8 *day of* August, 19 78

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 308

File _____

July 27, 1978
Date of Application

MALE
Medical Examination Report Dated July 25, 1978
Name of Physician H. E. Geisler M.D.

FEMALE
Medical Examination Report Dated July 25, 1978
Name of Physician H. E. Geisler M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle G. Last Jensen

Date of Birth: Month 7 Day 10 Year 1953

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 148 1/2 S. Washington City Danville County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert George Jensen
   Residence of father (if deceased so state) 448 N. Penn. Danville, In.
   Birthplace of father (State or foreign country) South Dakota
9. Full maiden name of mother Laura Jane Sheets
   Residence of mother (if deceased so state) 448 N. Penn.
   Birthplace of mother (State or foreign country) Minnesota

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard G Jensen
New Address 148 1/2 So. Wash St. Danville Ind.

Subscribed and sworn to before me this 27 day of July, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Patricia Middle Ann Last Leondis

Date of Birth: Month 7 Day 17 Year 1954

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 311 N. Washington City Danville County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) School I.D.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul G. Leondis
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Mary Celeste Walker
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patricia Ann Leondis
New Address 148 1/2 South Washington Danville

Subscribed and sworn to before me this 27th day of July, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 3 *day of* August, 19 78, *authorizing the joining together as husband and wife* Richard G. Jensen *and* Patricia Ann Leondis

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, George W. Coffin *hereby certify that on the* 5th *day of* August, *one thousand nine hundred and* 78 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Richard George Jensen *of* Hendricks *County, State of* Indiana *and, Bride* Patricia Ann Leondis *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 5th *day of* August, 19 78.

Signed George W. Coffin

Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* August, 19 78.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 369
File 39
7-28-78
Date of Application

_____ County

MALE
Medical Examination Report Dated 7-17-78
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated _____
Name of Physician _____

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle G. Last Edwards, Jr.
Date of Birth: Month April Day 25 Year 1956
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 638 Beech Drive, W. City Plainfield County _____ State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Gene Edwards, Sr.
   Residence of father (if deceased so state) 638 Beach Drive W. Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruth Eileen Rosemary
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Robert G. Edwards Jr.
New Address 201 Crawford St. Terre Haute, In.

Subscribed and sworn to before me this 28 day of July, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Sheryl Middle L. Last Murphy
Date of Birth: Month June Day 29 Year 1957
Place of Birth (State or foreign country) Lafayette In.
Residence Address: Street or R. R. 222 E. Columbia City Flora County _____ State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Lewis Murphy
   Residence of father (if deceased so state) Mamoth Springs, Arkansas
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Berta Mae Crews
   Residence of mother (if deceased so state) 222 E. Columbia Flora, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Sheryl A. Murphy
New Address 201 Crawford St. Terre Haute, In

Subscribed and sworn to before me this 28 day of July, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 1st *day of* Aug. *, 19*78*, authorizing the joining together as husband and wife* Robert G. Edwards, Jr. *and* Sheryl A. Murphy

Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Robert L. Burris *hereby certify that on the* 5th *day of* August *, one thousand nine hundred and* 78 *at* Plainfield *, County of* Hendricks *, State of Indiana, Groom* Robert G. Edwards, Jr. *of* Carroll *County, State of* Indiana *, and, Bride* Sheryl A. Murphy *of* Hendricks *County, State of* Indiana *, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 5th *day of* August *, 19*78*.

Signed Robert L. Burris
Official Designation Pastor, Plainfield Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* August *, 19*78*.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 310

File _____

July 28, 1978
Date of Application

MALE
Medical Examination Report Dated 7-28-78
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 7-28-78
Name of Physician Joseph C. Kerlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name — First: Michael — Middle: J. — Last: Houston
Date of Birth — Month: May — Day: 8 — Year: 1954
Place of Birth (State or foreign country): Ind.
Residence Address — Street or R. R.: 3749 Six Points Rd. — City: Ind. — County: Marion — State: Indpls.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Paul N. Houston
   Residence of father (if deceased so state): Crawfordsville, Ind.
   Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Marjorie Carmichael
   Residence of mother (if deceased so state): Largo, Fla.
   Birthplace of mother (State or foreign country): Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael J. Houston
New Address 3749 Six Points Road
Subscribed and sworn to before me this 28 day of July, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name — First: Sharon — Middle: D. — Last: Clark
Date of Birth — Month: July — Day: 31 — Year: 1955
Place of Birth (State or foreign country): Ohio
Residence Address — Street or R. R.: 3749 Six Points Rd. — City: Indpls — County: Marion — State: Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Max K. Clark
   Residence of father (if deceased so state): Pittsburgh, Pa.
   Birthplace of father (State or foreign country): Kan.
9. Full maiden name of mother: Jean Streib
   Residence of mother (if deceased so state): Pittsburgh, Pa
   Birthplace of mother (State or foreign country): Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sharon Clark
New Address 3749 Six Points Road
Subscribed and sworn to before me this 28 day of July, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 4 *day of* Aug, 19 78, *authorizing the joining together as husband and wife* Michael J. Houston *and* Sharon D. Clark
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Roger L. Thompson *hereby certify that on the* 5th *day of* August, *one thousand nine hundred and* 78 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Michael J. Houston *of* Hendricks *County, State of* Indiana *and, Bride* Sharon D. Clark *of* Hendricks *County, State of* Indianaz, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 5th *day of* August, 19 78.

Signed Rev. Roger L. Thompson
Official Designation Lutheran Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* August, 19 78
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 311
File 39

_____ County

July 28, 1978
Date of Application

MALE
Medical Examination Report Dated 7-17-78
Name of Physician James M. McFadden

FEMALE
Medical Examination Report Dated 7-12-78
Name of Physician Eric Clark

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jeffery Middle Darrell Last De Poy

Date of Birth: Month April Day 21 Year 1957

Place of Birth (State or foreign country) Logansport, Ind.

Residence Address: Street or R. R. 1616 Adams - City Lafayette, County Tippecanoe, State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Neal De Poy
   Residence of father (if deceased so state) Lafayette, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Jane Money
   Residence of mother (if deceased so state) Lafayette, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X Jeff D. De Poy

New Address 111-4 Married Students Cts W. Lafayette

Subscribed and sworn to before me this 28 day of July, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Dana Middle Leigh Last Carr

Date of Birth: Month Sept. Day 4 Year 1957

Place of Birth (State or foreign country) Indpls., Ind.

Residence Address: Street or R. R. RR 1 Box 387 City Plfld, County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George Kenneth Carr
   Residence of father (if deceased so state) Greenwood, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Clara Jean Knepp
   Residence of mother (if deceased so state) Plainfield, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X Dana L Carr

New Address 111-4 Married Student Cts W. Lafayette

Subscribed and sworn to before me this 28 day of July, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed ..... County ..... Court by written order issued ..... in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the 7th day of Aug., 19 78, authorizing the joining together as husband and wife Jeffery Darrell De Poy and Dana Leigh Carr

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Marc S. Hays hereby certify that on the 19 day of August, one thousand nine hundred and 78 at Palinfield, County of Hendricks, State of Indiana, Groom Jeffery D. DePoy of Tippicanoe County, State of Indiana, and, Bride Dana L. Carr of Hendricks County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19 day of August, 19 78.

Signed Marc S. Hays

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of August, 19 78

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

418

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 312
File 39
7-28-78
Date of Application

MALE
Medical Examination Report Dated 7-21-78
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 7-21-78
Name of Physician A. N. Scudder

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Calvin Middle D. Last Coley, Jr.
Date of Birth: Month July Day 28 Year 1960
Place of Birth (State or foreign country): Falls Valley Oklahoma
Residence Address: Street or R. R. 2045 S. Jefferson City Danville County In. State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Driver's Lic. w/ photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Calvin Douglas Coley, Sr.
   Residence of father (if deceased so state) Oklahoma City, OK.
   Birthplace of father (State or foreign country) Oklahoma
9. Full maiden name of mother Wanda La Luana McGee
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Oklahoma

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Doug Coley Jr.
New Address 204 S Jefferson
Subscribed and sworn to before me this 28 day of July, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Sheila Middle F. Last Lawson
Date of Birth: Month October Day 27 Year 1959
Place of Birth (State or foreign country): Indianapolis In.
Residence Address: Street or R. R. 5824 W. Bertha City Indianapolis County In. State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Driver's Lic # w/ photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Arnold Lawson
   Residence of father (if deceased so state) 5824 W. Bertha Indianapolis, In.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Ethel Faye Bowman
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Sheila F. Lawson
New Address 204 S Jefferson
Subscribed and sworn to before me this 28 day of July, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 2nd *day of* Aug., 19 78, *authorizing the joining together as husband and wife* .....*and*.....

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ...*hereby certify that on the*.....*day of*....., *one thousand nine hundred and*.....*at*....., *County of*....., *State of Indiana, Groom*.....*of*.....*County, State of*..... *and, Bride*.....*of*.....*County, State of*....., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this.....*day of*....., 19.....

Signed.....
Official Designation.....

Filed and recorded in accordance with the laws of the State of Indiana this.....*day of*....., 19.....

Signed.....*Clerk*
.....HENDRICKS.....*Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 313

_____ County

File

July 28, 1978
Date of Application

MALE
Medical Examination Report Dated 7-24-78
Name of Physician Eric D. Clark, Md.

FEMALE
Medical Examination Report Dated 7-24-78
Name of Physician Eric D. Clark, Md.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kevin Middle Michael Last Wininger

Date of Birth: Month March Day 5 Year 1957

Place of Birth (State or foreign country) Marion Co. In.

Residence Address: Street or R. R. RR8 Box 344Z City Indpls County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold V. Wininger
   Residence of father (if deceased so state) Indianapolis In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Arletta M. Brown
   Residence of mother (if deceased so state) Indianapolis In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Kevin Michael Wininger

New Address 890 Ridgewood Dr, Apt 201 B Plnfld

Subscribed and sworn to before me this 28 day of July, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Brenda Middle Kay Last Laws

Date of Birth: Month January Day 28 Year 1958

Place of Birth (State or foreign country) Fairfield Wayne Ill.

Residence Address: Street or R. R. City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald A. Laws
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Mary Ruth Borah
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Brenda Kay Laws

New Address 890 Ridgewood Dr. Apt 201D Plainfield In.

Subscribed and sworn to before me this 28 day of July, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the 2 day of August, 19 78, authorizing the joining together as husband and wife Kevin Michael Wininger and Brenda Kay Laws

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John P. Modesett hereby certify that on the 5th day of August, one thousand nine hundred and 78 at Avon United Meth. Church, County of Hendricks, State of Indiana, Groom Kevin Michael Wininger of Hendricks County, State of Indiana, and, Bride Brenda Kay Laws of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5th day of August, 19 78

Signed John P. Modesitt

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of August, 19 78

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

420

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 314

File

_____ County

July 31, 1978
Date of Application

MALE
Medical Examination Report Dated 7-28-78
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 7-28-78
Name of Physician William Edwards

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Anthony Middle Wayne Last Graddy

Date of Birth: Month July Day 19 Year 1958

Place of Birth (State or foreign country) Greenfield, Indiana

Residence Address: Street or R. R. 205 Stephanie Ln. City Indpls. County Marion, State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edward Wilson Graddy
   Residence of father (if deceased so state) RR 2, Box 45, Danville
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Patricia Irene Andis
   Residence of mother (if deceased so state) RR 2, Box 45, Danville
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Anthony W. Graddy
New Address 205 Stephanie Lane, Apt B29
Subscribed and sworn to before me this 31 day of July, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Theresa Middle Marie Last Stevens

Date of Birth: Month October Day 23 Year 1958

Place of Birth (State or foreign country) St. Louis Missouri

Residence Address: Street or R. R. R#1, Box 231 City Danville, County Hen., State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Cyrus Owen Stevens
   Residence of father (if deceased so state) R 1, Bx 231, Danville
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Carol Ann Kent
   Residence of mother (if deceased so state) R1, Box 231, Danville
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Theresa M. Stevens
New Address 205 Stephanie Lane, Apt. B29, Indpls, Ind. 46227
Subscribed and sworn to before me this 31 day of July, 1978.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior #2 Court by written order issued 3 day Waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 31 *day of* July, 19 78, *authorizing the joining together as husband and wife* Anthony Wayne Graddy *and* Theresa Marie Stevens

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Collett D. Varner Anthony Wayne Graddy *hereby certify that on the* 5th *day of* August, *one thousand nine hundred and* 78 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Anthony W. Graddy *of* Marion *County, State of* Indiana *and, Bride* Theresa M. Stevens *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 5th *day of* August, 19 78.

Signed Collett D. Varner

Official Designation Reverend

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* August, 19 78.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 315

Hendricks County

Re-Marriage

File

July 31, 1978
Date of Application

MALE
Medical Examination Report Dated 7-27-78
Name of Physician Glenn W. Baker

FEMALE
Medical Examination Report Dated 7-24-78
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Claude Middle C. Last Crump

Date of Birth: Month May Day 6 Year 1935

Place of Birth (State or foreign country) Alabama

Residence Address: Street or R. R. Box 119 Oakhurst City Jr. Court. County Brownsburg State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Selective Service

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Mark Randall
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter W. Crump.
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Alabama
9. Full maiden name of mother Louvisa Drain
   Residence of mother (if deceased so state) Plainfield
   Birthplace of mother (State or foreign country) Alabama

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Claude E. Crump

New Address

Subscribed and sworn to before me this 31st day of July, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First M. Middle Margaret [redacted] Last Crump

Date of Birth: Month Oct Day 29 Year 1931

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 428 Douglas Dr. City Brownsburg County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Calvin Anson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruth C. Sheets
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed M. Margaret Crump

New Address

Subscribed and sworn to before me this 31st day of July, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed ..... County ..... Court by written order issued ..... in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 4th day of August, 19 78, authorizing the joining together as husband and wife Claude E. Crump and M. Margaret Crump

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glen M. Harvey hereby certify that on the 4 day of August, one thousand nine hundred and 78 at Danville, County of Hendricks State of Indiana, Groom Claude E. Crump of Hendricks County, State of Indiana and, Bride M. Margaret Crump of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 4 day of August, 19 78.

Signed Glen M. Harvey

Official Designation Clerk Hendricks Circuit Ct.

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of August, 19 78.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

422

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 316

File

August 2, 1978
Date of Application

MALE
Medical Examination Report Dated 7-31-78
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 7/31/78
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle Lee Last Foust Jr.

Date of Birth: Month June Day 25 Year 1958

Place of Birth (State or foreign country): Hartford City, In.

Residence Address: Street or R. R. 11335 West Washington City Indpls. County In. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree 113-58-063035

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James L. Foust
   Residence of father (if deceased so state) Marion, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Linda L. Dodds
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James L. Foust Jr.

New Address 11335 W. Washington

Subscribed and sworn to before me this 1st day of Aug., 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____

_____ Clerk

FEMALE APPLICANT

Name: First Lori Middle Ann Last Ross

Date of Birth: Month April Day 25 Year 1961

Place of Birth (State or foreign country): Lebanon

Residence Address: Street or R. R. R.R. #1 Box 312 City Clayton County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree 113-61-036475

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl L. Ross
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred L. Monday
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lori A. Ross

New Address 11335 W. Washington St.

Subscribed and sworn to before me this 1st day of Aug., 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS ss:

Signed _____ Father

Signed Mildred L. Ross Mother

Subscribed and sworn to before me this 1st day of Aug., 19 78

Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5 *day of* Aug., 19 78, *authorizing the joining together as husband and wife* James Lee Foust, Jr. *and* Lori Ann Ross

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James I. Shockley *hereby certify that on the* 5th *day of* August, *one thousand nine hundred and* 78 *at* Cartersvurg, *County of* Hendricks, *State of Indiana, Groom* James Lee Foust, Jr. *of* Hendricks *County, State of* Indiana *and, Bride* Lori Ann Ross *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 5th *day of* August, *19* 78.

Signed James I. Shcokley

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* August, *19* 78

Signed Glen M Harvey *Clerk*

HENDRICKS *Circuit Court*

422

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 314

File

August 2 1978
Date of Application

_____ County

MALE
Medical Examination Report Dated 7-31-78
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 7/31/78
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle Lee Last Foust Jr.

Date of Birth: Month June Day 25 Year 1958

Place of Birth (State or foreign country) Hartford City In.

Residence Address: Street or R. R. 11335 West Washington City Ind Apls. County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree 113-58-063035

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James L. Foust
   Residence of father (if deceased so state) Marion, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Linda L Dodds
   Residence of mother (if deceased so state) _____
   Birthplace of mother (State or foreign countr

State of Indiana,
County of HENDRICKS
Signed Jam
New Address 113
Subscribed and sworn to before me this
Glen M. Harvey

CONSENT OF PARENTS, PARENT OR

We, the parents, of this applicant hereby
signs, state facts which render the conse

State of Indiana,
County of HENDRICK

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____
_____ Clerk

FEMALE APPLICANT

Name: First Lori Middle Ann Last Ross

Date of Birth: Month April Day 25 Year 1961

Place of Birth (State or foreign country) Lebanon

Residence Address: Street or R. R. R R # 1, Box 312 City Clayton County, In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree 113-61-036475

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Earl L. Ross
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred L. Monday

I, Earl L Ross Sr., hereby give my consent for my daughter, Lorie Ann Ross to marry James Foust.

Earl Lee Ross Sr.

Subscribed and sworn to before me this 31st day of July 1978

Jon S. Edmondson
Notary Public
Hendricks County

Signed _____ Father
Signed Mildred L. Ross Mother
Subscribed and sworn to before me this 1st day of Aug., 19 78
Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5 *day of* Aug., 19 78, *authorizing the joining together as husband and wife* James Lee Foust, Jr. *and* Lori Ann Ross

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James I. Shockley *hereby certify that on the* 5th *day of* August, *one thousand nine hundred and* 78 *at* Cartersvurg, *County of* Hendricks, *State of Indiana, Groom* James Lee Foust, Jr. *of* Hendricks *County, State of* Indiana *and, Bride* Lori Ann Ross *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 5th *day of* August, *19* 78.

Signed James I. Shcokley
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* August, *19* 78

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Pages 423 thru 438

inadvertly skipped

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

Hendricks County

No. 317
File 39
8-1-78 Date of Application

MALE
Medical Examination Report Dated 7-21-78
Name of Physician O. Kaurany

FEMALE
Medical Examination Report Dated 7-25-78
Name of Physician E. Kaurany

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle E. Last Bastin
Date of Birth: Month May Day 12 Year 1952
Place of Birth (State or foreign country) Morgan County Ind.
Residence Address: Street or R. R. 9510 Harmony Dr. City Indpls. County Marion State In.
Previous Marital Status: Never Married ☐ OR 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Donald E. Bastin, Jr.
   Sheila Marie Bastin
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. Hendricks Court
8. Full name of father Hollis Richard Bastin
   Residence of father (if deceased so state) Mooresville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Maxine Brewer
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Donald E. Bastin
New Address 9510 Harmony Dr. Indpls Ind.

Subscribed and sworn to before me this 1st day of Aug, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed .....Father
Signed .....Mother
Subscribed and sworn to before me this .....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Sharon Middle K. Last King
Date of Birth: Month Jan Day 19 Year 1949
Place of Birth (State or foreign country) Walnut Ridge Arkansas
Residence Address: Street or R. R. 9510 Harmony Dr. City Indpls. County Marion State In.
Previous Marital Status: Never Married ☐ OR 2
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kathy K. King
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Stacia J.W. Golden
   Residence of father (if deceased so state) Mooresville, In.
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Gladys Mae Zimmerman
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Arkansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Sharon Kay King
New Address 9510 Harmony Dr. Indpls Ind.

Subscribed and sworn to before me this 1st day of Aug, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed .....Father
Signed .....Mother
Subscribed and sworn to before me this .....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior #1 Court by written order issued 3 day waiver and filed in Clerks authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 1st *day of* August, 19 78, *authorizing the joining together as husband and wife* Donald E. Bastin *and* Sharon K. King.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Maurer *hereby certify that on the* 1st *day of* August, *one thousand nine hundred and* 78 *at* Danville, *County of* Hendricks, *State of Indiana,* Groom Donald E. Bastin *of* Hendricks *County, State of* Indiana, *and,* Bride Sharon K. King *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 1st day of August, 19 78.

Signed John C. Maurer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 2nd *day of* August, 19 78.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 318

File

Aug. 2, 1978
Date of Application

MALE
Medical Examination Report Dated 7-31-78
Name of Physician H. Dearing Wolf

FEMALE
Medical Examination Report Dated 7-31-78
Name of Physician H. Dearing Wolf

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle David Last Cobb

Date of Birth: Month Nov. Day 3 Year 1956

Place of Birth (State or foreign country) Ky.

Residence Address: Street or R. R. 3431 Allison Ave City Indpls. County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James D. Cobb, Jr.
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Doris Foster
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James D. Cobb

New Address 3431 Allison Ave: Indpls.

Subscribed and sworn to before me this 2 day of Aug, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Karrie Middle Lynne Last Yancey

Date of Birth: Month Nov. Day 23 Year 1958

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 2 Box 16 City Plainfield County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jerry Yancey
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Joyce Colee
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Karrie Lynne Yancey

New Address 3431 Allison Ave. Indy

Subscribed and sworn to before me this 2 day of Aug, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County Superior Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 2 *day of* Aug. *, 19* 78 *, authorizing the joining together as husband and wife* James David Cobb *and* Karrie Lynne Yancey

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Mark S. Merrill *hereby certify that on the* 5 *day of* August *, one thousand nine hundred and* 78 *at* Indianapolis *, County of* Marion *, State of Indiana, Groom* James David Cobb *of* Marion *County, State of* Indiana *, and, Bride* Karrie Lynne Yancey *of* Hendricks *County, State of* Indiana *, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 5th *day of* August *, 19* 78 .

Signed Mark S. Merrill

Official Designation Ass't. Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* August *, 19* 78 .

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 319

File

Hendricks County

Aug. 2 1978
Date of Application

MALE
Medical Examination Report Dated 8-1-78
Name of Physician James Black

FEMALE
Medical Examination Report Dated 8-1-78
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kim Middle Douglas Last Menchhofer

Date of Birth: Month Nov. Day 15 Year 1955

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. R.R. 2 Box 287 City Plainfield County Hend. Co. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Menchhofer
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Doris Surber
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Kim D Menchhofer
New Address R. 18 Box 141 Indpls, IN 46234

Subscribed and sworn to before me this 2 day of Aug., 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Shirley Middle Jean Last Bell

Date of Birth: Month Dec Day 27 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 3519 Church City Indpls County Marion State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hilbert Bell
   Residence of father (if deceased so state) Indpls, In.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Barbara J. Mills
   Residence of mother (if deceased so state) Indpls., In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Shirley J. Bell
New Address RR 18 Box 141 Indpls. Ind 46234

Subscribed and sworn to before me this 2 day of Aug, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....Circuit Court of Indiana dated the 7th day of August, 1978, authorizing the joining together as husband and wife Kim Douglas Menchhofer and Shirley Jean Bell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Roger L. Murphy hereby certify that on the 11th day of August, one thousand nine hundred and 78 at Indianapolis, County of Marion, State of Indiana, Groom Kim Douglas Menchhofer of Hendricks County, State of Indiana, and, Bride Shirley Jean Bell of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7th day of August, 78

Signed Rev. Roger L. Murphy
Official Designation Pastor, Charity Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of August, 78

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 320

File

Aug. 3, 1978
Date of Application

MALE
Medical Examination Report Dated 8-1-78
Name of Physician Joseph Kirlin

FEMALE
Medical Examination Report Dated 8-1-78
Name of Physician Joseph Kirlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle Andrew Last McCarthy Jr.

Date of Birth: Month July Day 5 Year 1959

Place of Birth (State or foreign country) Ky.

Residence Address: 303 Street or R. R. Cook City Danville County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John G. McCarthy, Sr.
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Joyce Morris
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John Andrew McCarthy Jr.
New Address 4015 E main RR1 Box 49E

Subscribed and sworn to before me this 3 day of Aug, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Mary Middle Jane Last Teckenbrock

Date of Birth: Month Aug. Day 2 Year 1978

Place of Birth (State or foreign country) Ind.

Residence Address: Rt. 2 Box 151 Street or R. R. _____ City Danville County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Arthur R. Teckenbrock
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Ruby Floyd
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary Jane Teckenbrock
New Address 4015 E Main RR1 Box 49E

Subscribed and sworn to before me this 3 day of Aug, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the ..... County Superior Court by written order issued 3 days Waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 3rd *day of* Aug, 19 78, *authorizing the joining together as husband and wife* John Andrew McCarthy, Jr. *and* Mary Jane Teckenbrock

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Wayne Dunlap *hereby certify that on the* 5th *day of* August, *one thousand nine hundred and* 78 *at* Conservation Club, Danville, *County of* Hendricks, *State of Indiana, Groom* John Andrew McCarthy, Jr. *of* Hendricks *County, State of* Indiana *and, Bride* Mary Jane Teckenbrock *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 5th *day of* August, 19 78.

Signed Rev. Wayne Dunlap

Official Designation Pastor, Church of the Nazarene

Filed and recorded in accordance with the laws of the State of Indiana this 9 *day of* August, 19 78

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 321

File

Hendricks County

Aug 3 1978
Date of Application

MALE
Medical Examination Report Dated 7-27-78
Name of Physician M. N. Rogers MD.

FEMALE
Medical Examination Report Dated 7-27-78
Name of Physician M. N. Rogers MD.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Carlos Middle Eduardo Last Manzanares
Date of Birth: Month December Day 6 Year 1948
Place of Birth (State or foreign country) Caracas
Residence Address: Street or R. R. 64 Pike St. City Plainfield County State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Passport

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☑
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Pedro Antonio Manzanares
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Caracas
9. Full maiden name of mother Maria Magdalena Ibarra
   Residence of mother (if deceased so state) Caracas
   Birthplace of mother (State or foreign country) Caracas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed C Eduardo Manzanares I.
New Address Caracas Venezuela
Subscribed and sworn to before me this 3 day of August, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Deborah Middle Sue Last Yoon
Date of Birth: Month June Day 25 Year 1952
Place of Birth (State or foreign country) Rushville In.
Residence Address: Street or R. R. 64 Pike St. City Plainfield County State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hurad A. Yoon Jr.
   Residence of father (if deceased so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy A. Jose
   Residence of mother (if deceased so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Deborah Sue Yoon
New Address Caracas, Venezuela
Subscribed and sworn to before me this 3 day of August, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....and filed
.....County.....Court by written order issued.....
in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....
of Indiana dated the 15 day of August, 1978, authorizing the joining together as husband and wife
Carlos Eduardo Manzanares and Deborah Sue Yoon
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jefferey A. Frees hereby certify that on the 19 day of August, County of Hendricks,
one thousand nine hundred and 78 at Plainfield Hendricks County, State of Indiana
State of Indiana, Groom Carlos Eduardo Manzanares of Hendricks County, State of Indiana,
and, Bride Deborah Sue Yoon of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 19 day of August, 1978. Signed Rev. Jefferey A. Frees
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of August, 1978
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 322
File 39
8-4-78 Date of Application

_____ County

MALE
Medical Examination Report Dated 7-25-78
Name of Physician Michael L. Neely

FEMALE
Medical Examination Report Dated 7-25-78
Name of Physician Michael L. Neely

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle K. Last Alig
Date of Birth: Month August Day 9 Year 1957
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 288 Bloomfield City Davis Co. County State Iowa
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gene Harold Alig
   Residence of father (if deceased so state) R 9 Bloomfield, Iowa
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jeannetta Lorene Arthur
   Residence of mother (if deceased so state) Madison St. Bloomfield, Iowa
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Robert K. Alig
New Address Franklin St. Bloomfield, Ia
Subscribed and sworn to before me this 11 day of Aug., 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19_____.
_____ Clerk

FEMALE APPLICANT

Name: First Christina Middle Dian Last Alexander
Date of Birth: Month December Day 17 Year 1958
Place of Birth (State or foreign country) Lebanon In.
Residence Address: Street or R. R. 190 E. Broadway City Danville County State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edmond Carl Alexander
   Residence of father (if deceased so state) 190 E. Broadway Danville, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Nadine Carl Alexander
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Christina Dian Alexander
New Address Bloomfield, Iowa 52537
Subscribed and sworn to before me this 4 day of Aug., 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19_____.
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 11 day of August, 19 78, authorizing the joining together as husband and wife Robert K. Alig and Christina Dean Alexander
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Earl T. Bonham hereby certify that on the 12th day of August, one thousand nine hundred and 78 at Danville, County of Hendricks, State of Indiana, Groom Robert Keith Alig of Davis County, State of Iowa, and, Bride Christina Diann Alexander of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 12th day of August, 19 78.

Signed Earl T. Bonham
Official Designation Methodist Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of August, 19 78.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 323

File

_____ County

August 4, 1978
Date of Application

MALE
Medical Examination Report Dated 7-19-78
Name of Physician Dr. M.O. Seamans

FEMALE
Medical Examination Report Dated 7-21-78
Name of Physician Steven M. Steinpeter MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle W. Last Mabbitt

Date of Birth: Month September Day 17 Year 1953

Place of Birth (State or foreign country) Indianapolis Marion In.

Residence Address: Street or R. R. RR#3 BOX 63 City Brownsburg County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert C. Mabbitt
   Residence of father (if deceased so state) Brownsburg In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma J Phillips
   Residence of mother (if deceased so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard W. Mabbitt
New Address RR3 Box 63 Brownsburg In
Subscribed and sworn to before me this 4 day of August, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Nancy Middle L. Last Vaughn

Date of Birth: Month July Day 23 Year 1955

Place of Birth (State or foreign country) Indianapolis Marion In.

Residence Address: Street or R. R. R.R.# 2 Box 128 City Brownsburg County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Voters Reg # 11739

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Steven Craig Vaughn

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wayne E. Teachout
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Maxine J Pearcy
   Residence of mother (if deceased so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Kansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Nancy L Vaughn
New Address Rt 3 Box 63 Brownsburg
Subscribed and sworn to before me this 4 day of August, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 8th day of August, 19 78, authorizing the joining together as husband and wife Richard W. Mabbitt and Nancy L Vaughn

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dennis L Apple hereby certify that on the 12 day of August, one thousand nine hundred and 78 at Brownsburg, County of Hendricks, State of Indiana, Groom Richard W Mabbitt of Hendricks County, State of Indiana, and, Bride Nancy L Vaughn of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12 day of August, 19 78.

Signed Dennis L Apple
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of August, 19 78.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

Hendricks County

No. 324

File

Date of Application 8-4-78

MALE
Medical Examination Report Dated 8-4-78
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 8-4-78
Name of Physician David Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle R. Last Haskins

Date of Birth: Month June Day 7 Year 1954

Place of Birth (State or foreign country) Covington Ky.

Residence Address: Street or R. R. RR 1 Box 159 City Danville County — State In.

Previous Marital Status: Never Married ☐ OR /

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers Lic. w/photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Robert Cameron Gaskins
   James Robert Gaskins Jr.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. Affidavit
8. Full name of father Nelson Ray Gaskins, Sr.
   Residence of father (if deceased so state) RR 3 Danville, In.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Dorathy Mae Bentley
   Residence of mother (if deceased so state) Above
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X James R. Gaskins
New Address RR1, Box 159 Danville, Ind.

Subscribed and sworn to before me this 7 day of Aug, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Rochelle Middle — Last Freeman

Date of Birth: Month June Day 9 Year 1950

Place of Birth (State or foreign country) Calif.

Residence Address: Street or R. R. Rt 1 Box 159 City Danville County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Turner Franklin Carmichael
   Residence of father (if deceased so state) Butlerville, Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Evelyn V. Cannon
   Residence of mother (if deceased so state) Butlerville, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rochelle Freeman
New Address R 1 Box 159 Danville

Subscribed and sworn to before me this 4 day of Aug., 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....Circuit Court of Indiana dated the 8th day of August, 19 78, authorizing the joining together as husband and wife James R. Gaskins and Rochelle Freeman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Bruce A. Brown hereby certify that on the 11th day of August, one thousand nine hundred and 78 at Danville, County of Indiana, State of Indiana, Groom James Robert Gaskins of Hendricks County, State of Indiana, and, Bride Rochelle Freeman of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11th day of August, 19 78.

Signed Bruce A. Brown
Official Designation Pastor, White Lick U.P. Church

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of August, 19 78

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

448

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 325

File 39

_____ County

8-4-78
Date of Application

MALE
Medical Examination Report Dated 8-1-78
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 8-1-78
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Keith Middle Alan Last Farris

Date of Birth: Month January Day 4 Year 1956

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: 215 Indiana #1 Street or R. R. Plainfield City Hendricks County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Carrall Farris
   Residence of father (if deceased so state) Stanford, Ky.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Ira May Wilson
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Keith Alan Farris

New Address _____

Subscribed and sworn to before me this 4 day of Aug, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____.

_____ Clerk

FEMALE APPLICANT

Name: First Joan Middle Elaine Last Jobe

Date of Birth: Month February Day 6 Year 1959

Place of Birth (State or foreign country) Tuscola, Illinois

Residence Address: 115 N. Vine Street or R. R. Plainfield City Hendricks County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Jerry Jobe
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Anna Maye Brown
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Joan Elaine Jobe

New Address _____

Subscribed and sworn to before me this 4 day of Aug, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____.

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 9 *day of* Aug, 19 78, *authorizing the joining together as husband and wife* Keith Alan Farris *and* Joan Elaine Jobe

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer *hereby certify that on the* 19 *day of* August, *one thousand nine hundred and* 78 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Keith Alan Farris *of* Marion *County, State of* Indiana *and, Bride* Joan Elaine Jobe *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 19 *day of* August, 19 78.

Signed John C. Mowrer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* August, 19 78

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 326

_____ County

File

8-4-78 Date of Application

MALE
Medical Examination Report Dated 8-2-78
Name of Physician M.D. Samuelson

FEMALE
Medical Examination Report Dated 8-2-78
Name of Physician M.D. Samuelson

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Max Middle D. Last Eads

Date of Birth: Month Nov. Day 13 Year 1929

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 Box 55 City Pittsboro County _____ State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Tony Eads
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl Eads
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Anna Love
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Max L. Eads
New Address RR 1 Box 233 Lizton Ind
Subscribed and sworn to before me this 4 day of July, 1978
Glenn M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Carolyn Middle Sue Last Middleton

Date of Birth: Month Sept. Day 19 Year 1936

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 Box 233 City Lizton County _____ State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Voters Reg.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Nova Clemmons
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Ina Lyra
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carolyn S. Middleton
New Address RR1 Box 233, Lizton, In
Subscribed and sworn to before me this 4 day of July, 1978
Glenn M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County Superior Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4th day of July, 19 78, authorizing the joining together as husband and wife Max L. Eads and Carolyn Sue Middleton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John L. Hall hereby certify that on the 5th day of August, one thousand nine hundred and 78 at Monon, County of White, State of Indiana, Groom Max L. Eads of Hendricks County, State of Indiana, and, Bride Carolyn Sue Middleton of Hendricks County, State of HENDRICKS, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5th day of August, 19 78 Signed John L. Hall

Official Designation Rev.

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of August, 19 78

Signed Glenn M. Harvey Clerk

HENDRICKS Circuit Court

450

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

Hendricks County

No. 327

File 39

Aug 4, 1978
Date of Application

MALE
Medical Examination Report Dated July 25, 1978
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated July 25, 1978
Name of Physician Wm. Edwards

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Otis Middle Cecil Last Rogers

Date of Birth: Month July Day 3 Year 1959

Place of Birth (State or foreign country): Marion County, Indiana

Residence Address: Street or R. R. R 1 Box 251, City Clayton, County Hen, State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry Franklin Rogers
   Residence of father (if deceased so state) Nevada
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Blanche Lorain Clements
   Residence of mother (if deceased so state) Nevada
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Otis Rogers
New Address R 1 Box 251 CLAYTON

Subscribed and sworn to before me this 1 day of Aug., 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Julie Middle Ann Last Johnson

Date of Birth: Month July Day 8 Year 1961

Place of Birth (State or foreign country): Marion Co., Indiana

Residence Address: Street or R. R. P.O. Box 32, City Cartersburg, County Hen, State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wm Allen Johnson
   Residence of father (if deceased so state) Cartersburg, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joyce Evelyn Wright
   Residence of mother (if deceased so state) Cartersburg, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Julie Ann Johnson
New Address RR 1 Box 259 Clayton

Subscribed and sworn to before me this 4th day of Aug, 1978
Glen M. Harvey Clerk.....Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of Hendricks } ss:

Signed William Allen Johnson Father

Signed Joyce Evelyn Johnson Mother

Subscribed and sworn to before me this 4 day of August, 1978
Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* .....*Circuit Court of Indiana dated the* 15 *day of* August, *19* 78, *authorizing the joining together as husband and wife* Otis Cecil Rogers *and* Julie Ann Johnson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Charles F. Nelson *hereby certify that on the* 19 *day of* August, *one thousand nine hundred and* 78 *at* Cartersburg, *County of* Hendricks, *State of Indiana, Groom* Otis C. Rogers *of* Hendricks *County, State of* Indiana *and, Bride* Julie A. Johnson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 15 *day of* August, *19* 78.

Signed Charles F. Nelson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* August, *19* 78

Signed Glen M. Harvey *Clerk*

.....*Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 328

File

Hendricks County

Aug. 8, 1978
Date of Application

MALE
Medical Examination Report Dated 8-3-78
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 8-3-78
Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dennis Middle E. Last Hays

Date of Birth: Month Mar. Day 11 Year 1958

Place of Birth (State or foreign country) Wash.

Residence Address: 111 Lincoln Ave Street or R. R. Brownsburg City Hendricks County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard J. Hays
   Residence of father (if deceased so state) Sumner, Wash.
   Birthplace of father (State or foreign country) Mo.
9. Full maiden name of mother Doris Smith
   Residence of mother (if deceased so state) Sumner, Wash
   Birthplace of mother (State or foreign country) Mo.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Dennis E Hays

New Address 111 LINCOLN AVE BROWNSBURG, IN

Subscribed and sworn to before me this 4 day of Aug., 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Karen Middle D. Last Cameron

Date of Birth: Month May Day 9 Year 1958

Place of Birth (State or foreign country) Ind.

Residence Address: 111 Lincoln Street or R. R. Brownsburg City Hendricks County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father J. W. Cameron
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Bettina Bartee
   Residence of mother (if deceased so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Karen D Cameron

New Address 111 Lincoln Ave Brownsburg

Subscribed and sworn to before me this 4 day of Aug., 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 8th *day of* August, 19 78, *authorizing the joining together as husband and wife* Dennis E. Hays *and* Karen D. Cameron

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Howard Cupp *hereby certify that on the* 9th *day of* August, *one thousand nine hundred and* 78 *at* Amo, *County of* Hendricks, *State of* Indiana, *State of Indiana, Groom* Dennis E. Hays *of* Hendricks *County, State of* Indiana, *and, Bride* Karen D. Cameron *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 14th *day of* August, 19 78.

Signed Howard Cupp

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* August, 19 78.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 329

File

8-4-78
Date of Application

MALE
Medical Examination Report Dated 7-25-78
Name of Physician Dric Clark

FEMALE
Medical Examination Report Dated 8-4-78
Name of Physician Dric Clark

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richmond Middle E. Last Royal

Date of Birth: Month Jan Day 23 Year 1943

Place of Birth (State or foreign country) Ga.

Residence Address: 3455 Street or R. R. S. Main City Danville County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   David Royal
   Brian Royal
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles R. Royal
   Residence of father (if deceased so state) Melbourne, Fla.
   Birthplace of father (State or foreign country) Fla.
9. Full maiden name of mother Selma [illegible] Swords
   Residence of mother (if deceased so state) Merritt I. Fla.
   Birthplace of mother (State or foreign country) Fla.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Karen L. Minnick
New Address R.R.2. Greencastle

Subscribed and sworn to before me this 4 day of Aug., 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Karen Middle L. Last Minnick

Date of Birth: Month Feb. Day 6 Year 1957

Place of Birth (State or foreign country) Ind.

Residence Address: R. 2 Street or R. R. Greencastle City Putnam County Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Red Minnick
   Residence of father (if deceased so state) Gasport, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Charlene Ford
   Residence of mother (if deceased so state) Greencastle, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richmond E. Royal
New Address RR#2 Greencastle Ind

Subscribed and sworn to before me this 4 day of Aug, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4th day of August, 19 78, authorizing the joining together as husband and wife Richmond E. Royal and Karen L. Minnick

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John E. Pierce hereby certify that on the 8 day of August, one thousand nine hundred and 1978 at Danville, County of Hendricks State of Indiana, Groom Richmond E. Royal of Putnam County, State of Indiana and, Bride Karen L. Minnick of Putnam County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 8 day of August, 19 78.

Signed John E. Pierce
Official Designation Judge Pro Tem

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of August, 19 78.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 320

File 39

HENDRICKS County

8-7-78 Date of Application

MALE
Medical Examination Report Dated 7-31-78
Name of Physician James Black

FEMALE
Medical Examination Report Dated 8-1-78
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Timothy Middle Eugene Last Adams

Date of Birth: Month December Day 3 Year 1956

Place of Birth (State or foreign country): Brazil Clay Co. In.

Residence Address: 648 Street or R. R. Box 239 City Indianapolis County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard E. Adams
   Residence of father (if deceased so state) Avon, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Ann Bain
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X Timothy Eugene Adams

New Address 327 ½ Eastern Ave. Plainfield

Subscribed and sworn to before me this 7 day of Aug., 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Katherine Middle Ruth Last Mitchell

Date of Birth: Month January Day 7 Year 1955

Place of Birth (State or foreign country): Atlanta Fulton Co. Georgia

Residence Address: 713 Roosevelt Street or R. R. Plainfield City Hendricks County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Albert Water Mitchell
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Ruth Isabel Needham
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X Katherine Ruth Mitchell

New Address 327½ Eastern Ave. Plainfield

Subscribed and sworn to before me this ..... day of ....., 19.....

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 11 *day of* Aug. *19* 78, *authorizing the joining together as husband and wife* Timothy Eugene Adams *and* Katherine Ruth Mitchell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Albert W. Mitchell *hereby certify that on the* 12th *day of* August, *one thousand nine hundred and* 78 *at* Gosport, *County of* Owen, *State of Indiana,* Timothy Eugene Adams *of* Hendricks *County, State of* Indiana, *and, Bride* Katherine Ruth Mitchell *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 12th *day of* August, *19* 78. *Signed* Albert W. Mitchell

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* August, *19* 78

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 331
File 39
8-7-78
Date of Application

MALE
Medical Examination Report Dated 8-3-78
Name of Physician John J. Saalwaechter

FEMALE
Medical Examination Report Dated 8-3-78
Name of Physician John J. Saalwaechter

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Paul Middle Alan Last Sharp
Date of Birth: Month March Day 7 Year 1958
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. RR 6 Box 9C1 City Liston County _____ State In

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walker Thrift Sharp
   Residence of father (if deceased so state) Liston, In.
   Birthplace of father (State or foreign country) N. Carolina
9. Full maiden name of mother Betty Jan Rash
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Paul A Sharp
New Address Liston Ind.
Subscribed and sworn to before me this 7 day of August, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, County of HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____ Clerk

FEMALE APPLICANT

Name: First Tina Middle Renee Last Sherman
Date of Birth: Month January Day 1 Year 1960
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. RR 1 Box 170 City Liston County _____ State In

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Earl Sherman
   Residence of father (if deceased so state) Liston, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Myrna Joyce Cowden
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Tina Sherman
New Address Liston Ind
Subscribed and sworn to before me this 7 day of August, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, County of HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 11th *day of* August, 19____, *authorizing the joining together as husband and wife* Paul Alan Sharp *and* TIna Renee Sherman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ray Montgomery *hereby certify that on the* 19 *day of* August, *one thousand nine hundred and* 78 *at* Speedway, *County of* Marion, *State of Indiana, Groom* Paul Alan Sharp *of* Hendricks *County, State of* Indiana *and, Bride* Tina Renee Sherman *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 19 *day of* August, 19 78.

Signed Ray Montgomery
Official Designation Minister, Speedway Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* August, 19 78

Signed Glen M Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 332

File 39

Hendricks County

Aug 8, 1978
Date of Application

MALE
Medical Examination Report Dated 8-7-78
Name of Physician Carl L. Heinlein M.D.

FEMALE
Medical Examination Report Dated 8-7-78
Name of Physician Carl L. Heinlein M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle Harold Last Leak Jr.

Date of Birth: Month Oct. Day 13 Year 1946

Place of Birth (State or foreign country): Methodist Hosp. Indianapolis Marion Ind.

Residence Address: Street or R. R. 315 Williams Dr. City Brownsburg County Hendricks State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert H. Leak, Sr.
   Residence of father (if deceased so state) R.R 2, Box 499, Plainfield
   Birthplace of father (State or foreign country) Danville, Ill.
9. Full maiden name of mother Dorothy Alice Higgins
   Residence of mother (if deceased so state) R.R 2. Box 499. Plainfield
   Birthplace of mother (State or foreign country) Clayton, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robt Harold Leak Jr

New Address 315 William Dr. Brownsburg

Subscribed and sworn to before me this 7 day of August, 1978

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Rebecca Middle Sue Last Whyde

Date of Birth: Month Nov. Day 29 Year 1950

Place of Birth (State or foreign country): Indianapolis, Marion, Ind.

Residence Address: Street or R. R. 315 Williams Dr. City Brownsburg County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 6/4/78 - Superior Ct I

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Joseph Lee Whyde, Jr.
   Anthony Steven Whyde

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Allen McCord
   Residence of father (if deceased so state) —
   Birthplace of father (State or foreign country) —
9. Full maiden name of mother Patricia Jane Craig
   Residence of mother (if deceased so state) 6303 Hollister, Indianapolis Ind.
   Birthplace of mother (State or foreign country) Indianapolis

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rebecca Sue Whyde

New Address 315 William Dr Brownsburg

Subscribed and sworn to before me this 5 day of August, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 11 *day of* Aug *and* Rebecca Sue Whyde *, 19* 78 *, authorizing the joining together as husband and wife* Robert Harold Leak Jr. *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Edward Curtice hereby certify that on the 13 day of August, at Avon County of Hendricks, one thousand nine hundred and 78 State of Indiana, Groom Robert Harold Leak Jr. of Hendricks County, State of Indiana, and, Bride Rebecca Sue Whyde of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of August, 19 78. Signed Edward Curtice

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of August, 19 78

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 333

File 39

Aug 7, 1978
Date of Application

MALE
Medical Examination Report Dated Aug 2, 1978
Name of Physician Larry O. Lovall

FEMALE
Medical Examination Report Dated Aug 2, 1978
Name of Physician Larry O. Lovall

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Floyd Middle William Last Hufford

Date of Birth: Month Feb. Day 3. Year 1936

Place of Birth (State or foreign country): Hendricks Co., Indiana

Residence Address: Street or R. R. 714 E. Main City Danville County Hen. State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Mark Alan Hufford
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Floyd Buford Hufford
   Residence of father (if deceased so state) Brownsburg, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margaret Francis Schenck
   Residence of mother (if deceased so state) Brownsburg, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Floyd William Hufford

New Address _____

Subscribed and sworn to before me this 7th day of Aug, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

FEMALE APPLICANT

Name: First Helen Middle Elizabeth Last Taylor

Date of Birth: Month Jan. Day 4 Year 1946

Place of Birth (State or foreign country): Marion Co., Indiana

Residence Address: Street or R. R. 714 E. Main City Danville County Hen. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Elizabeth Ann Taylor Amy Jo Taylor
   Jennifer Lynn Taylor
   Christopher Lee Taylor
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Leonard Willoford Gandolf
   Residence of father (if deceased so state) Lafayette, Ind.
   Birthplace of father (State or foreign country) England
9. Full maiden name of mother Phyllis Caroline Beyer
   Residence of mother (if deceased so state) 238 E. main, Danville, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Helen Taylor

New Address 714 E. Main Danville

Subscribed and sworn to before me this 7 day of Aug, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 7th *day of* Aug., 19 78., *authorizing the joining together as husband and wife* Floyd William Hufford *and* Helen Elizabeth Taylor

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Lai; E. Keller *hereby certify that on the* 12 *day of* August, *one thousand nine hundred and* 78 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Floyd William Hufford *of* Hendricks *County, State of* Indiana *and, Bride* Helen Elizabeth Taylor *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 12 *day of* August, *19* 78.

Signed Paul E. Keller

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* August, *19* 78

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 334
File 39
Aug 7, 1978
Date of Application

_____ County

MALE
Medical Examination Report Dated 7-21-78
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 7-21-78
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Patrick Middle Stephen Last McGowen
Date of Birth: Month Sept. Day 20 Year 1960
Place of Birth (State or foreign country) Marion Co. Indiana
Residence Address: Street or R. R. P.O. Box 114, City Clayton, County Hen., State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Roy Ernest McGowen III
   Residence of father (if deceased so state) Indpls., Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Katharine Lucille Baldwin
   Residence of mother (if deceased so state) Clayton, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.

Signed Patrick Stephen McGowen
New Address P.O. BOX 114 CLAYTON
Subscribed and sworn to before me this 7 day of Aug, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
mother and father divorced

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed Katharine Lucille Ruston Mother
Subscribed and sworn to before me this 7 day of Aug, 1978.
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Judy Middle Lynn Last Edmondson
Date of Birth: Month December Day 24 Year 1960
Place of Birth (State or foreign country) Marion Co. Indiana
Residence Address: Street or R. R. P.O. Box A, City Clayton, County Hen., State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David Lee Edmondson
   Residence of father (if deceased so state) Clayton, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Evelyn Mural Dykes
   Residence of mother (if deceased so state) Clayton, Ind.
   Birthplace of mother (State or foreign country) Florida

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.

Signed Judy Edmondson
New Address P.O. BOX 114 Clayton
Subscribed and sworn to before me this 7 day of Aug, 1978.
Glen M. Harvey Clerk

Date 8-7-78

I Evelyn Murl Edmondson hereby authorize husband David L. Edmondson to sign for daughter Judy L. Edmondson to get married. I am out of town this date and will not go with her to sign.

X Evelyn Murl Edmondson

Signed this 7th day of August 1978.

X Ann E Syrus
Notary Public
Ann E. Syrus

PUBLIC
INDIANA

Comm Exp. 8-12-82

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 11 *day of* Aug. *19* 78 *authorizing the joining together as husband and wife* Patrick Stephen McGowen *and* Judy Lynn Edmondson

Be it further remembered, the following marriage certificate was filed in my office, to-wit: on the 11th *day of* August,

I, Everett V. Smock *hereby certify that on the* 11th *day of* August, *at* Crown Center, *County of* Morgan, *one thousand nine hundred and* 78 *at* Hendricks *County, State of* Indiana, *State of Indiana, Groom* Patrick Stephen McGowen *of* Hendricks *County, State of* Indiana, *and, Bride* Judy Lynn Edmondson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 11th *day of* August, *19* 78

Signed Everett V. Smock
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* August, *19* 78

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 335

File 39

_____ County

Aug 8, 1978
Date of Application

MALE
Medical Examination Report Dated Aug 4, 1978
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated Aug 4, 1978
Name of Physician Glenn Baker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Alan Last Sims

Date of Birth: Month December Day 10 Year 1958

Place of Birth (State or foreign country) Marion Co., Indiana

Residence Address: Street or R. R. 3443 Nolen Dr. City Indpls County Marion State Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support,
8. Full name of father Billy Jack Sims
   Residence of father (if deceased so state) 3443 Nolen Dr, Indpls Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alice Marie Rhodes
   Residence of mother (if deceased so state) 3443 Nolen Dr. Indpls Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael Alan Sims
New Address 4444 Mission Dr apt 162
Subscribed and sworn to before me this 8 day of Aug, 19 78.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Theresa Middle Ann Last Waddle

Date of Birth: Month September Day 17 Year 1956

Place of Birth (State or foreign country) Beech Grove, Indiana

Residence Address: Street or R. R. R R 10, Box 95 City Brownsburg County Hen, State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Horace Waddle
   Residence of father (if deceased so state) RR 10, Brownsburg Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Geneva Doris Collins
   Residence of mother (if deceased so state) RR 6, Brownsburg, Ind.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Theresa Ann Waddle
New Address 4444 Mission Dr Apt 162 Indpls
Subscribed and sworn to before me this 8 day of Aug, 19 78.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* August, *19* 78, *authorizing the joining together as husband and wife* Michael Alan Sims *and* Theresa Ann Waddle

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Donald Tyler *hereby certify that on the* 12th *day of* August, *one thousand nine hundred and* 78 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Michael Alan Sims *of* Marion *County, State of* Indiana *and, Bride* Theresa Ann Waddle *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 12th *day of* August, *19*78.

Signed Rev. Donald Tyler

Official Designation Bethesda Baptist Church, Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* August *19* 78

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 336
File 39
8-8-78
Date of Application

_____ County

MALE
Medical Examination Report Dated 8-7-78
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 8-7-78
Name of Physician Eric D. Clark

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Lee Last Hazelwood
Date of Birth: Month 6 Day 23 Year 49
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R. R. 2212 S. West 42nd Ct #205 City Ft. Lauderdale County Broward State Fla.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) #5716 Vol. #65 P. 52

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Amy Lea Hazelwood
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lloyd Eugene Hazelwood
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Phyllis Ann Garrity
   Residence of mother (if deceased so state) Florida
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed x Michael L Hazelwood
New Address 2212 SW 42 Ct Ft. Laud. Fl.
Subscribed and sworn to before me this 8 day of August, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Sharon Middle Marie Last Hirschfeld
Date of Birth: Month 6 Day 1 Year 49
Place of Birth (State or foreign country) Brighton Mass.
Residence Address: Street or R. R. 2212 S. West 42nd Ct #205 City Ft. Lauderdale County Broward State Fla.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) # 7478

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Mailand Hirschfeld
   Residence of father (if deceased so state) Minnesota
   Birthplace of father (State or foreign country) Medford, Mass
9. Full maiden name of mother Patricia Ann Harrington
   Residence of mother (if deceased so state) Mass.
   Birthplace of mother (State or foreign country) Mass

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed x Sharon Hirschfeld
New Address 2212 SW 42 Ct. #205 Ft A
Subscribed and sworn to before me this 8 day of August, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 8th day of Aug., 19 78, authorizing the joining together as husband and wife Michael Lee Hazelwood and Sharon Marie Hirschfeld

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev William C Martin hereby certify that on the 12 day of August, one thousand nine hundred and 78 at Avon, County of Hendricks, State of Indiana, Groom Michael Lee Hazelwood of Broward County, State of Florida, and, Bride Sharon Marie Hirschfeld of Broward County, State of Florida, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12 day of August, 1978.

Signed Rev William C Hendricks
Official Designation Pastor Avon Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of August, 1978

Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 337
File 39
_____ County
8-8-78 Date of Application

MALE
Medical Examination Report Dated 8-8-78
Name of Physician Wm. L. Wagner

FEMALE
Medical Examination Report Dated 8-8-78
Name of Physician Wm. L. Wagner

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Terry Middle L. Last Garner
Date of Birth: Month March Day 21 Year 1957
Place of Birth (State or foreign country): Terre Haute Ind.
Residence Address: Street or R. R. RR1 City Martinsville County Illinois State
Previous Marital Status: Never Married ☐ OR /
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David Leon Garner
   Residence of father (if deceased so state) Marshall, Ill.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Caroline Estelle Gaulson
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Terry Lee Garner
New Address RR1 Martinsville Ill.
Subscribed and sworn to before me this 8 day of Aug., 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Karen Middle L. Last Stanley
Date of Birth: Month April Day 22 Year 1957
Place of Birth (State or foreign country): Charleston W. Virginia
Residence Address: Street or R. R. 9629 W. Stafford Rd City Indianapolis, In. County State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License w/ photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul Edward Stanley
   Residence of father (if deceased so state) Cabin Creek, W. Virginia
   Birthplace of father (State or foreign country) W. Virginia
9. Full maiden name of mother Betty JoAnn Winkler
   Residence of mother (if deceased so state) 9629 W. Stafford Indpls. In.
   Birthplace of mother (State or foreign country) W. Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Karen L. Stanley
New Address RR 1 Martinsville, In
Subscribed and sworn to before me this 8 day of Aug., 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12th *day of* Aug., 19 78, *authorizing the joining together as husband and wife* Terry L. Garner *and* Karen L. Stanley

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Daniel E. Finch *hereby certify that on the* 12 *day of* August, *one thousand nine hundred and* 78 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Terry L Garner *of* Clark *County, State of* Illinois *and, Bride* Karen L. Stanley *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 12 *day of* August, *19* 78.

Signed Daniel E. Finch
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* August, *19* 78

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 338

HENDRICKS County

File Aug. 9, 1978 Date of Application

MALE
Medical Examination Report Dated 8-4-78
Name of Physician Kournay

FEMALE
Medical Examination Report Dated 8-4-78
Name of Physician D. Kournay

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jeffrey Middle Lee Last Baldwin

Date of Birth: Month Mar. Day 21 Year 1960

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 2 Box 139 N. City Plainfield County Ha. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kermit Baldwin
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) W. Va
9. Full maiden name of mother Anna J. Farley
   Residence of mother (if deceased so state) W. Va.
   Birthplace of mother (State or foreign country) Nineveh, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jeffrey Lee Baldwin
New Address 7777 W. Washington H-5

Subscribed and sworn to before me this 9 day of Aug., 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Glenna Middle Kay Last Goins

Date of Birth: Month June Day 28 Year 1960

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 1208 Rushmore Blvd E. City Indpls County Ha. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David Goins
   Residence of father (if deceased so state) Orange Park, Fla
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Emma Hutcherson
   Residence of mother (if deceased so state) Carmel, In.
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Glenna Goins
New Address 7777 W. WASHINGTON St. H-5

Subscribed and sworn to before me this 9 day of Aug, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14 *day of* August, 19 78, *authorizing the joining together as husband and wife* Jeffrey Lee Baldwin *and* Glenna Kay Goins

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, David J. Van Curen *hereby certify that on the* 14 *day of* August, *one thousand nine hundred and* 78 *at* Clermont, *County of* Marion, *State of* Indiana, Groom Jeffrey Lee Baldwin *of* Marion *County, State of* Indiana, *and, Bride* Glenna Kay Goins *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 14 *day of* August, 19 78. *Signed* David J Van Curen
Official Designation Ministers

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* August, 19 78.
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 339
File 39
Aug. 10. 1978
Date of Application

MALE
Medical Examination Report Dated 8-7-78
Name of Physician James Black, M.D.

FEMALE
Medical Examination Report Dated 8-7-78
Name of Physician James Black, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ricky Middle D. Last Pfeifer
Date of Birth: Month Feb. Day 9 Year 1954
Place of Birth (State or foreign country) Lebanon, Boone Co., Ind.
Residence Address: Street or R. R. 1065 Windsor Rd. City Brownsburg County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl H. Pfeifer
   Residence of father (if deceased so state) (Deceased)
   Birthplace of father (State or foreign country) Columbus Ind.
9. Full maiden name of mother Lois L. Long
   Residence of mother (if deceased so state) Pittsboro, Ind.
   Birthplace of mother (State or foreign country) Crawfordsville, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ricky Pfeifer
New Address 1065 Windsor Rd. Brownsburg.
Subscribed and sworn to before me this 10 day of August, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Susanne Middle E. Last Hummel
Date of Birth: Month May Day 31 Year 1947
Place of Birth (State or foreign country) Fond du Lac, Wisconsin
Residence Address: Street or R. R. 1065 Windsor Rd. City Brownsburg County Hend. Co. State Ind.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree # 32-05-001335-02
☒ Other (Specify) Medicaid I.D. Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Lisa K. Hummel Trisha F. Hummel
   Michael J. Hummel
   Scott R. Hummel
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Frank Barton
   Residence of father (if deceased so state) Oakfield, Wisc.
   Birthplace of father (State or foreign country) Hancock, Wisc.
9. Full maiden name of mother Cecelia K. Peterson
   Residence of mother (if deceased so state) Oakfield, Wisc.
   Birthplace of mother (State or foreign country) Hancock, Wisc.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Susanne Hummel
New Address 1065 Windsor Rd Brownsburg
Subscribed and sworn to before me this 10 day of August, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14th *day of* Aug., 19 78, *authorizing the joining together as husband and wife* Ricky D. Pfeifer *and* Susanne E. Hummel
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jerry R. Nash *hereby certify that on the* 19 *day of* August, *one thousand nine hundred and* 78 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Ricky D. Pfeifer *of* Hendricks *County, State of* Indiana *and, Bride* Susanne E. Hummel *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 19 *day of* August, 19 78.

Signed Jerry R. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* August, 19 78.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 340
File 39
8-10-78 Date of Application

_____ County

MALE
Medical Examination Report Dated 8-8-78
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 8-8-78
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Eugene Middle _____ Last Miller

Date of Birth: Month April Day 2 Year 1956

Place of Birth (State or foreign country) Lebanon In.

Residence Address: Street or R. R. 3147 Elizabeth City Clermont County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Isaac Miller
   Residence of father (if deceased so state) Clermont, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Nellie Gregory
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Eugene Miller

New Address RR2 Box 355 Roachdale

Subscribed and sworn to before me this 10 day of Aug., 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Connie Middle L. Last Owen

Date of Birth: Month July Day 7 Year 1959

Place of Birth (State or foreign country) Shelbyville In.

Residence Address: Street or R. R. 826 Highlander Dr. City Plainfield County _____ State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Daniel Eugene Owen
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sandra Lou Lape
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Connie Owen

New Address RR#2 Box 355 Roachdale

Subscribed and sworn to before me this 10 day of Aug., 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....of Indiana dated the 15th day of Aug., 19 78, authorizing the joining together as husband and wife Eugene Miller and Connie L. Owen

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, E. C. Owen hereby certify that on the 19 day of August, at Plainfield, County of Hendricks, one thousand nine hundred and 78 County, State of Indiana, Groom Eugene Miller of Marion County, State of Indiana, and, Bride Connie L. Owen of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19 day of August, 19 78. Signed E. C. Owen

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of August, 19 78.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

464

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 341

File

Aug 11 1978
Date of Application

_____ County

MALE
Medical Examination Report Dated Aug. 8, 1978
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 8-8-78
Name of Physician Glenn Baker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jeffrey Middle Paul Last Peters

Date of Birth: Month February Day 11 Year 1958

Place of Birth (State or foreign country) Ashland Ohio

Residence Address: Street or R. R. 5009 35th Terrace Apt. C City Indpls. County _____ State _____

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul Eugene Peters
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Ann Florence Treadway
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Jeffrey Paul Peters
New Address 5009 35th Terr. W Apt-C Indy

Subscribed and sworn to before me this 11 day of Aug, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Vicky Middle Lynn Last Cassity

Date of Birth: Month July Day 27 Year 1959

Place of Birth (State or foreign country) Lebanon, In.

Residence Address: Street or R. R. 166 North City Indiana County Danville State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Morris Eugene Cassity
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sharon Mary Moore
   Residence of mother (if deceased so state) Danville, In
   Birthplace of mother (State or foreign country) (Minnesota)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Vicky L. Cassity
New Address 5009 35th Terrace W. Apt C. Indpls.

Subscribed and sworn to before me this 11 day of Aug, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 21st *day of* Aug. *19* 78, *authorizing the joining together as husband and wife* Jeffrey Paul Peters *and* Vicky Lynn Cassity

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John P. Roof *hereby certify that on the* 26 *day of* August, *one thousand nine hundred and* 78 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Jeffrey Paul Peters *of* Marion *County, State of* Indiana *and, Bride* Vicky Lynn Cassity *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 26 *day of* August, *19* 78.

Signed John P. Roof

Official Designation Episcopal Prfest

Filed and recorded in accordance with the laws of the State of Indiana this 28 *day of* August, *19* 78.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 342

File

8-11-78
Date of Application

_____ County

MALE
Medical Examination Report Dated 8-4-78
Name of Physician Joseph Kirlin

FEMALE
Medical Examination Report Dated 8-4-78
Name of Physician Joseph Kirlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First, Timothy Middle Wayne Last Stroud

Date of Birth: Month June Day 12 Year 1960

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 6 Box 178 City Danville County _____ State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert W. Stroud
   Residence of father (if deceased so state) Crayds. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Freda B. Baxter
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Virginia

State of Indiana, HENDRICKS } ss:
County of

I depose and state the information given in this application is true and correct.

Signed Timothy W. Stroud
New Address Danville

Subscribed and sworn to before me this 11 day of Aug, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

.....

.....

.....

State of Indiana,
County of HENDRICK$ ss:

Signed .....Father

Signed .....Mother

Subscribed and sworn to before me this .....day of .....19.....

.....Clerk

FEMALE APPLICANT

Name: First Connie Middle Joan Last Penrod

Date of Birth: Month July Day 31 Year 1961

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Box 161 City Clayton County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Larry R. Penrod
   Residence of father (if deceased so state) Clayton. In.
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Nina L. West
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, HENDRICKS } ss:
County of

I depose and state the inform
in this application is true a

Signed Connie J. Penr
New Address Danville In

Subscribed and sworn to before me this 11 day of Aug
Glen M. Harvey Clerk HENDRICKS

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only

signs, state facts which render the consent of the other parent unnecessary.....

.....

.....

.....

State of Indiana,
County of HENDRICKS } ss:

Signed .....

Signed Nina L. Penrod

Subscribed and sworn to before me this 11 day of Aug.
Glen M. Harvey

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named

.....County.....Court by written order issued.....

in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 15th *day of* August, *19* 78, *authorizing the joining together as husband and wife* Timothy Wayne Stroud *and* Connie Joan Penrod

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Levi B. Williams *hereby certify that on the* 18 *day of* August, *one thousand nine hundred and* 78 *at* Coatesville, *County of* Hendricks, *State of Indiana, Groom* Timothy Wayne Stroud *of* Hendricks *County, State of* Indiana, *and, Bride* Connie Joan Penrod *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 18 *day of* August, *19* 78 *Signed* Levi B. Williams

Official Designation Elder Primitive Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* August, *19* 78

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 342

File

8-11-78
Date of Application

_____ County

MALE
Medical Examination Report Dated 8-4-78
Name of Physician Joseph Kirlin

FEMALE
Medical Examination Report Dated 8-4-78
Name of Physician Joseph Kirlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Timothy Middle Wayne Last Stroud

Date of Birth: Month June Day 12 Year 1960

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 6 Box 178 City Danville County _____ State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert W. Stroud
   Residence of father (if deceased so state) Crapps. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Freda B. Baxter
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Virginia

FEMALE APPLICANT

Name: First Connie Middle Joan Last Penrod

Date of Birth: Month July Day 31 Year 1961

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Box 161 City Clayton County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Larry R. Penrod.
   Residence of father (if deceased so state) Clayton. In.
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Nina L. West
   Residence of mother (if deceased so state) Clayton, In.

State of Indiana, H
County of

Subscribed and swor

CONSENT OF PAR

We, the parents, of

signs, state facts wh

State of Indiana,
County of

Subscribed and swor

COMPLETE IF

in

I, Larry R. Penrod, hereby give my consent for my Daughter, Connie Joan Penrod to marry Timothy Stroud.

Nina Penrod
Larry R. Penrod

Subscribed and sworn to before me this 14 day of August 1978.

Lois J. Stewart
Notary Public

NOTARY PUBLIC HENDRICKS COUNTY INDIANA

Be it Remembered, there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the 15th day of August, 19 78, authorizing the joining together as husband and wife Timothy Wayne Stroud and Connie Joan Penrod

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Levi B. Williams hereby certify that on the 18 day of August, at Coatesville, County of Hendricks, one thousand nine hundred and 78 at Hendricks County, State of Indiana, State of Indiana, Groom Timothy Wayne Stroud of Hendricks County, State of Indiana, and, Bride Connie Joan Penrod of Hendricks County, State of HENDRICKS, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 18 day of August, 19 78

Signed Levi B. Williams
Official Designation Elder Primitive Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of August, 19 78

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

466

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 543

File Book 39

_____ County

August 11, 1978
Date of Application

MALE
Medical Examination Report Dated 8-2-78
Name of Physician Jack L. Walters M.D.

FEMALE
Medical Examination Report Dated 8-2-78
Name of Physician Jack L. Walters M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle Bradford Last Scott

Date of Birth: Month March Day 6 Year 1955

Place of Birth (State or foreign country) Witham Mem. Hosp., Lebanon, Boone, Ind.

Residence Address: Street or R. R. 7195 Wharfside Lane City Indianapolis County Marion State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
Witham Hosp. Cert.

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Don W. Scott
   Residence of father (if deceased so state) 965 W. Oak St. Brownsville Ind.
   Birthplace of father (State or foreign country) Boone Co. Indiana
9. Full maiden name of mother Norma Lee Shirley
   Residence of mother (if deceased so state) 965 W. Oak St. Brownsville Ind.
   Birthplace of mother (State or foreign country) Kansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald B Scott

New Address _____

Subscribed and sworn to before me this 11 day of August, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

FEMALE APPLICANT

Name: First Sharon Middle Rose Last Trent

Date of Birth: Month January Day 12 Year 1952

Place of Birth (State or foreign country) St. Francis Hosp., Beech Grove, Marion, Ind.

Residence Address: Street or R. R. R.R. #2 Box 219 City Avon County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
St. Francis Hosp. Cert.

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Michelle Trent - 4yr

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul J. Herbert
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred Louise Dolin
   Residence of mother (if deceased so state) Clermont, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sharon Trent

New Address _____

Subscribed and sworn to before me this 11 day of August, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 15 *day of* August, 19 78, *authorizing the joining together as husband and wife* Donald Bradford Scott *and* Sharon Rose Trent

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Douglas K. Pogue *hereby certify that on the* 19th *day of* August, *one thousand nine hundred and* 78 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Donald Bradford Scott *of* Marion *County, State of* Indiana *and, Bride* Sharon Rose Trent *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 19 *day of* August, 19 78.

Signed Douglas K. Pogue

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 *day of* August, 19 78

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 344

File

Hendricks County

Aug 11 1978
Date of Application

MALE
Medical Examination Report Dated 8-11-78
Name of Physician James Barton

FEMALE
Medical Examination Report Dated 8-11-78
Name of Physician James Barton

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dennis Middle Ray Last Bruns

Date of Birth: Month May Day 7 Year 1947

Place of Birth (State or foreign country): Clinton In.

Residence Address: 709 Walnut Street or R. R. Chattanooga City Tenn. County State

Previous Marital Status: Never Married ☐ OR /

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Burt Bruns
   Residence of father (if deceased so state) Galand, In.
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Patricia A. Kerns
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Dennis R Bruns

New Address 6005 Earl Lane Chattanooga Tennessee

Subscribed and sworn to before me this 11 day of Aug, 19 78.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Lisa Middle Ann Last Ray

Date of Birth: Month ... Day ... Year ...

Place of Birth (State or foreign country)

Residence Address: 1425 Stanley Rd Street or R. R. Plainfield City In. County State

Previous Marital Status: Never Married ☐ OR /

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert E. Ray
   Residence of father (if deceased so state) Stanley Rd. Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alice L. Malone
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Lisa A Ray

New Address 6005 Earl Lane Chattanooga Tennessee

Subscribed and sworn to before me this 11 day of Aug, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17 *day of* August, 19 78, *authorizing the joining together as husband and wife* Dennis Ray Bruns *and* Lisa Ann Ray

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev Benonis Silva-netto *hereby certify that on the* 15 *day of* Sept. *one thousand nine hundred and* 78 *at* Indianapolis, *County of* Marion, *State of* Tennessee *State of Indiana, Groom* Dennis Ray Bruns *of* Hamilton *County, State of* Indiana *and, Bride* Lisa Ann Ray *of* Hendricks *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 15 *day of* September, 19 78. *Signed* Benonis Silva-netto D. Min.

Official Designation Chaplin

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* Sept., 19 78

Signed Glen M Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 345

File

8-11-78
Date of Application

_____ County

MALE
Medical Examination Report Dated 7-24-78
Name of Physician James Black

FEMALE
Medical Examination Report Dated 7-24-78
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Steven Middle Joseph Last Goble

Date of Birth: Month May Day 30 Year 1951

Place of Birth (State or foreign country) Ind.

Residence Address 2330 Street or R. R. Bruland City Indpls County Marion State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wm A. Goble
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Maryevelyn Vickery
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Steven J Goble

New Address 2330 Bruland Indpls

Subscribed and sworn to before me this 11 day of Aug., 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Kathryn Middle Elizabeth Last Moon

Date of Birth: Month July Day 16 Year 1953

Place of Birth (State or foreign country) Ind.

Residence Address 2330 Street or R. R. Bruland City Indpls County Marion State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles E. Moon
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Pa.
9. Full maiden name of mother Wilma R. Helfer
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kathryn E. Moon

New Address 2330 BRULAND, INDPLS.

Subscribed and sworn to before me this 11 day of Aug., 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 21 *day of* August, 19 78, *authorizing the joining together as husband and wife* Steven Joseph Goble *and* Kathryn Elisabeth Moon

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ernest C. Schunipple *hereby certify that on the* 22 *day of* Sept., *one thousand nine hundred and* 78 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Steven Joseph Goble *of* Hendricks *County, State of* Indiana *and, Bride* Kathryn Elisabeth Moon *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 22 *day of* Sept, 19 78.

Signed Ernest C. Schunipple

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 25 *day of* Sept. 19 78.

Signed Glen M Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 346

File

Hendricks County

8-11-78
Date of Application

MALE
Medical Examination Report Dated 8-9-78
Name of Physician Alfonso V. Navarro

FEMALE
Medical Examination Report Dated 8-9-78
Name of Physician Corazon Soria Navarro

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kevin Middle L. Last Day

Date of Birth: Month October Day 23 Year 1956

Place of Birth (State or foreign country) Bloomington In.

Residence Address: Street or R. R. 211 Hancock Rd. City Plainfield County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dale B. Day
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Donna J. Ayler
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kevin L. Day

New Address Homestead Apts Indpls.

Subscribed and sworn to before me this 11 day of Aug, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Cynthia Middle J. Last Maddux

Date of Birth: Month April Day 2 Year 1957

Place of Birth (State or foreign country) Franklin In.

Residence Address: R 1 Bx 317 City Camby County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Vernon Detroit Maddux
   Residence of father (if deceased so state) Camby, In.
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Dorothy Delores Hawkins
   Residence of mother (if deceased so state) Camby, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Cynthia J. Maddux

New Address Homestead Apts. Indpls

Subscribed and sworn to before me this 11 day of Aug, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 15 *day of* August, 19 78, *authorizing the joining together as husband and wife* Kevin L Day *and* Cynthia J. Maddux

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, D Oldean Gitts hereby certify that on the 16 day of Sept., at West Newton, County of Marion, one thousand nine hundred and 78 of Hendricks County, State of Indiana, State of Indiana, Groom Kevin L Day of Hendricks County, State of Indiana, and, Bride Cynthia J. Maddux of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15 day of August, 19 78. Signed D. Oldean Gitts

Official Designation Pastoral Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of Sept., 19 78

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 347
File 39
8-11-78
Date of Application

MALE
Medical Examination Report Dated 8-7-78
Name of Physician William Wagner

FEMALE
Medical Examination Report Dated 8-7-78
Name of Physician William Wagner

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Vernal; Middle L.; Last Gipson

Date of Birth: Month Sept; Day 4; Year 1922

Place of Birth (State or foreign country) Edmenson Co., Kentucky

Residence Address: Street or R. R. RR 6, Box 68; City Danville; County Hen.; State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license with picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Jeff Gipson
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Gipson
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Dora Jaggers
   Residence of mother (if deceased so state) Danville, Ind.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Vernal L Gipson
New Address RR-5 Box 171-Danville

Subscribed and sworn to before me this 11 day of Aug, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Rebecca; Middle Jane; Last Dose

Date of Birth: Month May; Day 22; Year 1936

Place of Birth (State or foreign country) Ondpls., Indiana

Residence Address: Street or R. R. RR 5, Bx 171; City Danville; County Hen.; State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license with picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   ~~Jeff Gi~~ Karen Marie Whitaker
   Harvey Fred Dose
   Gregory John Dose
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Russell Roberts
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elizabeth Rayburn
   Residence of mother (if deceased so state) Plainfield, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Rebecca Jane Dose
New Address Rt. 5 Bx 171 Danville

Subscribed and sworn to before me this 11 day of Aug, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17th *day of* August, 19 78, *authorizing the joining together as husband and wife* Vernal L. Gipson *and* Rebecca Jane Dose

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James I. Shockley *hereby certify that on the* 2nd *day of* September, *one thousand nine hundred and* 78 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Vernal L. Gipson *of* Hendricks *County, State of* Indiana *and, Bride* Rebecca Jane Dose *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 2nd *day of* September, 19 78.

Signed James I. Shockley

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* September, 19 78.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 348

File

_____ County

8-11-78
Date of Application

MALE
Medical Examination Report Dated 7-31-78
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 7-31-78
Name of Physician Glenn Baker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Wayne Middle Lewis Last Whitlock

Date of Birth: Month Sept Day 11 Year 1950

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. ____ City ____ County ____ State ____

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) ____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hanson Whitlock
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Greg Springfield
   Residence of mother (if deceased so state) Speedway, In.
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given on this application is true and correct.

Signed Wayne Lewis Whitlock

New Address Brownsburg Ind.

Subscribed and sworn to before me this 11 day of Aug, 19 78.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary ____

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

____ Clerk

FEMALE APPLICANT

Name: First Rebecca Middle Ellen Last Robinson

Date of Birth: Month June Day 30 Year 1949

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 528 Moore City Brownsburg County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) ____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Virgil Robinson
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Helen B. Taylor
   Residence of mother (if deceased so state) Sams
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Rebecca Ellen Robinson

New Address Brownsburg Ind

Subscribed and sworn to before me this 11 day of Aug, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary ____

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court by written order issued ____ and filed in ____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 6th *day of* September, 19 78, *authorizing the joining together as husband and wife and* ____

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ____ *hereby certify that on the* ____ *day of* ____, *at* ____, *County of* ____, *one thousand nine hundred and* ____ *of* ____ *County, State of* ____, *State of Indiana, Groom* ____ *of* ____ *County, State of* ____, *and, Bride* ____ *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this ____ *day of* ____, 19____. *Signed* ____

Official Designation ____

Filed and recorded in accordance with the laws of the State of Indiana this ____ *day of* ____, 19____.

Signed ____ *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 349

File

Aug. 14 1978
Date of Application

_____ County

MALE
Medical Examination Report Dated Aug 12, 1978
Name of Physician Willis D. Taylor

FEMALE
Medical Examination Report Dated Aug 12, 1978
Name of Physician Willis D. Taylor

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kevin Middle Edward Last Gosser

Date of Birth: Month Feb Day 19 Year 1959

Place of Birth (State or foreign country) Beech Grove, In.

Residence Address: Street or R. R. R #2 City Zionsville, County, State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) School I.D.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Frank Edward Gosser
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Alice Sue Jennings
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kevin Edward Gosser

New Address

Subscribed and sworn to before me this 14 day of Aug, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Carol Middle Ann Last Gruber

Date of Birth: Month Dec. Day 22 Year 1960

Place of Birth (State or foreign country) North Carolina

Residence Address: Street or R. R. 10225 Lake of Lanterns City, County, State Indpls.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Emerson Eugene Gruber
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Jo Anne Stratton
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Carol ann Gruber

New Address

Subscribed and sworn to before me this 14 day of Aug, 19 78

Glen M Harvey

CONSENT OF PARI

We, the parents, of t
signs, state facts whi

State of Indiana, H
County of

Signe

Signe

Subscribed and sworn to

I, Emerson Eu Gruber
Jo Anne Gruber, hereby give my consent for
my DAUGHTER, CAROL ANN GRUBER to
marry KEVIN GOSSER.

Emerson Eu Gruber
Jo Anne Gruber

Subscribed and sworn to before me this 10 day of Aug 1978

Marjorie N. Jenkins
Notary Public
Residence: Hendricks Co. Ind.

My Commission Ends 12-9-1979

COMPLETE IF M

in authorizes and directs the issuance of a marriage license to the above named parties.

and filed

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18 day of August, 19 78, authorizing the joining together as husband and wife Kevin Edward Gosser and Carol Ann Gruber

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Larry Lilly hereby certify that on the 18th day of August, one thousand nine hundred and 78 at Avon, County of Hendricks, State of Indiana, Groom Kevin Edward Gosser of Boone County, State of Indiana and, Bride Carol Ann Gruber of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18 day of August, 19 78.

Signed Larry Lilly

Official Designation Pastor, Faith Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of August, 19 78

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 350

Hendricks County

File

Aug 14 1978 Date of Application

MALE
Medical Examination Report Dated Aug 8 1978
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated Aug 8 1978
Name of Physician Joseph C. Kerlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Melvin Middle Map Last Radcliff

Date of Birth: Month Sept. Day 13 Year 1946

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 4332 E. Main St. City Danville County, State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Melvin Ira Radcliff
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mabel L. Barksdale
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Melvin Map Radcliff

New Address 4332 E. MAIN ST. DANVILLE, IN

Subscribed and sworn to before me this 14th day of August, 19 78.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Sandra Middle Rose Last Phelps

Date of Birth: Month Feb. Day 28 Year 1951

Place of Birth (State or foreign country) Tenn.

Residence Address: Street or R. R. 4332 East Main City Danville County, State In.

Previous Marital Status: Never Married ☐ OR 1 time

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Herman King
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Carol Lee Carson
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sandra Rose Phelps

New Address 4332 E. Main St. Danville, Ind

Subscribed and sworn to before me this 14th day of Aug, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18 day of August, 19 78, authorizing the joining together as husband and wife Melvin Map Radcliff and Sandra Rose Phelps

Be it further remembered, the following married certificate was filed in my office, to-wit:

I, Glen M. Harvey hereby certify that on the 18th day of August, 19 78, at Danville, County of Hendricks, one thousand nine hundred and 78 of Hendricks County, State of Indiana, State of Indiana, Groom Melvin Map Radcliff of Hendricks County, State of Indiana, and, Bride Sandra Rose Phelps of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18 day of August, 19 78. Signed Glen M Harvey

Official Designation Clerk, Hendricks Co.

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of August, 19 78

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 351

File 39

Aug 14 1978
Date of Application

MALE
Medical Examination Report Dated July 26, 1978
Name of Physician Frank J. Noonan

FEMALE
Medical Examination Report Dated Aug 2, 1978
Name of Physician Joseph Kerlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First: Rev. John | Middle: Andrew | Last: Cernero

Date of Birth: Month: May | Day: 3 | Year: 1954

Place of Birth (State or foreign country): Beth Israel Hospital, New Jersey

Residence Address: Street or R. R.: 229 Kingsland St. | City: Nutley, | County: | State: New Jersey

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Nunziante Cernero
   Residence of father (if deceased so state) 229 Kingsland St., Nutley
   Birthplace of father (State or foreign country) Belleville, New Jersey
9. Full maiden name of mother Rachel Ann Tarantino
   Residence of mother (if deceased so state) 229 Kingsland St., Nutley
   Birthplace of mother (State or foreign country) Nutley, New Jersey

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✕ Rev John Andrew Cernero

New Address 846 Broadway E. Prov. R.I.

Subscribed and sworn to before me this 14th day of Aug, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First: Kathy | Middle: Louise | Last: Borden

Date of Birth: Month: May | Day: 30 | Year: 1957

Place of Birth (State or foreign country): Marion Co., Indiana

Residence Address: Street or R. R.: 24 Redgewood Ln, | City: Danville, | County: Hen., | State: Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ross J. Borden
   Residence of father (if deceased so state) 24 Redgewood Ln, Danville
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Marilyn Jane Chapman
   Residence of mother (if deceased so state) 24 Redgewood Ln, Danville
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✕ Kathy Louise Borden

New Address 846 Broadway, E. Providence, RI

Subscribed and sworn to before me this 14 day of August, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14 *day of* August, *19* 78, *authorizing the joining together as husband and wife* Rev. John Andrew Cernero *and* Kathy Louise Borden

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Stephen R. Borden *hereby certify that on the* 19 *day of* August, *one thousand nine hundred and* 78 *at* Glad Tidings Assembly of God *County of* Hendricks, *State of Indiana, Groom* John A. Cernero *of* Essex *County, State of* New Jersey *and, Bride* Kathy L. Borden *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 19 *day of* August, *19* 78.

Signed Stephen K. Borden

Official Designation Reverend

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* August, *19* 78.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 352

Hendricks County

File Book 59

Aug. 14, 1978
Date of Application

MALE
Medical Examination Report Dated 8/8/78
Name of Physician A. N. Scudder M.D.

FEMALE
Medical Examination Report Dated 8-8-78
Name of Physician A. N. Scudder, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Terrell Middle N. Last Houser

Date of Birth: Month Oct. Day 3 Year 1940

Place of Birth (State or foreign country): Normal, Logan, Ill.

Residence Address: Street or R. R. 42 Sherry Lane, City Brownsburg, County Hend., State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree 082 0022

☒ Other (Specify) Ind. Divis Licen #

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Cleo A. Houser
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Odell, Ill.
9. Full maiden name of mother Dorothy Louise West
   Residence of mother (if deceased so state) Bloomington, Ill.
   Birthplace of mother (State or foreign country) Atlanta, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Terrell N. Houser

New Address 42 Sherry Lane - Brownsburg.

Subscribed and sworn to before me this 14 day of Aug., 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Bonnie Middle Marie Last Lester

Date of Birth: Month Sept. Day 2 Year 1959

Place of Birth (State or foreign country): New Castle, Henry, Ind.

Residence Address: Street or R. R. 42 Sherry Lane, City Brownsburg, County Hendricks, State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Ind. Divis Licen #0513196

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Judith Anne Lester - 17 yr
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry Otis Logan
   Residence of father (if deceased so state) Sunbury, Ohio
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Minnie Janette Powell
   Residence of mother (if deceased so state) Deceased.
   Birthplace of mother (State or foreign country) Texas.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bonnie M. Lester

New Address 42 Sherry Lane, Brownsburg.

Subscribed and sworn to before me this 14 day of Aug., 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* ....., 19 78, *authorizing the joining together as husband and wife of Indiana dated the* 18 *day of* August, 19 78 *and* Terrell N. Houser *and* Bonnie Marie Lester

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer *hereby certify that on the* 19 *day of* August, 19 78 *at* 42 Sherry Lane, Brownsburg, *County of* Hendricks, *State of* Indiana *one thousand nine hundred and* 78

State of Indiana, Groom Terrell N. Houser *of* Hendricks *County, State of* Indiana

and, Bride Bonnie Marie Lester *of* Hendricks *County, State of* Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS *County.*

Dated this 19 *day of* august, 19 78 *Signed* John C. Mowrer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* August, 19 78

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 353

File 39

8-14-78
Date of Application

MALE
Medical Examination Report Dated 8-11-78

Name of Physician Ronald K. Stegemoller

FEMALE
Medical Examination Report Dated 8-11-78

Name of Physician Ronald K. Stegemoller

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Joseph Middle A. Last Neher

Date of Birth: Month February Day 25 Year 1947

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. P.O. Box 314 City Danville County State In.

Previous Marital Status: Never Married ☐ OR /

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Voter Reg. # 5335

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Eric Simon Neher
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. affidavit
8. Full name of father Charles Simon Neher
   Residence of father (if deceased so state) 3235 S. Ryhalt Indpls. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Iva Carrie Brock
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Joseph A Neher

New Address P.O. Box 314 Danville Ind.

Subscribed and sworn to before me this 14 day of August, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Ellen Middle L. Last Kord

Date of Birth: Month September Day 20 Year 1946

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. P.O. Box 314 City Danville County State In.

Previous Marital Status: Never Married ☐ OR /

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Karol Denise Kard
   Karey Allen Kard
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Samuel D. Carnes
   Residence of father (if deceased so state) RR 1 Bx 321 Nashville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorathy E. Bracken
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Ellen L Kord

New Address P.O. Box 314 Danville, In.

Subscribed and sworn to before me this 14 day of August, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 18 *day of* August, 19 78, *authorizing the joining together as husband and wife* Joseph A. Neher *and* Ellen L. Kord

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John P. Roof *hereby certify that on the* 26 *day of* August, *one thousand nine hundred and* 78 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Joseph Allen Neher *of* Hendricks *County, State of* Indiana *and, Bride* Ellen Lee Kord *of* Marion *County, State of* Hendricks, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 26th *day of* August, 19 78.

Signed John P. Roof

Official Designation Episcopal Priest

Filed and recorded in accordance with the laws of the State of Indiana this 28 *day of* August, 19 78.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

477

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 354
File 39
8-14-78
Date of Application

_____ County

MALE
Medical Examination Report Dated 8-5-78
Name of Physician Glen V. Ryan

FEMALE
Medical Examination Report Dated 8-5-78
Name of Physician Glen V. Ryan

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle David Last Page

Date of Birth: Month 8 Day 3 Year 55

Place of Birth (State or foreign country) Indpls, Ind.

Residence Address: Street or R. R. P.O. Box 182, City B'Burg, County Hend., State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thurman Tindale Page
   Residence of father (if deceased so state) P.O. Box 182, Brownsburg
   Birthplace of father (State or foreign country) Georgia
9. Full maiden name of mother Mattie Eileen Brown
   Residence of mother (if deceased so state) same
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Michael D Page
New Address P.O. Box 182 44 Cartersburg Ind.
Subscribed and sworn to before me this 14 day of Aug., 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____ Clerk

FEMALE APPLICANT

Name: First Suzanne Middle _____ Last Medjeski

Date of Birth: Month 2 Day 02 Year 58

Place of Birth (State or foreign country) Indpls, In

Residence Address: Street or R. R. RR 18, Box 124 M, City Indpls, County Marion, State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # 2200

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Frank Medjeski
   Residence of father (if deceased so state) RR 18, Box 124 M, Indpls.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosemary Hazboda
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Suzanne Medjeski
New Address RR Box 44 Cartersburg Ind.
Subscribed and sworn to before me this 14 day of Aug., 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 21st day of August, 1978, authorizing the joining together as husband and wife Michael David Page and Suzanne Medjeski

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Larry C. Crawford hereby certify that on the 26 day of Aug., one thousand nine hundred and 78 at Holy Trinity Ch., Indpls, County of Marion, State of Indiana, Groom Michael David Page of Hendricks County, State of Indiana, and, Bride Suzanne Medjeski of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26 day of Aug., 1978. Signed Larry C. Crawford
Official Designation R.C. Priest

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Aug., 19 78
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 355
File 39
Aug 15, 1978
Date of Application

MALE
Medical Examination Report Dated Aug 1, 1978
Name of Physician Carl L. Heinlein

FEMALE
Medical Examination Report Dated Aug 2, 1978
Name of Physician Carl L. Heinlein

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dewayne Middle Floyd Last Wildman
Date of Birth: Month June Day 15 Year 1955
Place of Birth (State or foreign country) Indpls. Indiana
Residence Address: Street or R. R. 247 N. Indiana City Plainfield County Hen. State Ind.

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Norman Dewayne Wildman
   Residence of father (if deceased so state) RR 2, Box 138, Clayton
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia Aileen Flake
   Residence of mother (if deceased so state) 247 N. Ind., P'field
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dewayne Floyd Wildman
New Address RR 2 Box 323 Clayton, In.
Subscribed and sworn to before me this 15th day of Aug., 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Sharon Middle Frances Last Lay
Date of Birth: Month March Day 30 Year 43
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R. R. RR 2, Box 323 City Clayton County Hen. State Ind.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver license with picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Karl Dean Ferguson Denise Marie Lay
   Dale Alan Lay James Christopher Lay
   Deanna Louise Lay
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Guy Addison
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lois Louise Whitaker
   Residence of mother (if deceased so state) Greenfield, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sharon Frances Lay
New Address RR2 Bx 323 Clayton, Ind
Subscribed and sworn to before me this 15 day of Aug, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 19 *day of* August, 19 78, *authorizing the joining together as husband and wife* Dwayne Floyd Wildman *and* Sharon Frances Lay

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Everett V. Smock *hereby certify that on the* 21st *day of* August, *one thousand nine hundred and* 78 *at* Hazelwood, *County of* Hendricks, *State of Indiana, Groom* Dewayne Floyd Wildman *of* Hendricks *County, State of* Indiana *and, Bride* Sharon Frances Lay *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 21 *day of* August, 19 78.

Signed Everett V. Smock
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* August, 19 78.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 356

File

Hendricks County

August 15, 1978 Date of Application

MALE
Medical Examination Report Dated 8-14-78
Name of Physician Willis Edwards MD.

FEMALE
Medical Examination Report Dated 8-14-78
Name of Physician Willis Edwards MD.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Timothy Middle A. Last Venable

Date of Birth: Month May Day 4 Year 1949

Place of Birth (State or foreign country) Marion County In.

Residence Address: Street or R. R. RR # 2 Box 510 City Plainfield County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Trasity Venable
   Tpotta Venable
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edward A. Venable
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) Oregon
9. Full maiden name of mother Alice Isabelle Pratt
   Residence of mother (if deceased so state) Plainfield In
   Birthplace of mother (State or foreign country) Jamestown, In

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Timothy A Venable

New Address RR 2 Box 510 Plainfield Ind

Subscribed and sworn to before me this 15 day of August 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Barbara Middle A. Last Page

Date of Birth: Month July Day 25 Year 1953

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R. R. RR # 2 Box 510 City Plainfield County In State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Jason M. Page
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Virgil Lee Lynch
   Residence of father (if deceased so state) Indianapolis In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Lou Speake
   Residence of mother (if deceased so state) Indianapolis In
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Barbara A. Page

New Address RR 2 Box 510 Plainfield

Subscribed and sworn to before me this 15 day of August 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 19 *day of* August, 19 78, *authorizing the joining together as husband and wife* Timothy A. Venable *and* Barbara A. Pagel

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. William P. Hendricks *hereby certify that on the* 19 *day of* August, *one thousand nine hundred and* 78 *at* Avon, *County of* Jendricks, *State of Indiana, Groom* Timothy A. Venable *of* Hendricks *County, State of* Indiana, *and, Bride* Barbara A. Page *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 19 *day of* august, 19 78

Signed William P. Hendricks

Official Designation Pastor, Avon Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* August, 19 78

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 357

File

Aug 15 1978
Date of Application

MALE
Medical Examination Report Dated 8-3-78
Name of Physician O. Kourany M.D.

FEMALE
Medical Examination Report Dated 8-3-78
Name of Physician O. Kourany M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Duane Middle R. Last Hutchison

Date of Birth: Month Dec. Day 21 Year 1959

Place of Birth (State or foreign country) Lebanon In.

Residence Address: Street or R. R. P.O. Box Clayton City, In. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

equired by any court order or orders to support the above
children? No ☐ Yes ☐

is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
e with any court order or orders issued for their support.

of father Robert Curtis Hutchison

of father (if deceased so state) —

e of father (State or foreign country) Kentucky

en name of mother Roberta Jean Davis

e of mother (if deceased so state) Clayton In.

e of mother (State or foreign country) Illinois

diana,
HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Duane R Hutchison

New Address P O Box 15 Clayton In

and sworn to before me this 15th day of August, 19 78

M Harvey Clerk HENDRICKS Circuit Court

OF PARENTS, PARENT OR GUARDIAN

arents, of this applicant hereby give consent for this marriage. If only one parent
e facts which render the consent of the other parent unnecessary

ndiana,
HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Laura Middle Sue Last Pickerel

Date of Birth: Month Sept. Day 17 Year 1960

Place of Birth (State or foreign country) Wichita Falls Texas

Residence Address: Street or R. R. P.O. Box 61 City Clayton, County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jon Wayne Pickerel
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosemary Cooper
   Residence of mother (if deceased so state) Clayton
   Birthplace of mother (State or foreign country) Indiana

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Laura Pickerel

New Address P O Box 15 Clayton In

Subscribed and sworn to before me this 15th day of August, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana,
County of HENDRICKS } ss:

Signed Father

Signed x Rosemary Pickerel Mother

Subscribed and sworn to before me this 15th day of August, 19 78

Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

County Court by written order issued and filed

in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 24 *day of* Aug, 19 78, *authorizing the joining together as husband and wife* Duane R. Hutchison *and* Laura Sue Pickerel

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John O. Mc Intyre *hereby certify that on the* 26 *day of* August, *one thousand nine hundred and* 78 *at* Clayton, *County of* Hendricks *State of Indiana, Groom* Duane R. Hutchison *of* Hendricks *County, State of* Indiana *and, Bride* Laura Sue Pickerel *of* Hendricks *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 26 *day of* August, 19 78.

Signed John O. Mc Intyre

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 *day of* Aug., 19 78.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

480

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 357

File _____

Aug 15, 1978
Date of Application

MALE
Medical Examination Report Dated 8-3-78
Name of Physician O. Kourany M.D.

FEMALE
Medical Examination Report Dated 8-3-78
Name of Physician O. Kourany M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Duane Middle R. Last Hutchison

Date of Birth: Month Dec. Day 21 Year 1959

Place of Birth (State or foreign country): Lebanon In.

Residence Address: Street or R. R. P.O. Box Clayton City, In. County _____ State _____

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

FEMALE APPLICANT

Name: First Laura Middle Sue Last Pickerel

Date of Birth: Month Sept. Day 17 Year 1960

Place of Birth (State or foreign country): Wichita Falls Texas

Residence Address: Street or R. R. P.O. Box 61 City Clayton, In. County _____ State _____

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

I, JON W. PICKEREL, hereby give my consent for my daughter, Laura Sue Pickerel to marry DUANE R. Hutchison.

Jon W. Pickerel

Subscribed and sworn to before me this 18 day of August 1978.

Jean Wingler
Notary Public 1-17-79
Hendricks C.
State of Indiana

No ☐ Yes ☐

satisfactory proof that you are in

Pickerel
In.
)
per
)

state the information given
ication is true and correct.

ckerel
Clayton, In
August, 19 78
ENDRICKS Circuit Court

marriage. If only one parent
unnecessary

County of .....

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

Signed ..... Father

Signed Rosemary Pickerel Mother

Subscribed and sworn to before me this 15th day of August, 19 78

Glen M Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 21st *day of* Aug, 19 78, *authorizing the joining together as husband and wife* Duane R. Hutchison *and* Laura Sue Pickerel

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John O. Mc Intyre *hereby certify that on the* 26 *day of* August, *one thousand nine hundred and* 78 *at* Clayton, *County of* Hendricks *State of Indiana, Groom* Duane R Hutchison *of* Hendricks *County, State of* Indiana *and, Bride* Laura Sue Pickerel *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 26 *day of* August, 19 78.

Signed John O. Mc Intyre

Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 *day of* Aug., 19 78.

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 358
File 39
8-16-78
Date of Application

_____ County

MALE
Medical Examination Report Dated 8-8-78
Name of Physician Ronald Steigmueller

FEMALE
Medical Examination Report Dated 8-8-78
Name of Physician Joseph Kerlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Charles Middle Walter Last Perry Jr.
Date of Birth: Month March Day 20 Year 1920
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 118 Rowena Dr. City Greenville County Floyd State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles W. Perry, Sr.
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Lota Shouse
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles Walter Perry Jr
New Address RR 3 Box 37
Subscribed and sworn to before me this 16 day of Aug., 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Zella Middle May Last Coxum
Date of Birth: Month Feb. Day 2 Year 1931
Place of Birth (State or foreign country) Tenn.
Residence Address: Street or R. R. Rt 3 Box 37 City Danville County Hend. State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Karen Coxum
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Verlin Weaver
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Beatrice Brantley
   Residence of mother (if deceased so state) Knoxville, Tenn.
   Birthplace of mother (State or foreign country) Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Zella May Coxum
New Address RR 3 Box 37
Subscribed and sworn to before me this 16 day of Aug., 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21st day of August, 19 78, authorizing the joining together as husband and wife Charles Walter Perry Jr. and Zella May Coxum.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Norman L. Weaver hereby certify that on the 26 day of August at Danville, County of Hendricks, State of Indiana, one thousand nine hundred and 78 Charles Walter Perry Jr. of Brane, County, State of Indiana, and, Bride Zella May Coxum of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26 day of Aug., 19 78. Signed Norman W. Weaver
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of Aug., 19 78
Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 359

File

_____ County

August 17 1978
Date of Application

MALE
Medical Examination Report Dated Aug. 16, 1978
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated Aug 16, 1978
Name of Physician Joseph C. Kerlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gregory Middle E. Last Secor
Date of Birth: Month April Day 22 Year 1956
Place of Birth (State or foreign country): Lafayette In.
Residence Address: Street or R. R. R.R. #3 Box 203 City Danville County, State In

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Driver's License.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Royal Edwin Secor
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Delores Ellen Andrews
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gregory E. Secor
New Address 5588 Blue Hill Circle #C - Indpls
Subscribed and sworn to before me this 17 day of August, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Kimberly Middle Sue Last Lebo
Date of Birth: Month 5 Day 3 Year 1958
Place of Birth (State or foreign country): Martinsville In.
Residence Address: Street or R. R. 5588 Blue Hill Circle Apt. C City Indpls County, State

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Orval Dean Lebo
   Residence of father (if deceased so state) Danville, In
   Birthplace of father (State or foreign country) Martinsville, In
9. Full maiden name of mother Betty Louise O'Neal
   Residence of mother (if deceased so state) Martinsville, In.
   Birthplace of mother (State or foreign country) Martinsville, In

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kimberly S. Lebo
New Address 5588 Blue Hill Circle, Apt C
Subscribed and sworn to before me this 17 day of August, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 22nd *day of* Aug., 1978, *authorizing the joining together as husband and wife* Gregory E. Secor *and* Kimberly Sue Lebo

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Wilson Smith, Jr. *hereby certify that on the* 26 *day of* August, *one thousand nine hundred and* 78 *at* Martinsville, *County of* Morgan, *State of Indiana, Groom* Gregory E. Secor *of* Hendricks *County, State of* Indiana *and, Bride* Kimberly Sue Lebo *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 22 *day of* August, 1978.

Signed Wilson Smith, Jr.
Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* Sept., 1978.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 360

File

_____ County

August 17 1978
Date of Application

MALE
Medical Examination Report Dated Aug 10, 1978
Name of Physician John Karedes

FEMALE
Medical Examination Report Dated August 10, 78
Name of Physician John Karedes

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Timothy Middle Joseph Last Roberts

Date of Birth: Month July Day 31 Year 1958

Place of Birth (State or foreign country) Matoon Ill.

Residence Address: Street or R. R. 707 Gibbs Ct. City Plainfield County, State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Virlie Donald Roberts
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Elizabeth Ann Newman
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Timothy J. Roberts

New Address _____

Subscribed and sworn to before me this 17th day of Aug, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____

_____ Clerk

FEMALE APPLICANT

Name: First Rhonda Middle Donita Last Murray

Date of Birth: Month April Day 3 Year 1959

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 8120 New Whiteland Rd. City Martinsville County, State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Raymond Donald Murray
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wanda Anita Handlon
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rhonda D Murray

New Address Lamont trailer Park

Subscribed and sworn to before me this 17th day of Aug, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 19 78, authorizing the joining together as husband and wife of Indiana dated the 23 day of August and Rhonda Donita Murray

Timothy Joseph Roberts

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, R Kent Allen hereby certify that on the 26 day of August, County of Morgan, at 8120 New Whiteland Rd, Hendricks County, State of Indiana, one thousand nine hundred and 78 State of Indiana, Groom Timothy Joseph Roberts of Morgan County, State of Indiana, and, Bride Rhonda Donita Murray of Morgan County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26 day of August, 19 78. Signed R Kent Allen

Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of August, 19 78

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 361

File _____

August 18, 1978
Date of Application

MALE
Medical Examination Report Dated 8-11-78
Name of Physician Larry N. Lovell

FEMALE
Medical Examination Report Dated 8-1-78
Name of Physician Larry N. Lovell

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Paul Middle E. Last Johnson

Date of Birth: Month February Day 20 Year 1951

Place of Birth (State or foreign country) Bell Co. Ky

Residence Address: Street or R. R. _____ City Carlos burg County _____ State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Roy Johnson
   Residence of father (if deceased so state) Castegville Va.
   Birthplace of father (State or foreign country) Blackwater Va.
9. Full maiden name of mother Ella Fisher
   Residence of mother (if deceased so state) Castegville Va
   Birthplace of mother (State or foreign country) Blackwater Va

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paul E. Johnson
New Address Carlisburg 36 Ind.
Subscribed and sworn to before me this 18 day of Aug, 19 78
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____ Clerk

FEMALE APPLICANT

Name: First Karen Middle J. Last Dillon

Date of Birth: Month December Day 16 Year 1957

Place of Birth (State or foreign country) Indianapolis Marion In

Residence Address: Street or R. R. P.O. Box 36 City Carlisburg County _____ State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Delesia Dillon
   Residence of father (if deceased so state) Clayton In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Ethel Gentry
   Residence of mother (if deceased so state) Clayton, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Karen J. Dillon
New Address P.O. Box 36 Carlisburg, In
Subscribed and sworn to before me this 18 day of Aug, 19 78
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 25 *day of* Aug. *, 19* 78*, authorizing the joining together as husband and wife* Paul E. Johnson *and* Karen J. Dillon

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. James D. Clayton *hereby certify that on the* 26 *day of* Aug. *, one thousand nine hundred and* 78 *at* Clayton *, County of* Hendricks *, State of Indiana, Groom* Paul Eugene Johnson *of* Hendricks *County, State of* Indiana *, and, Bride* Karen Jean Dillon *of* Hendricks *County, State of* Indiana *, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 25 *day of* Aug. *, 19* 78.

Signed Rev. James D. Clayton
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 29 *day of* Aug. *, 19* 78.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Re Marriage

485

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 362

File

8-21-78
Date of Application

County

MALE
Medical Examination Report Dated 8-9-78
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 8-10-78
Name of Physician Dr. Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Theodore Middle P. Last Spagnuolo

Date of Birth: Month Dec. Day 15 Year 1943

Place of Birth (State or foreign country) Mich.

Residence Address: Street or R. R. 114 College City Brownsburg County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Christine Anne Spagnuolo
   Richard Glen " "
   Anthony Paul " "
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul Spagnuolo
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Mich.
9. Full maiden name of mother Theresa DeRose
   Residence of mother (if deceased so state) Lansing, Mich.
   Birthplace of mother (State or foreign country) Mich.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Theodore P. Spagnuolo

New Address RT 1 Box 242 AP 1 Pittsboro Ind

Subscribed and sworn to before me this 21 day of Aug, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Marian Middle K. Last Spagnuolo

Date of Birth: Month Sept. Day 10 Year 1945

Place of Birth (State or foreign country) Ill.

Residence Address: Street or R. R. Rt 1 Box 214 P 18 City Pittsboro County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Same Children
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl Barlow
   Residence of father (if deceased so state) Marion, Ill.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Mary Belle McClanahan
   Residence of mother (if deceased so state) Marion, Ill.
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Marian K. Spagnuolo

New Address Rt 1 Box 214 P 18 Pittsboro Ind

Subscribed and sworn to before me this 21 day of Aug, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed in ..... County ..... Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 25 day of August, 19 78, authorizing the joining together as husband and wife Theodore P. Spagnuolo and Marian K. Spagnuolo

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Robert J. Gilday hereby certify that on the 25th day of August, one thousand nine hundred and 78 at St. Malachy, Brownsburg County of Hendricks, State of Indiana, Groom Theodore P. Spagnuolo of Hendricks County, State of Indiana, and, Bride Marioa K. Spagnuolo of Hendricks County, State of HENDRICKS, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25th day of August, 19 78. Signed Robert J. Gilday

Official Designation Associate Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of August, 19 78.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 363

File _____

8-22-78
Date of Application

MALE
Medical Examination Report Dated 8-15-78
Name of Physician Ray D. Miller

FEMALE
Medical Examination Report Dated 8-15-78
Name of Physician Ray D. Miller

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle E. Last Coffman

Date of Birth: Month Jan. Day 20 Year 1947

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 Box 263A City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Heidi Coffman
   Shane "
   April "
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Coffman
   Residence of father (if deceased so state) Martinsville Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Elvina Fernandes
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) N. Y.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert E. Coffman

New Address 534 APT-8 ENDERLY AVE. BROWNSBURG IND.

Subscribed and sworn to before me this 22 day of Aug, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Sandra Middle R. Last Hart

Date of Birth: Month March Day 18 Year 1956

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 534 Enderly Ave Apt 8 City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Ind. I.D. Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Irvin Hart
   Residence of father (if deceased so state) Versailles, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Judith Hastings
   Residence of mother (if deceased so state) Martinsville, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sandra K. Hart

New Address 534 Enderly Ave. Apt 8

Subscribed and sworn to before me this 22 day of Aug, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 26th *day of* August, 1978, *authorizing the joining together as husband and wife* Robert E. Coffman *and* Sandra K. Hart

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William H. Martin hereby certify that on the 26 day of August, one thousand nine hundred and 78 at Martinsville, County of Morgan, State of Indiana, Groom Robert E. Coffman of Hendricks County, State of Indiana, and, Bride Sandra K. Hart of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26 day of August, 1978.

Signed William H. Martin

Official Designation Minister, Disciple of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 2 *day of* October, 1978.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

Hendricks County

No. 364
File 39
8-22-78
Date of Application

MALE
Medical Examination Report Dated Aug 11, 1978
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated Aug 11, 1978
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dennis Middle Wayne Last Purkerson
Date of Birth: Month May Day 14 Year 1960
Place of Birth (State or foreign country) Marion Co., Indiana
Residence Address: Street or R. R. 755 S. Hiatt City Indpls County Marion State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Arden Purkerson
   Residence of father (if deceased so state) Fort Wayne, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy Marie Tucker
   Residence of mother (if deceased so state) Indianapolis, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dennis Ray Wayne Purkerson
New Address 755 S. Hiatt Indpls Ind
Subscribed and sworn to before me this 22 day of Aug, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Sandra Middle Louise Last Foppe
Date of Birth: Month April Day 26 Year 1961
Place of Birth (State or foreign country) Beech Grove, Indiana
Residence Address: Street or R. R. 9708 W. Morris City Indpls. County Hendricks State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Rudolph Clemens Foppe
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Dolly Faye Coder
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sandra Louise Foppe
New Address 755 S. Hiatt Indpls. Ind.
Subscribed and sworn to before me this 22 day of Aug, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior #2 Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 22 *day of* August, 19 78, *authorizing the joining together as husband and wife* Dennis Wayne Purkerson *and* Sandra Louise Foppe

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, David A. Detmer *hereby certify that on the* 25 *day of* August, *one thousand nine hundred and* 78 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Dennis Wayne Purkerson *of* Marion *County, State of* Indiana, *and, Bride* Sandra Louise Foppe *of* Hendricks *County, State of* HENDRICKS *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 25 *day of* August, 19 78. *Signed* David A. Detmer
Official Designation Pastor, Westview Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 28 *day of* August, 19 78. *Signed* Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

Hendricks County

No. 364
File 39
8-22-78
Date of Application

MALE
Medical Examination Report Dated Aug 11, 1978
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated Aug 11, 1978
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dennis Middle Wayne Last Purkerson
Date of Birth: Month May Day 14 Year 1960
Place of Birth (State or foreign country) Marion Co., Indiana
Residence Address: Street or R. R. 755 S. Hiatt City Indpls County Marion State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Arlen Purkerson
   Residence of father (if deceased so state) Fort Wayne, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy Marie Tucker
   Residence of mother (if deceased so state) Indianapolis, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dennis Ray Wayne Purkerson
New Address 755 S. Hiatt Indpls. Ind
Subscribed and sworn to before me this 22 day of Aug, 1978.
Glen M. Harvey

CONSENT OF PARENTS, PARENT OR GUA

We, the parents, of this applicant hereby give
signs, state facts which render the consent of

State of Indiana, County of HENDRICKS }
Signed
Signed
Subscribed and sworn to before me this

COMPLETE IF MARRIAGE LICE
Hendricks C
in Clerk's Office

Be It Remembered, t
of Indiana dated the 22
Dennis Wayne Pu
Be it further remembered, the follo
I, David A. De
one thousand nine hundred and
State of Indiana, Groom Dennis Wayne
and, Bride Sandra Louise Foppe
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 25 day of August, 19 78.
Signed David A. Detmer
Official Designation Pastor, Westview Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of August, 19 78.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Sandra Middle Louise Last Foppe
Date of Birth: Month April Day 26 Year 1961
Place of Birth (State or foreign country) Beech Grove, Indiana
Residence Address: Street or R. R. 9208 W. Morris City Indpls. County Hendricks State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Rudolph Clemens Foppe
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Dolly Faye Corder
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sandra Louise Foppe
New Address 755 S. Hiatt Indpls. Ind.
Subscribed and sworn to before me this 22 day of Aug, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

I, Joan E. McCreesh, hereby give my consent for my Guardianship Cousin Child Sandra Louise Foppe to marry Dennis Wayne Purkerson.

Hendricks

Subscribed and sworn to before me this 21 day of August 1978.

Katherine L. Howard My Appointment Date 10-12-82
Notary Public

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 365
File 39
8-22-78
Date of Application

MALE
Medical Examination Report Dated 8-21-78
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 8-21-78
Name of Physician A. N. Scudder

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Max, Middle Edward, Last Moore
Date of Birth: Month July, Day 23, Year 1944
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 50 E. Tilden, City Brownsburg, County Hend., State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Lisa Moore
   Lori Moore
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul E. Moore
   Residence of father (if deceased so state) Brownsburg In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother E. Maxine Woodward Moore
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Max E. Moore
New Address 61 E. Tilden
Subscribed and sworn to before me this 22 day of Aug., 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Alice, Middle Kaye, Last Gray
Date of Birth: Month July, Day 3, Year 1944
Place of Birth (State or foreign country) Georgia
Residence Address: Street or R. R. 61 E. Tilden, City Brownsburg, County Hend., State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Robin France Alyce Gray
   Lynn Gray Stephen Gray
   Larry Gray
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James A. Parker
   Residence of father (if deceased so state) Indpls In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Alice F. Kenyon
   Residence of mother (if deceased so state) Speedway, In.
   Birthplace of mother (State or foreign country) Penn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Alice Kaye Gray
New Address 61 E. Tilden Dr.
Subscribed and sworn to before me this 22 day of Aug., 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above-named parties, the ..... County Superior II Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 22 *day of* Aug., 19 78, *authorizing the joining together as husband and wife* Max Edward Moore *and* Alice Kaye Gray
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jerry R. Nash *hereby certify that on the* 25 *day of* August, *one thousand nine hundred and* 78 *at* Clermont, *County of* Marion, *State of Indiana, Groom* Max Edward Moore *of* Hendricks *County, State of* Indiana, *and, Bride* Alice Kaye Gray *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 25 *day of* August, 19 78.

Signed Jerry R. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 *day of* August, 19 78
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 366

File

_____ County

August 22 19 78
Date of Application

MALE
Medical Examination Report Dated 7-28-78
Name of Physician Dr. Larry D. Lovall

FEMALE
Medical Examination Report Dated 7-28-78
Name of Physician Dr. Larry D. Lovall

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle Steven Last Cooper

Date of Birth: Month April Day 24 Year 1954

Place of Birth (State or foreign country): Green Castle Putnam Co. Ind.

Residence Address: Box 72 Street or R. R. Stilesville City County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) drivers Lic. (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Lena Sue Cooper
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Conrad Cooper
   Residence of father (if deceased so state) Quincy Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Marie Brady
   Residence of mother (if deceased so state) Stilesville, In.
   Birthplace of mother (State or foreign country) Marion County

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John Steven Cooper
New Address Box 72 Stilesville
Subscribed and sworn to before me this 22 day of August, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Elisa Middle Ann Last Fein

Date of Birth: Month August Day 24 Year 59

Place of Birth (State or foreign country): Greenwood In.

Residence Address: P.O. Box 72 Street or R. R. Stilesville City County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) drivers Lic. (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marlon Jerome Fein
   Residence of father (if deceased so state) Hagerstown Md.
   Birthplace of father (State or foreign country) Chicago Ill.
9. Full maiden name of mother Marilyn Joanne Davis
   Residence of mother (if deceased so state) Richmond In
   Birthplace of mother (State or foreign country) Richmond In

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Elisa Ann Fein
New Address Box 72 Stilesville In
Subscribed and sworn to before me this 22 day of August, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Ct #2 Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* ..... *, 19* 78, *authorizing the joining together as husband and wife of Indiana dated the* 22 *day of* August *and* Elisa Ann Fein John Steven Cooper

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glen M. Harvey *hereby certify that on the* 22nd *day of* August, *at* Danville, *County of* Hendricks, *one thousand nine hundred and* 78 *State of Indiana, Groom* John Steven Cooper *of* Hendricks *County, State of* Indiana, *and, Bride* Elisa Ann Fein *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 22 *day of* August, *19* 78. *Signed* Glen M. Harvey

Official Designation Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* August, *19* 78

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 367

File _____

8-23-78
Date of Application

MALE
Medical Examination Report Dated 8-21-78
Name of Physician Michael L. Neely

FEMALE
Medical Examination Report Dated 8-21-78
Name of Physician Michael L. Neely

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Max Middle Alan Last Henry

Date of Birth: Month Dec Day 5 Year 1953

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 94 N. Cross City Danville County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Med school L. D.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Alvin L. Henry
   Residence of father (if deceased so state) Columbus, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Lucy Hadley
   Residence of mother (if deceased so state) Columbus, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Max Alan Henry
New Address 94 N. CROSS ST. DANVILLE, IN.

Subscribed and sworn to before me this 23 day of Aug., 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Donda Middle Diane Last Brown

Date of Birth: Month Dec. Day 23 Year 1954

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. P.O. Box 1139 City Columbus County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Louis B. Brown
   Residence of father (if deceased so state) Columbus, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Doris Gilstrap
   Residence of mother (if deceased so state) Columbus, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donda Diane Brown
New Address 94 N. Cross St. Danville, Ind.

Subscribed and sworn to before me this 23 day of Aug., 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23rd *day of* August, 19 78, *authorizing the joining together as husband and wife* Max Alan Henry *and* Donda Diane Brown

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jack L. Miller hereby certify that on the 26 day of August, one thousand nine hundred and 78 at Columbus, County of Barthelomew State of Indiana, Groom Max Alan Henry of Barthelomew County, State of Indiana and, Bride Donda Diane Brown of Barthelomew County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26 day of Aug., 19 78.

Signed Jack L. Miller
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of Aug., 19 78.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 368
File 39
8-23-78
Date of Application

MALE
Medical Examination Report Dated 8-16-78
Name of Physician Thomas C. Duncan

FEMALE
Medical Examination Report Dated _____
Name of Physician _____

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jimmie Middle C. Last Trull
Date of Birth: Month January Day 11 Year 1945
Place of Birth (State or foreign country) Terre Haute In.
Residence Address: Street or R. R. Box 134 City Farmersburg County _____ State In.
Previous Marital Status: Never Married ☐ OR 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Driver's License w/ photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Bradley Trull
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Trull
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Jean Stewart Trull
   Residence of mother (if deceased so state) Box 23 Farmersburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Jimmie C Trull
New Address 130 Hillcrest Dr Mooresville, Ind

Subscribed and sworn to before me this 23 day of August, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Nancy Middle Jane Last Arnold
Date of Birth: Month May Day 24 Year 1939
Place of Birth (State or foreign country) Beech Grove In
Residence Address: Street or R. R. 130 Hillcrest Dr. City Mooresville County _____ State In.
Previous Marital Status: Never Married ☐ OR 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Driver's License w/ photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Tamra Jayne Arnold
   Timothy Gene Arnold
   Tarena Lynn Arnold
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Floyd Eli Beckley
   Residence of father (if deceased so state) Blacks, Florida
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred Audrey Knooty
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Nancy Jayne Arnold
New Address 130 Hillcrest Dr. Mooresville In

Subscribed and sworn to before me this 23 day of August, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 28 *day of* August, 19 78, *authorizing the joining together as husband and wife* Jimmie C. Trull *and* Nancy Jane Arnold

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Charles R. Gipson *hereby certify that on the* 1st *day of* September, *one thousand nine hundred and* 78 *at* Mooresville, *County of* Morgan, *State of Indiana,* Groom Jimmie C. Trull *of* Sullivan *County, State of* Indiana, *and,* Bride Nancy Jayne Arnold *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 1st *day of* September, 19 78.

Signed Charles R. Gipson
Official Designation Pastor, First United Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* September, 19 78.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 369

File

_____ County

August 24 1978
Date of Application

MALE
Medical Examination Report Dated 8/16/78
Name of Physician Wilbur P. Winter M.D.

FEMALE
Medical Examination Report Dated 8/16/78
Name of Physician Wilbur P. Winter M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Forrest Middle E. Last Bowen

Date of Birth: Month October Day 8 Year 1928

Place of Birth (State or foreign country) Detroit Michigan

Residence Address: Street or R. R. 97 S. Indiana City Danville County — State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Merle Milton Bowen
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Attica Ind.
9. Full maiden name of mother Buelah Rosa Jenkins
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Hendricks Co. In

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Forrest E. Bowen

New Address

Subscribed and sworn to before me this 24 day of August, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Jane Middle A. Last Terrell

Date of Birth: Month May Day 25 Year 1934

Place of Birth (State or foreign country) Green Co Ind

Residence Address: Street or R. R. 240 Southview Dr. City Martinsville County — State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Identification - picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Sandra Ann Terrell

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Harrel Smith
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Green Co. In.
9. Full maiden name of mother Nellie Mae Mullis
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Green Co. In

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jane A. Terrell

New Address 240 Southview Dr Martinsville In.

Subscribed and sworn to before me this 24 day of August, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 28 *day of* August, 19 78, *authorizing the joining together as husband and wife* Forrest E. Bowen *and* Jane A. Terrell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James E. Taylor *hereby certify that on the* 1st *day of* Sept., *one thousand nine hundred and* 78 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Forrest E. Bowen *of* Hendricks *County, State of* Indiana, *and, Bride* Jane A. Terrell *of* Morgan *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 1st *day of* Sept., 19 78.

Signed James E. Taylor

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* Sept., 19 78.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 370

_____ County

File

August 25 1978
Date of Application

MALE
Medical Examination Report Dated 8-21-78
Name of Physician Ronald K. Stegemoller M.D.

FEMALE
Medical Examination Report Dated 8-21-78
Name of Physician Ronald K. Stegemoller M.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jerry Middle C. Last Malicoat

Date of Birth: Month June Day 21 Year 1957

Place of Birth (State or foreign country) Indpls. Marion In

Residence Address: Street or R. R. 152 N. Cross City Danville County Hendricks State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James J. Malicoat
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Beatrice Tigner
   Residence of mother (if deceased so state) Danville In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jerry C Malicoat

New Address N Tennessee

Subscribed and sworn to before me this 25 day of August, 19 78

Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Terina Middle E. Last Winkler

Date of Birth: Month January Day 31 Year 1978

Place of Birth (State or foreign country) Indianapolis Marion In.

Residence Address: Street or R. R. 295 W. Main St. City Danville County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William B. Winkler
   Residence of father (if deceased so state) Danville Indiana
   Birthplace of father (State or foreign country) W. Virginia
9. Full maiden name of mother Mable A. Underwood
   Residence of mother (if deceased so state) Danville, Indiana
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Terina E. Winkler

New Address N. Tennessee

Subscribed and sworn to before me this 25 day of August, 19 78

Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30th *day of* August, 19 78, *authorizing the joining together as husband and wife* Jerry C. Malicoat *and* Terina E. Winkler

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Saul W. Ragsdale *hereby certify that on the* 2nd *day of* September, *one thousand nine hundred and* 1978 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Jerry C. Malicoat *of* Hendricks *County, State of* Indiana, *and, Bride* Terina E. Winkler *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 2nd *day of* September, 19 78. *Signed* Saul W. Ragsdale

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* September, 1978

Signed Ellen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 371

File

8-25-78
Date of Application

MALE
Medical Examination Report Dated 7-31-78
Name of Physician James Black

FEMALE
Medical Examination Report Dated 7-31-78
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle L. Last Miller

Date of Birth: Month Nov. Day 21 Year 1947

Place of Birth (State or foreign country) Ind.

Residence Address: 1122 Street or R. R. N. Livingston City Indpls. County _____ State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   John Miller
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter Miller
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Thelma Wells
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rev. Michael E. Miller
New Address 1122 N. Livingston Ind.

Subscribed and sworn to before me this 25 day of Aug., 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Pamela Middle Sue Last Wilson

Date of Birth: Month Nov. Day 1 Year 1950

Place of Birth (State or foreign country) Ind.

Residence Address: 10141 Street or R. R. Osceola City Indpls. County Hend. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Wilson
   Residence of father (if deceased so state) Indpls., In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Violet Morgan
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Pamela Sue Wilson
New Address 1122 N Livingston

Subscribed and sworn to before me this 25 day of Aug., 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 29 *day of* August, 19 78, *authorizing the joining together as husband and wife* Michael E. Miller *and* Pamela Sue Wilson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev Violet F. Small *hereby certify that on the* 29 *day of* Aug., *one thousand nine hundred and* 78 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Michael E. Miller *of* Marion *County, State of* Indiana *and, Bride* Pamela Sue Wilson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 29 *day of* August, 19 78.

Signed Rev Violet F. Small

Official Designation.....

Filed and recorded in accordance with the laws of the State of Indiana this 31 *day of* August, 19 79.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

Hendricks County

No. 372
File 39
Aug. 25, 1978
Date of Application

MALE
Medical Examination Report Dated 8-21-78
Name of Physician Wm. R. Edwards

FEMALE
Medical Examination Report Dated 8-21-78
Name of Physician Wm. R. Edwards

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David, Middle F., Last Goedeker
Date of Birth: Month September, Day 11, Year 1958
Place of Birth (State or foreign country): Indianapolis, In.
Residence Address: Street or R. R. Hungington Apts. City Valley Mills, County Marion, State Indpls In
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David Francis Goedeker
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carol Ann Mitchell
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed X David F Goedeker II
New Address 4530 OAKNOLL APT 120 Indpls
Subscribed and sworn to before me this 25 day of Aug., 1978.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of.....19.....
.....Clerk

FEMALE APPLICANT

Name: First Peggy, Middle S., Last Grounds
Date of Birth: Month January, Day 26, Year 1961
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R. R. 1617 Auburn City Plainfield, County Hendricks, State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hershel Eston Grounds
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Gayle Evon Wade
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed X Peggy S Grounds Indpls
New Address 4530 Oaknoll Apt 120
Subscribed and sworn to before me this 25 day of Aug., 1978.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary Mother has custody

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed X Gayle E. Grounds Mother
Subscribed and sworn to before me this.....day of.....19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 29 *day of* Aug., 19 78., *authorizing the joining together as husband and wife* David F. Goedeker *and* Peggy S. Grounds

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Hubert Green *hereby certify that on the* 2 *day of* September, *one thousand nine hundred and* 78 *at* Plainfields, *County of* Hendricks *State of Indiana,* Groom David F. Goedeker *of* Marion *County, State of* Indiana, *and,* Bride Peggy S Grounds *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 2 *day of* September, 19 78. *Signed* Hubert Green
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* October, 19 78.
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 373
File 39
Aug. 25, 1978
Date of Application

MALE
Medical Examination Report Dated 8-23-78
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 8-23-78
Name of Physician David M. Hadley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle C. Last Wernke, Jr.
Date of Birth: Month June Day 29 Year 1947
Place of Birth (State or foreign country) Indpls, Ind.
Residence Address: Street or R. R. 245 N. Vine, Apt. 12, City Pfld., County Hend. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Army Classification

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Charles Wernke, Sr.
   Residence of father (if deceased so state) 10304 Cornelia Ct., S.W., Albuquerque NM
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Eulia Rust
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert C. Wernke, Jr.
New Address 10304 Cornelia Ct SW, Albuquerque NM
Subscribed and sworn to before me this 25 day of Aug., 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Sheryl Middle Anne Last Ritter
Date of Birth: Month 7 Day 11 Year 1959
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address: Street or R. R. 245 N. Vine, apt. 12, City Pfld., County Hend., State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Stephen Joseph Ritter
   Residence of father (if deceased so state) 1924 S. Hartford, Indpls, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Anne Falls
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sheryl A. Ritter
New Address 10304 Cornelia Ct. SW, Albuquerque NM
Subscribed and sworn to before me this 25 day of Aug., 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 29 *day of* Aug., 19 78, *authorizing the joining together as husband and wife* Robert C. Wernke *and* Sheryl Anne Ritter

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John S. Roof, hereby certify that on the 2 day of Sept., one thousand nine hundred and 78 at Danville, County of Hendricks State of Indiana, Groom Robert Charles Wernke, Jr. of Hendricks County, State of Indiana and, Bride Sheryl Anne Ritter of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2 day of Sept., 19 78.

Signed John S. Roof
Official Designation Episcopal Priest

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of Sept., 19 78.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 374
File 39
Aug. 25, 1978
Date of Application

_____ County

MALE
Medical Examination Report Dated 8-24-78
Name of Physician G. M. Sinkovic, M.D.

FEMALE
Medical Examination Report Dated 8-24-78
Name of Physician G. M. Sinkovic, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Emmett, Middle Paul, Last Perkoski
Date of Birth: Month March, Day 29, Year 1957
Place of Birth (State or foreign country): Indianapolis Marion Co., Ind.
Residence Address: Street or R. R. 3502 Keller Rd., City Indianapolis, County Marion, State Ind.

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
Cert # 3585
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Frank Alojzy Perkoski
   Residence of father (if deceased so state) 3502 Keller Rd. Indpls.
   Birthplace of father (State or foreign country) Nocharagua, Penn.
9. Full maiden name of mother Grace Ilene Hostetler
   Residence of mother (if deceased so state) 3502 Keller Rd. Indpls.
   Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed _____
New Address ?

Subscribed and sworn to before me this 25 day of August, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

FEMALE APPLICANT

Name: First Melissa, Middle Annette, Last Lowe
Date of Birth: Month May, Day 7, Year 1961
Place of Birth (State or foreign country): Mattoon, Coles Co., Ill.
Residence Address: Street or R. R. 9711 Karen Drive, City Indpls., County Hendricks, State Ind.

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
Cert # 112-61-046008
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Daniel Lewis Lowe
   Residence of father (if deceased so state) 9711 Karen Drive, Indpls.
   Birthplace of father (State or foreign country) Casey Ill.
9. Full maiden name of mother Wanda Nadine Yeager
   Residence of mother (if deceased so state) 9711 Karen Drive, Indpls.
   Birthplace of mother (State or foreign country) Jasper Co. Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ?
New Address _____

Subscribed and sworn to before me this 25 day of Aug. 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:
Signed Daniel L. Lowe Father
Signed Wanda N. Lowe Mother
Subscribed and sworn to before me this 25 day of August, 1978
Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 19 78, authorizing the joining together as husband and wife of Indiana dated the 29th day of August and Melissa Annette Lowe
Emmett Paul Perkoski
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Howard Joquess hereby certify that on the 2 day of Sept., County of Hendricks
one thousand nine hundred and 78 at Cittsboro, County, State of Indiana
State of Indiana, Groom Emmett Paul Perkoski of Marion County, State of Indiana
and, Bride Melissa Annette Lowe of Marion County, State of HENDRICKS
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 29 day of August, 19 78. Signed Rev. Howard Joquess
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of Sept., 19 78
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 375

File 39

August 25 1978
Date of Application

MALE
Medical Examination Report Dated 8-21-78
Name of Physician James Black Md.

FEMALE
Medical Examination Report Dated 8-21-78
Name of Physician James Black Md.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Glen Middle Eldon Last Stringer

Date of Birth: Month January Day 31 Year 1959

Place of Birth (State or foreign country) Greencastle Putnam In.

Residence Address: Street or R. R. R.R.#1 Box 331 City Cataseville County — State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Junior Stringer
   Residence of father (if deceased so state) Cataseville Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy May Calahan
   Residence of mother (if deceased so state) Cataseville, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Glen Eldon Stringer

New Address R 2 Greencastle In 46135

Subscribed and sworn to before me this 25 day of August, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Kimberly Middle Jane Last Riddle

Date of Birth: Month March Day 14 Year 1959

Place of Birth (State or foreign country) Johnson Boone In

Residence Address: Street or R. R. R.R.#5 Box 168 City Danville County — State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Louis Junior Riddle
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Hazel Helen English
   Residence of mother (if deceased so state) Danville In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Kimberly Jane Riddle

New Address RR #2, Greencastle In 46135

Subscribed and sworn to before me this 25 day of August, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the.....day of....., 19....., authorizing the joining together as husband and wife .....and.....*

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ...hereby certify that on the.....day of....., one thousand nine hundred and.....at....., County of....., State of Indiana, Groom.....of.....County, State of..... and, Bride.....of.....County, State of....., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS *County.*

Dated this.....day of....., 19.....

Signed.....

Official Designation.....

Filed and recorded in accordance with the laws of the State of Indiana this.....day of....., 19.....

Signed.....Clerk

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 376

File

_____ County

August 28, 1978
Date of Application

MALE
Medical Examination Report Dated 8-23-78
Name of Physician Jerry Coker

FEMALE
Medical Examination Report Dated 8-23-78
Name of Physician Jerry Coker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Douglas Middle Kenneth Last Rideneour

Date of Birth: Month February Day 17 Year 1958

Place of Birth (State or foreign country) Warrick County Ind.

Residence Address: Street or R. R. 1007 Raymond St. City Plainfield County _____ State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clydie L. Rideneaur
   Residence of father (if deceased so state) Plainfield In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy L. Ferguson
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Douglas Kenneth Rideneour

New Address 307 Maplehill St

Subscribed and sworn to before me this 28 day of August, 1978

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

FEMALE APPLICANT

Name: First Janet Middle Sue Last Kost

Date of Birth: Month February Day 19 Year 1959

Place of Birth (State or foreign country) South Bend In

Residence Address: Street or R. R. 1706 Duck Creek Dr. City Plainfield County _____ State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Kost
   Residence of father (if deceased so state) Plainfield, In
   Birthplace of father (State or foreign country) Plymouth Ind.
9. Full maiden name of mother Kay De Lee Totten
   Residence of mother (if deceased so state) Plainfield Ind.
   Birthplace of mother (State or foreign country) Indianapolis Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Janet Sue Kost

New Address 307 Maplehill Stret

Subscribed and sworn to before me this 28 day of August, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 1 day of September, 1978, authorizing the joining together as husband and wife Douglas Kenneth Rideneaur and Janet Sue Kost

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Dillon Laffin hereby certify that on the 2nd day of September, 1978 at Plainfield County of Hendricks, State of Indiana, one thousand nine hundred and 78 Groom Douglas K. Rideneaur of Hendricks County, State of Indiana, and, Bride Janet S. Kost of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of September, 1978. Signed Rev Dillon Laffin

Official Designation Ministers

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of September, 19 78 Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

500

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 377
File Book 39
Aug 28, 1978
Date of Application

MALE
Medical Examination Report Dated 8-15-78
Name of Physician John J. Baalwaechter, M.D.

FEMALE
Medical Examination Report Dated 8-15-78
Name of Physician John J. Baalwaechter, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ralph, Middle L., Last Rose

Date of Birth: Month March, Day 5, Year 1921

Place of Birth (State or foreign country): Boone Co. Indiana

Residence Address: Street or R. R. RR #1, Box 19 AA, City Pittsboro, County Hendricks, State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers Licence (Ohio) #5307-18-9907

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry Lester Rose
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Boone Co. Ind.
9. Full maiden name of mother Beulah Fern Preston
   Residence of mother (if deceased so state) Deceased.
   Birthplace of mother (State or foreign country) Boone Co. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ralph L. Rose
New Address RR 1, Box 19 AA, Pittsboro Ind

Subscribed and sworn to before me this 28 day of Aug., 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Edith, Middle Glen, Last Hovious

Date of Birth: Month Sept., Day 23, Year 1925

Place of Birth (State or foreign country): Morgan County Indiana

Residence Address: Street or R. R. Paregon, City Morgan Co., County, State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree Recorded 1925, Book . Page 15 -

☐ Other (Specify).....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Warden W. Walters
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Morgan Co. Ind.
9. Full maiden name of mother Blanche Payton
   Residence of mother (if deceased so state) Paregon. Ind.
   Birthplace of mother (State or foreign country) Morgan Co. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Edith Hovious
New Address RR 1, Box 19 AA, Pittsboro, Ind.

Subscribed and sworn to before me this.....day of....., 19.....
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 1 *day of* Sept, 1978, *authorizing the joining together as husband and wife* Ralph L. Rose *and* Edith Glen Hovious

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Raymond A. Cuthbert *hereby certify that on the* 3rd *day of* September, *one thousand nine hundred and* 78 *at* Pittsboro, *County of* Hendricks, *State of Indiana, Groom* Ralph L. Rose *of* Hendricks *County, State of* Indiana *and, Bride* Edith Glen Hovious *of* Morgan *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 3rd *day of* September, *19* 78

Signed Raymond A. Cuthbert
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* September, *19* 78.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

501

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 578
File 39
8-28-78
Date of Application

_____ County

MALE
Medical Examination Report Dated 8-19-78
Name of Physician Daniel F. McCarthy Jr.

FEMALE
Medical Examination Report Dated 8-19-78
Name of Physician Daniel F. McCarthy

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Paul Middle Luther Last Stewart Jr

Date of Birth: Month 9 Day 30 Year 47

Place of Birth (State or foreign country) Hamilton Ohio

Residence Address: Street or R. R. 536 Sunny Brook, City Brownsburg, County Hend., State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # 130136

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Cheish Serene Stewart
   Gary Stewart
   Lida Stewart
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul Luther Stewart
   Residence of father (if deceased so state) Dayton, Ohio
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Hazel Marie Webb
   Residence of mother (if deceased so state) Kettering, Ohio
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paul L Stewart Jr.
New Address 536 Sunny Brook Dr.
Subscribed and sworn to before me this 28 day of Aug., 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Marsha Middle Kay Last Hedges

Date of Birth: Month Nov. Day 8 Year 1942

Place of Birth (State or foreign country) Ft. Wayne, Ind.

Residence Address: Street or R. R. 536 Sunny Brook, City Brownsburg, County Hend., State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # 2938

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Michael Cameron Hedges
   Scott Anthony Hedges
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Raymond L. Blankenship
   Residence of father (if deceased so state) Indpls, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruby Catherine Myers
   Residence of mother (if deceased so state) Indpls, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marsha K. Hedges
New Address 536 Sunny Brook Dr
Subscribed and sworn to before me this 28 day of Aug., 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....of Indiana dated the 1st day of September, 19 78, authorizing the joining together as husband and wife Paul Luther Stewart, Jr. and Marsha Kay Hedges

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Bill D. Eaton hereby certify that on the 2nd day of September one thousand nine hundred and 78 at Bartholomew County, ~~County~~ of Columbus, State of Indiana, Groom Paul L. Stesart, Jr. of Hendricks County, State of Indiana, and, Bride Marsha K. Hedges of Hendricks County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of September, 19 78. Signed Bill D. Easton
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of September, 19 78
Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

502

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 379
File 39
8-28-79
Date of Application

MALE
Medical Examination Report Dated 8-10-78
Name of Physician Carl L. Heinlein

FEMALE
Medical Examination Report Dated 8-10-78
Name of Physician Carl L. Heinlein

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kenneth Middle E. Last Bagwell
Date of Birth: Month April Day 28 Year 1955
Place of Birth (State or foreign country): Douglasville Georgia
Residence Address: Street or R. R. 24 Richfield Ln. City Danville County _____ State In
Previous Marital Status: Never Married ☐ OR /
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License w/photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father J. B. Bagwell
   Residence of father (if deceased so state) Danville, Indiana
   Birthplace of father (State or foreign country) Georgia
9. Full maiden name of mother Margaret Louise Farr
   Residence of mother (if deceased so state) Atlanta, Georgia
   Birthplace of mother (State or foreign country) Georgia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kenneth E. Bagwell
New Address 1931 N. Allison Ave Speedway, IN 46224

Subscribed and sworn to before me this 28 day of Aug., 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Betty Middle J. Last Norred
Date of Birth: Month December Day 7 Year 1954
Place of Birth (State or foreign country): Yazoo Mississippi
Residence Address: Street or R. R. 1031 N. Allison City Speedway County _____ State In.
Previous Marital Status: Never Married ☐ OR /
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul Leon Eckert
   Residence of father (if deceased so state) 1093 Olivier Dr. Marietta, Geo.
   Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Ethel Elizabeth Overby
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Mississippi

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Betty J. Norred
New Address 1931 N. Allison Ave Speedwy

Subscribed and sworn to before me this 28 day of Aug., 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 1 *day of* Sept *19* 78, *authorizing the joining together as husband and wife* Kenneth E. Bagwell *and* Betty J. Norred

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glen M. Harvey *hereby certify that on the* 1st *day of* Sept., *one thousand nine hundred and* 78 *at* Danville, *County of* Hendricks *State of Indiana, Groom* Kenneth E. Bagwell *of* Hendricks *County, State of* Indiana *and, Bride* Betty J. Norred *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 1st *day of* Sept., *19* 78.

Signed Glen M. Harvey
Official Designation Clerk of Hendricks Co.

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* Sept., *19* 78.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 380
File 39
8-29-78
Date of Application

_____ County

MALE
Medical Examination Report Dated 8-28-78
Name of Physician J. B. Cripe

FEMALE
Medical Examination Report Dated 8-28-78
Name of Physician J. B. Cripe

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First George Middle E Last Ruble
Date of Birth: Month April Day 28 Year 1959
Place of Birth (State or foreign country) Indianapolis In
Residence Address: Street or R. R. R18 Bx 361A City Indpls. County _____ State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David Hanken Ruble
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Rhoda Irene Friar
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X George E Ruble
New Address RR 18 Box 361 A Indpls
Subscribed and sworn to before me this 29 day of Aug., 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

FEMALE APPLICANT

Name: First Beth Middle Anne Last Isenhour
Date of Birth: Month May Day 18 Year 1959
Place of Birth (State or foreign country) Lebanon Indiana
Residence Address: Street or R. R. R18 Bx 361A City Indpls. County _____ State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Henry Isenhour
   Residence of father (if deceased so state) 312 School Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Anita Joyce Daniel
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Texas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Beth Anne Isenhour
New Address R.R. 18 Box 361A Indianapolis, In.
Subscribed and sworn to before me this 29 day of Aug., 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 2nd day of Sept., 19 78, authorizing the joining together as husband and wife George E. Ruble and Beth Anne Isenhour.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Warren E. Isenhour hereby certify that on the 3rd day of September, at Brownsburg, County of Hendricks, one thousand nine hundred and 78, State of Indiana, Groom George E. Ruble of Hendricks County, State of Indiana, and, Bride Beth Anne Isenhour of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3rd day of September, 19 78. Signed Warren E. Isenhour
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of September, 19 78
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

504

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 381

File

_____ County

August 29, 1978
Date of Application

MALE
Medical Examination Report Dated 8/21/78
Name of Physician Daniel A. Gard MD.

FEMALE
Medical Examination Report Dated 8/21/78
Name of Physician Daniel A. Gard MD.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Charles Middle Herbert Last Brown

Date of Birth: Month April Day 6 Year 1956

Place of Birth (State or foreign country): Cleveland Ohio

Residence Address: 737 Street or R. R. Chestnut City Bowling Green County Warren State Ky.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Herbert Clyde Brown
   Residence of father (if deceased so state) Ohio
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Zella Maude Norris
   Residence of mother (if deceased so state) Ohio
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles Herbert Brown

New Address 737 Chestnut, Bowling Green Ky

Subscribed and sworn to before me this 29 day of Aug., 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Nancy Middle Jeanean Last Brown

Date of Birth: Month July Day 25 Year 1956

Place of Birth (State or foreign country): Indianapolis Ind.

Residence Address: 11024 Street or R. R. W. Russel Rd. City Indpls. In. County _____ State _____

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Lewis Brown
   Residence of father (if deceased so state) Indianapolis In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Wilma Jean Skomp
   Residence of mother (if deceased so state) Indianapolis In.
   Birthplace of mother (State or foreign country) Indianapolis In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Nancy Jeanean Brown

New Address 237 Chestnut, Bowling Green, Ky

Subscribed and sworn to before me this 30 day of August, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30 *day of* August, 19 78, *authorizing the joining together as husband and wife* Charles Herbert Brown *and* Nancy Jeanean Brown

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Johnie Edwards *hereby certify that on the* 4th *day of* September, *one thousand nine hundred and* 78 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Charles H. Brown *of* Warren *County, State of* Kentucky *and, Bride* Nancy J. Brown *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 30th *day of* August, 19 78

Signed Johbie Edwards

Official Designation Evangelist Church of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* September, *19* 78

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 382
File 39
8-30-78
Date of Application

_____ County

MALE
Medical Examination Report Dated 8-18-78
Name of Physician Howard W. Beaver

FEMALE
Medical Examination Report Dated 8-18-78
Name of Physician Howard W Beaver

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Bruce Middle K Last Wheeler

Date of Birth: Month January Day 14 Year 1958

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 4580 Brookhollow City Indpls. County _____ State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ralph M. Wheeler
   Residence of father (if deceased so state) 501 Allen Dr. Lebanon, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sally J. Archer
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Bruce Kelly Wheeler
New Address 1922 Nath. Euclid Ave Indpls.

Subscribed and sworn to before me this 30 day of August, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Patricia Middle Jan Last Walters

Date of Birth: Month _____ Day _____ Year _____

Place of Birth (State or foreign country) _____

Residence Address: Street or R. R. 17 Normandre Ct. City Danville County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jack Wayne Walters
   Residence of father (if deceased so state) 17 Normandre Ct. Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Jean Scott
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Patricia Jan Walters
New Address 1922 N. Euclid Ave. Indpls.

Subscribed and sworn to before me this 30 day of Aug, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____ County _____ Court by written order issued _____ in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5 day of Sept. 19 78, authorizing the joining together as husband and wife Bruce K. Wheeler and Patricia Jan Walters
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Thomas Caine, Jr. hereby certify that on the 9 day of Sept. one thousand nine hundred and 78 at Indianapolis, County of Marion, State of Indiana, State of Indiana, Groom Bruce K. Wheeler of HENDRICKS County, State of Indiana, and, Bride Patricia Jan Walters of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 9th day of Sept., 19 78. Signed Thomas Caine, Jr.
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of Sept., 19 78. Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 383

File

_____ County

August 31, 1978
Date of Application

MALE
Medical Examination Report Dated 8/28/78
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 8/28/78
Name of Physician Joseph C Kerlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gregory Middle N. Last Hamilton

Date of Birth: Month November Day 9 Year 1954

Place of Birth (State or foreign country): Marion Co. In

Residence Address: 302 Street or R. R. S. Washington City Danville County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) drivers license (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Milton L. Hamilton
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Dorothy L. Runemaker
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gregory N. Hamilton

New Address 302 S. Washington Danville

Subscribed and sworn to before me this 31 day of August, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Marlisa Middle S. Last Davidson

Date of Birth: Month May Day 1 Year 1956

Place of Birth (State or foreign country): Valdosta Ga.

Residence Address: 510 Street or R. R. S. Tennessee St. City Danville County In State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold Wayne Davidson
   Residence of father (if deceased so state) Ft. Myers, Fla.
   Birthplace of father (State or foreign country) New Ross, In.
9. Full maiden name of mother Suzanne May Long
   Residence of mother (if deceased so state) Ft. Myers, Fla.
   Birthplace of mother (State or foreign country) Indianapolis, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marlisa S. Davidson

New Address 302 S. Washington Danville

Subscribed and sworn to before me this 31 day of August, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5 *day of* Sept., 19 78, *authorizing the joining together as husband and wife* Gregory N. Hamilton *and* Marlisa S. Davidson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Norman L. Weaver hereby certify that on the 9th day of September, one thousand nine hundred and 78 at Danville, County of Hendricks, State of Indiana, Groom Gregory N. Hamilton of Hendricks County, State of Indiana, and, Bride Marlisa S. Davidson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9th day of September, 19 78.

Signed Norman L. Weaver

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* September, 19 78.

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 384
File 39

_____ County

Aug. 31, 1978
Date of Application

MALE
Medical Examination Report Dated 8-31-78
Name of Physician William A. Edwards

FEMALE
Medical Examination Report Dated 8-31-78
Name of Physician Wm. A. Edwards

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First George Middle L. Last Marchiando

Date of Birth: Month April Day 27 Year 1958

Place of Birth (State or foreign country): Indianapolis In

Residence Address: Street or R. R. R 1 Box 404 City Clayton County In State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/ photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Anthony Marchiando
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Wisconsin
9. Full maiden name of mother Clara L. Shermahorn
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x George A. Marchiando
New Address Box 77 Clayton Ind.

Subscribed and sworn to before me this 31 day of Aug, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Melody Middle A. Last Henry

Date of Birth: Month April Day 6 Year 1963

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. R 1 Box 300 City Costesville County In. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles C. Henry
   Residence of father (if deceased so state)
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wanda M. Carwile
   Residence of mother (if deceased so state)
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Melody A Henry
New Address Box 79 Clayton Ind.

Subscribed and sworn to before me this 31 day of Aug, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

Mother has Custody

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed x Mrs. Wanda Hall Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior #1 Court by written order issued 3 day waiver + Age Exercise and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 31 day of Aug, 1978, authorizing the joining together as husband and wife of George A. Marchiando and Melody A. Henry

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Ralph W. Hays hereby certify that on the 9th day of Sept, one thousand nine hundred and 78 at Clayton, County of HENDRICKS, State of Indiana, Groom George A. Marchiando of HENDRICKS County, State of Indiana, and, Bride Melody A. Henry of HENDRICKS County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9 day of Sept., 1978. Signed Rev. Ralph W Hays

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of Sept., 1978

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 385

File

Sept 1, 1978
Date of Application

MALE
Medical Examination Report Dated 8-29-78
Name of Physician Glenn W. Baker

FEMALE
Medical Examination Report Dated 8-29-78
Name of Physician Glenn W. Baker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Davis Middle C. Last Lippincott

Date of Birth: Month July Day 29 Year 1953

Place of Birth (State or foreign country) Bristol Marion Ind.

Residence Address: Street or R. R. 7142 Tina Dr. City Indpls. County Marion State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Purdue Passport

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald L. Lippincott
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Casey Ill.
9. Full maiden name of mother Elizabeth Ann Davis
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Casey, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Davis C. Lippincott

New Address 7142 Tina Dr. Indianapolis In.

Subscribed and sworn to before me this 1st day of September, 19 78

Glen W. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Kris Middle Ann Last Kessler

Date of Birth: Month November Day 28 Year 1954

Place of Birth (State or foreign country) Crawfordsville Mont. Ind.

Residence Address: Street or R. R. 20 Forest Dr. City Brownsburg County Hen. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Student I.D.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Evan Duane Kessler
   Residence of father (if deceased so state) Brownsburg In.
   Birthplace of father (State or foreign country) Crawfordsville In.
9. Full maiden name of mother Mary Mildred Patton
   Residence of mother (if deceased so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Crawfordsville, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kris Ann Kessler

New Address 7142 Tina Dr. Indianapolis

Subscribed and sworn to before me this 1st day of September, 19 78

Glen W Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 7th *day of* September, 19 78, *authorizing the joining together as husband and wife* Davis C. Lippincott *and* Kris Ann Kessler

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Clifford L. Carmichael *hereby certify that on the* 9 *day of* Sept., *one thousand nine hundred and* 78 *at* Brownsburg, *County of* HENDRICKS, *State of Indiana, Groom* Davis C. Lippincott *of* Marion *County, State of* Indiana, *and, Bride* Kris Ann Kessler *of* HENDRICKS *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 12 *day of* Sept., 19 78.

Signed Clifford L. Carmichael

Official Designation United Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12 *day of* Sept., 19 78.

Signed Glen W. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 386

File

_____ County

September 5, 1978
Date of Application

MALE
Medical Examination Report Dated 8-28-78
Name of Physician Dr. L. Steinbeller

FEMALE
Medical Examination Report Dated 8-16-78
Name of Physician Jerry Henderson, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle Michael Last Warren

Date of Birth: Month 9 Day 9 Year 50

Place of Birth (State or foreign country) Marion County

Residence Address: Street or R. R. R.R. 5, Box 106A City Brownsburg County Hendricks State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License with picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James W. Warren
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Esther E. Skaggs
   Residence of mother (if deceased so state) 10958 N. Park
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David Michael Warren

New Address RR 5 - Box 106-A BROWNSBORO

Subscribed and sworn to before me this 5th day of September, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Laura Middle Alberta Last Pinckard

Date of Birth: Month 12 Day 3 Year 57

Place of Birth (State or foreign country) Van Wert, Ohio

Residence Address: Street or R. R. 1001 Oakwood Trail City Ondela County Marion State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas Malloy Pinckard
   Residence of father (if deceased so state) 1001 Oakland Trail, Ondela.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Mary Jo Grote
   Residence of mother (if deceased so state) Muncie, Indiana
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Laura A. Pinckard

New Address RR 5 Box 106 A Brownsburg, Ind.

Subscribed and sworn to before me this 5th day of September, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 3-day waiver and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5th day of September, 19 78, authorizing the joining together as husband and wife David Michael Warren and Laura Alberta Pinckard

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Charles Noll hereby certify that on the 9 day of Sept, 19 78 at Brownsburg, HENDRICKS County, State of Indiana, one thousand nine hundred and 78 of HENDRICKS County, State of Indiana, State of Indiana, Groom David Michael Warren of Marion County, State of Indiana, and, Bride Laura Alberta Pinckard of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12 day of Sept, 19 78. Signed Rev. Charles Noll

Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of Sept, 19 78

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 387
File 39
9-5-78
Date of Application

MALE
Medical Examination Report Dated 8-11-78
Name of Physician O. Kouranoy

FEMALE
Medical Examination Report Dated 8-11-78
Name of Physician O. Kouranoy

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle Joseph Last Marimpietri

Date of Birth: Month 3 Day 10 Year 55

Place of Birth (State or foreign country) Harrison Twp., Penn.

Residence Address: Street or R. R. 13½ Fifth St. City Terre Haute County Vigo State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # 316

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dan Ernest Marimpietri
   Residence of father (if deceased so state) 5475 Osag Ave, Portage, Ind.
   Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Bessie Marie Zanotti
   Residence of mother (if deceased so state) same
   Birthplace of mother (State or foreign country) Pennsylvania

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x James Marimpietri
New Address 1521 South 18 Terre Haute

Subscribed and sworn to before me this 5th day of Sept., 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Pamela Middle Gwynn Last Freeman

Date of Birth: Month 8 Day 15 Year 57

Place of Birth (State or foreign country) St. Charles, Virginia

Residence Address: Street or R. R. 8 Londenderry City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # 1762

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Thomas Freeman
   Residence of father (if deceased so state) 8 Londenderry Ct, Danville, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Patsy Ruth Cody
   Residence of mother (if deceased so state) same
   Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Pamela G. Freeman
New Address 1521 South 18 Terre Haute

Subscribed and sworn to before me this 5th day of Sept., 1978.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14 *day of* September, *19* 78, *authorizing the joining together as husband and wife* James Joseph Marimpietri *and* Pamela Gwynn Freeman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Charles Noll *hereby certify that on the* 16th *day of* September, *one thousand nine hundred and* 78 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* James Joseph Marimpietri *of* Porter *County, State of* Indiana *and, Bride* Pamela Gwynn Freeman *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 14th *day of* September, *19* 78.

Signed Rev. Charles Noll
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 19 *day of* September, *19* 78.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 388

File 39

Hendricks County

Sept. 6, 1978
Date of Application

MALE
Medical Examination Report Dated 8-28-78
Name of Physician Robt K. Stirling

FEMALE
Medical Examination Report Dated 8-28-78
Name of Physician Robt. K. Stirling

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle Alan Last Culbertson

Date of Birth: Month Sept Day 15 Year 1958

Place of Birth (State or foreign country) Ind.

Residence Address: Rt 1 Box 435 Street or R. R. Plainfield City County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard E. Culbertson
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Gayle E. Colee
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard A Culbertson

New Address RR 1 Box 435 Plainfield

Subscribed and sworn to before me this 6 day of Sept, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Julie Middle Kay Last Leitzman

Date of Birth: Month July Day 23 Year 1958

Place of Birth (State or foreign country) Ind.

Residence Address: Rt 1 B436 Street or R. R. Plainfield City County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Arthur Leitzman, Jr.
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Betty Lou Knox
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Julie Kay Leitzman

New Address RR 1 Box 435 Plainfield

Subscribed and sworn to before me this 6 day of Sept, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....Circuit Court of Indiana dated the 12 day of Sept, 19 78, authorizing the joining together as husband and wife Richard Alan Culbertson and Julie Kay Leitzman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Stacy E. Wesner hereby certify that on the 16 day of September, one thousand nine hundred and 78 at Camby, County of Hendricks, State of Indiana, Groom Richard Alan Culbertson of Hendricks County, State of Indiana, and, Bride Julie Kay Leitzman of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 day of September, 19 78 Signed Stacy E. Wesner

Official Designation Friends Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of September, 19 78

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 389

File 39

Sept. 6, 1978
Date of Application

MALE
Medical Examination Report Dated 9/5/78
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 9/5/78
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Winfred Middle _____ Last Bolin Jr.

Date of Birth: Month Jan. Day 30 Year 1947

Place of Birth (State or foreign country) Madison Tenn.

Residence Address: Street or R. R. 916 East Westchester Dr. City _____ County _____ State Tenn.

Previous Marital Status: Never Married ☐ OR 2 times

Last Marriage Ended By: Death ☒ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Winfred Bolin Jr.
   Residence of father (if deceased so state) Westchester Dr. Tenn.
   Birthplace of father (State or foreign country) Alabama
9. Full maiden name of mother Sarah Elizabeth Mears
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Woodberry, Tenn

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Winfred Bolin Jr.

New Address _____

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

FEMALE APPLICANT

Name: First Linda Middle Kay Last Powell

Date of Birth: Month July Day 24 Year 1949

Place of Birth (State or foreign country) Morganfield Ky.

Residence Address: Street or R. R. R R #1 Box 100 City Clayton County In State

Previous Marital Status: Never Married ☒ OR _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert L Powell
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Martha Hopper
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Linda K. Powell

New Address _____

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13 *day of* Sept, 1978, *authorizing the joining together as husband and wife* Winfred Bolin, Jr. *and* Linda Kay Powell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, August V. Huber *hereby certify that on the* 13 *day of* Sept., *one thousand nine hundred and* 78 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Winfred Bolin, Jr. *of* Davidson *County, State of* Tennessee *and, Bride* Linda Kay Powell *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 13 *day of* Sept., 1978.

Signed August V. Huber

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* Sept., 1978.

Signed Glen M Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 390

Hendricks County

File

Sept 7 1978 Date of Application

MALE
Medical Examination Report Dated 9-5-78
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 9-5-78
Name of Physician William Edwards

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Fredrick Middle D. Last Abshier Jr.

Date of Birth: Month March Day 26 Year 1958

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 12th Winfield, City Indpls. County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Fredrick Abshier Sr.
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Linda C. Powell
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Fredrick Abshier Jr.

New Address Rt 2 Box 257 Plainfield

Subscribed and sworn to before me this 7 day of Sept, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Melissa Middle Last Aaron

Date of Birth: Month May Day 19 Year 1960

Place of Birth (State or foreign country) Beech Grove

Residence Address: Street or R. R. Rt #8 Box 250 City Indpls. County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James A. Aaron
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Virginia R. Steilwalt
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Melissa Aaron

New Address R.R. 2 Box 257 Plainfield

Subscribed and sworn to before me this 7th day of Sept, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....and filed

.....County.....Court by written order issued.....

in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the....., 19 78, authorizing the joining together as husband and wife of Indiana dated the 11th day of Sept and Fredrick O. Abshier Jr. and Melissa Aaron

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev Donald L. Thompson hereby certify that on the 16 day of Sept, at Avon, County of Hendricks one thousand nine hundred and 78 State of Indiana, Groom Fredrick O. Abshier Jr. of Marion County, State of Indiana, and, Bride Melissa J. Aaron of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 day of Sept, 19 78. Signed Donald L. Thompson

Official Designation Missionary Navajo Indians

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of Sept, 19 78

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 391

File

Hendricks County

Sept 7 1978
Date of Application

MALE
Medical Examination Report Dated 9-1-78
Name of Physician Dr. Larry Lovell

FEMALE
Medical Examination Report Dated 9-1-78
Name of Physician Dr. Larry Lovell

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle Ellis Last Maxwell

Date of Birth: Month March Day 18 Year 1955

Place of Birth (State or foreign country) Indpls. Marion Co. In.

Residence Address: 924 Street or R. R. Highlander Dr. City Plfd. County State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) drivers license (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert George Maxwell
   Residence of father (if deceased so state) Plainfield In.
   Birthplace of father (State or foreign country) Indpls. In.
9. Full maiden name of mother Betty Marie Wiboff
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indpls. In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert Ellis Maxwell

New Address 1818 B Apt B34 Madison Village Dr.

Subscribed and sworn to before me this 7 day of September, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Zoe Middle Ellen Last Seel

Date of Birth: Month February Day 7 Year 1952

Place of Birth (State or foreign country) Beech Grove Ind.

Residence Address: 1819 B Street or R. R. Madison Village Apts City Indpls. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Emery V. Seel
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Orianna Steigle
   Residence of mother (if deceased so state) 7811 Braswood Dr. Indpls
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Zoe Ellen Seel

New Address 1819 B34 Madison Vill Dr.

Subscribed and sworn to before me this 7 day of September, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 11th *day of* Sept, 19 78, *authorizing the joining together as husband and wife* Robert Ellis Maxwell *and* Zoe Ellen Seel

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Albert W. Mitchell *hereby certify that on the* 15 *day of* September, *one thousand nine hundred and* 78 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Robert Ellis Maxwell *of* Hendricks *County, State of* Indiana *and, Bride* Zoe Ellen Seel *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 15 *day of* September, 19 78.

Signed Alberta W. Mitchell

Official Designation Minister of the Gospel Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 19 *day of* September, 19 78

Signed Glenn M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 392

File

Hendricks County

Remarriage

Sept 7, 1978
Date of Application

MALE
Medical Examination Report Dated 9-5-78
Name of Physician Joseph C. Kerlin M.D.

FEMALE
Medical Examination Report Dated 9-5-78
Name of Physician Joseph C. Kerlin M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Carl Middle C. Last White Jr.
Date of Birth: Month Jan Day 19 Year 1938
Place of Birth (State or foreign country) Washington, In.
Residence Address: Street or R. R. 402 S. Jenn. City Danville County Hendricks State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1 time
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Armed Forces

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl C. White Sr.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana)
9. Full maiden name of mother Mary Louella Shultz
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Yadkin, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carl C White Jr.

New Address

Subscribed and sworn to before me this 7th day of Sept, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Lois Middle C. Last White
Date of Birth: Month July Day 13 Year 1939
Place of Birth (State or foreign country) Danville, In.
Residence Address: Street or R. R. 402 S. Jenn. St. City Danville County Hendricks State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 2 times
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles F. Brennan
   Residence of father (if deceased so state) Franklin, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen A. Taylor
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Nebraska.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lois C White

New Address 402 S Jenn St Danville

Subscribed and sworn to before me this 7th day of Sept, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed ..... County ..... Court by written order issued ..... in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the 11th day of Sept, 1978, authorizing the joining together as husband and wife Carl C. White, Jr. and Lois C White

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev Wayne Dunlap hereby certify that on the 16 day of Sept, at Danville, County of Hendricks, one thousand nine hundred and 78 State of Indiana, Groom Carl C White of Hendricks County, State of Indiana, and, Bride Lois C White of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of Sept, 1978. Signed Rev Wayne Dunlap

Official Designation Pastor, Church of the Nazarene

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of Sept, 1978

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 393

File _____

Sept 8 1978
Date of Application

MALE
Medical Examination Report Dated 9-7-78
Name of Physician Carl L Heinlein

FEMALE
Medical Examination Report Dated 9-7-78
Name of Physician Carl L Heinlein

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle J. Last Clay

Date of Birth: Month July Day 18 Year 1943

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 795 St. John Rd. City Martinsville County _____ State In.

Previous Marital Status: Never Married ☐ OR 3 times

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licinse - Virginia

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Bradford - 3 years
   Eric
   Lincoln D
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Finis E. Clay
   Residence of father (if deceased so state) Martinsville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marjorie Zullah Clark
   Residence of mother (if deceased so state) Martinsville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald J. Clay
New Address Brownsburg, Ind.
Subscribed and sworn to before me this 8th day of Sept, 19 78.
Glen M Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Beatrice Middle A. Last Howard

Date of Birth: Month July Day 10 Year 1941

Place of Birth (State or foreign country) West Virginia

Residence Address: Street or R. R. R R #3 Box 37 City Brownsburg County _____ State In

Previous Marital Status: Never Married ☐ OR 1 time

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Calvin A. Queen
   Residence of father (if deceased so state) West Virginia
   Birthplace of father (State or foreign country) West Virginia
9. Full maiden name of mother Lena Olive Minear
   Residence of mother (if deceased so state) West Virginia
   Birthplace of mother (State or foreign country) West Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Beatrice A Howard
New Address Brownsburg Ind.
Subscribed and sworn to before me this 8th day of Sept., 19 78
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* September, 19 78, *authorizing the joining together as husband and wife* Donald J. Clay *and* Beatrice A. Howard

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer *hereby certify that on the* 15 *day of* September, *one thousand nine hundred and* 78 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Donald J. Clay *of* Morgan *County, State of* Indiana *and, Bride* Beatrice A. Howard *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 15 *day of* September, 19 78.

Signed John C. Mowrer

Official Designation Judge, Hendricks Superior Court

Filed and recorded in accordance with the laws of the State of Indiana this 19 *day of* September, 19 78.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

(Hendricks) County

No. 394

File

Sept. 8 1978
Date of Application

MALE
Medical Examination Report Dated 9-6-78
Name of Physician Patrick L. Foley

FEMALE
Medical Examination Report Dated 9-6-78
Name of Physician Patrick L. Foley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dennis Middle Lee Last Foreman

Date of Birth: Month 9 Day 22 Year 1949

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 3050 Midvale City Indpls. County State In

Previous Marital Status: Never Married ☐ OR 1 time

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kimberly Ann
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas E. Foreman
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Melva Lorraine Haywood
   Residence of mother (if deceased so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dennis Lee Foreman

New Address 3054 Midvale Dr

Subscribed and sworn to before me this 8 day of Sept, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Teresa Middle Janeen Last Hieston

Date of Birth: Month 8 Day 10 Year 1954

Place of Birth (State or foreign country) Indpls. In.

Residence Address: Street or R. R. RR #2 Box 161 City Brownsburg County State

Previous Marital Status: Never Married ☐ OR 1 time

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Vernon W. Bowman Sr.
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Barbara Jean Conner
   Residence of mother (if deceased so state) Brownsburg
   Birthplace of mother (State or foreign country) Indianapolis, In

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Teresa Janeen Hieston

New Address 3054 Midvale Dr

Subscribed and sworn to before me this 8 th day of Sept, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* September, 19 78, *authorizing the joining together as husband and wife* Dennis Lee Foreman *and* Teresa Janeen Hieston

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry R. Nash *hereby certify that on the* 16 *day of* September, *one thousand nine hundred and* 78 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Dennis Lee Foreman *of* Marion *County, State of* Indiana, *and, Bride* Teresa Janeen Hieston *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 16 *day of* September, 19 78. *Signed* Jerry R. Nash

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 *day of* September, 19 78.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 395

File

_____ County

Sept. 8, 1978
Date of Application

MALE
Medical Examination Report Dated 9-8-78
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 9-7-78
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Phillip Middle Allen Last Brown

Date of Birth: Month November Day 25 Year 1958

Place of Birth (State or foreign country) Marion Co. Ind.

Residence Address: Street or R. R. 828 S. Hardin City Blvd. County Indpls. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hugh Ronald Brown Sr.
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Jean Stanley
   Residence of mother (if deceased so state) Danville, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Phillip Brown

New Address 828 South Hardin Indpls. In.

Subscribed and sworn to before me this 8 day of September 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Regina Middle Angela Last Blizzard

Date of Birth: Month September Day 6 Year 1960

Place of Birth (State or foreign country) Marion Co. Ind.

Residence Address: Street or R. R. 2701 Earlham Lane City Indpls. County Mar. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Reginald Allen Blizzard
   Residence of father (if deceased so state) Indianapolis In.
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Barbara Lee Rogers
   Residence of mother (if deceased so state) Indianapolis In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Regina Angela Blizzard

New Address 8585 S. Hardin Blvd. Indpls

Subscribed and sworn to before me this 8 day of September 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12th day of Sept., 19 78, authorizing the joining together as husband and wife Phillip Allen Brown and Regina Angela Blizzard

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, A. C. Bevins hereby certify that on the 16 day of September, one thousand nine hundred and 78 at Indianapolis, County of Marion, State of Indiana, Groom Phillip Allen Brown of Marion County, State of Indiana and, Bride Regina Angela Blizzard of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12 day of September, 19 78.

Signed A. C. Bevins

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of Sept., 19 78.

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 398

Hendricks County

File 39

9-11-78 Date of Application

MALE
Medical Examination Report Dated 9-11-78
Name of Physician Michael L. Neeley

FEMALE
Medical Examination Report Dated 9-11-78
Name of Physician Michael L Neeley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle T. Last Jackson

Date of Birth: Month February Day 24 Year 1958

Place of Birth (State or foreign country): Indianapolis In.

Residence Address: Street or R. R. PO Box 184 City Plainfield County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clifford Robert Jackson
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Maureen Leavitt
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed x Robert Timothy Jackson
New Address P.O. Box 184 Plainfield Ind

Subscribed and sworn to before me this 11 day of Sept, 19 78.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Rosalie Middle M. Last Cooper

Date of Birth: Month August Day 9 Year 1962

Place of Birth (State or foreign country): Terre Haute Indiana

Residence Address: Street or R. R. RR 3 Box 202 City Plainfield County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Vernon Wm. Cooper
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Angela Covelushio
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed x Rosalie Marie Cooper
New Address PO Box 184 Plainfield Ind.

Subscribed and sworn to before me this 11th day of Sept, 19 78.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Vernon Wm. Cooper Father

Signed Angela Cooper Mother

Subscribed and sworn to before me this 11 day of Sept, 19 78

Glen M Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the said filed in Hendricks County Superior Court by written order issued 3 day waiver + age requirement in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ....., 1978, authorizing the joining together as husband and wife of Indiana dated the 11 day of Sept and Robert T. Jackson and Rosalie M. Cooper

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William L. Fisher hereby certify that on the 11 day of September, one thousand nine hundred and 78 at Indianapolis, County of Marion, State of Indiana, Groom Robert T. Jackson of Hendricks County, State of Indiana, and, Bride Rosalie M. Cooper of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of September, 1978.

Signed William L. Fisher
Official Designation Judge, Decatur Township, Marion Co.

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of October, 1978

Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 399

File _____

Sept. 11, 1978
Date of Application

MALE
Medical Examination Report Dated Aug. 26, 78
Name of Physician M.O. Scamahorn

FEMALE
Medical Examination Report Dated Sept. 9, 1978
Name of Physician M.O. Scamahorn

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jeffrey Middle Dwight Last Lee
Date of Birth: Month Jan. Day 9 Year 195-9
Place of Birth (State or foreign country) Lebanon In.
Residence Address: Street or R. R. R#1 Box 44A City North Salem County _____ State In

Previous Marital Status: Never Married ☑ OR _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jackie Dwight Lee
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Linda Low Mantooth
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jeffrey Dwight Lee
New Address RR1 Lizton

Subscribed and sworn to before me this 11 day of Sept, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

FEMALE APPLICANT

Name: First Sandra Middle Jo Last Nicely
Date of Birth: Month Aug. Day 8 Year 1958
Place of Birth (State or foreign country) Lebanon In
Residence Address: Street or R. R. _____ City North Salem County _____ State In

Previous Marital Status: Never Married ☑ OR _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles A. Nicely
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marcella Long
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sandra Jo Nicely
New Address RR1 Lizton, IN 46149

Subscribed and sworn to before me this 11 day of Sept, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 25th *day of* Sept, 1978, *authorizing the joining together as husband and wife* Jeffrey Dwight Lee *and* Sandra Jo Nicely.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Lawrence E. Dettner *hereby certify that on the* 30 *day of* Sept, *one thousand nine hundred and* 78 *at* North Salem, *County of* Hendricks *State of Indiana, Groom* Jeffrey L. Dettner *of* Hendricks *County, State of* Indiana *and, Bride* Sandra J. Nicely *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 30 *day of* Sept., 19 78.

Signed Rev. Lawrence E. Dettner
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* October, 19 78.

Signed Glen M Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 400

File 39

HENDRICKS County

9-11-78 Date of Application

MALE
Medical Examination Report Dated 9-6-78
Name of Physician John F. Spahr, Jr.

FEMALE
Medical Examination Report Dated 9-6-78
Name of Physician John F. Spahr, Jr.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Douglas Middle Ralph Last Heck

Date of Birth: Month May Day 29 Year 1950

Place of Birth (State or foreign country): Allentown Pennsylvania

Residence Address: Street or R. R. 227 Saddle Brook Ct. City Zionsville County State In

Previous Marital Status: Never Married ☐ OR /

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Douglas Edw. Heck
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. Affidavit
8. Full name of father John B. Heck
   Residence of father (if deceased so state) Columbus, Ind.
   Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Mary J. Sayer
   Residence of mother (if deceased so state) Speedway, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X Douglas Ralph Heck

New Address 227 SADDLE BROOK CT. ZIONSVILLE, IND.

Subscribed and sworn to before me this 11 day of Sept, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Cynthia Middle Kay Last Harris

Date of Birth: Month April Day 5 Year 1954

Place of Birth (State or foreign country): Indianapolis In.

Residence Address: Street or R. R. RR 2 Box 86A City Brownsburg County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Harris
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Clifton
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X Cynthia Kay Harris

New Address 227 SADDLE BROOK CT. ZIONSVILLE IND.

Subscribed and sworn to before me this 11 day of Sept, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....of Indiana dated the 15th day of Sept., 19.78., authorizing the joining together as husband and wife Douglas Ralph Heck and Cynthia Kay Harris

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Clifford L. Carmichael hereby certify that on the 16 day of Sept. one thousand nine hundred and 78 at Brownsburg, County of Hendricks State of Indiana, Groom Douglas Ralph Heck of Hendricks County, State of Indiana, and, Bride Cynthia Kay Harris of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15 day of Sept., 19.78.

Signed Clifford L. Carmichael

Official Designation United Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of Sept., 19.78

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 401

File _____

Sept 13, 1978
Date of Application

MALE
Medical Examination Report Dated David B. Haggard 9-11-78
Name of Physician

FEMALE
Medical Examination Report Dated 9-11-78
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gary Middle Lee Last Foster

Date of Birth: Month 3 Day 27 Year 1952

Place of Birth (State or foreign country) Terre Haute, In.

Residence Address: 9628 Street or R. R. Melody Ln. City Indpls. County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gene Leon Foster
   Residence of father (if deceased so state) 9628 Melody Ln. Indpls.
   Birthplace of father (State or foreign country) Terre Haute, Ind.
9. Full maiden name of mother Anna Marie Kelley
   Residence of mother (if deceased so state) 9628 Melody Ln Indpls.
   Birthplace of mother (State or foreign country) Terre Haute, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Gary Lee Foster
New Address 9509 Melody Ln Indpls

Subscribed and sworn to before me this 13 day of Sept, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Nellie Middle Last Gilbert

Date of Birth: Month 12 Day 9 Year 1950

Place of Birth (State or foreign country) Greencastle, In

Residence Address: 9628 Street or R. R. Harmony Dr. City Indpls County State In

Previous Marital Status: Never Married ☐ OR (Time)

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Burton Long
   Residence of father (if deceased so state) Rockdale, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Joyce Forney
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Nellie Gilbert
New Address 9509 Melody Lane Indpls

Subscribed and sworn to before me this 13 day of Sept, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 22 *day of* Sept., 19 78, *authorizing the joining together as husband and wife* Gary Lee Foster *and* Nellie Gilbert

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Daniel E. Finch *hereby certify that on the* 23 *day of* Sept., *one thousand nine hundred and* 78 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Gary Lee Foster *of* Hendricks *County, State of* Indiana, *and, Bride* Nellie Gray Gilbert *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 22 *day of* Sept., 19 78.

Signed Daniel E. Finch
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* Sept., 19 78.

Signed Glen M Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 402

Hendricks County

Re-Marriage

File

Sept 14 1978 Date of Application

MALE
Medical Examination Report Dated 9-9-78
Name of Physician Rafael Rabasa

FEMALE
Medical Examination Report Dated 9-9-78
Name of Physician Rafael Rabasa

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle E. Last Takacs

Date of Birth: Month 2 Day 13 Year 1949

Place of Birth (State or foreign country) South Bend, In

Residence Address: Street or R. R. 1841 E. McKinley City Mishawaka County St. Joseph State In

Previous Marital Status: Never Married ☐ OR 2

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph L. Takacs
   Residence of father (if deceased so state) Winterhaven, Florida
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Katherine Mae Norris
   Residence of mother (if deceased so state) Fla.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald E. Takacs

New Address 1841 E. McKINLEY

Subscribed and sworn to before me this 14 day of Sept, 19 78

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Kathy Middle Lynn Last Takacs

Date of Birth: Month Oct. Day 4 Year 1955

Place of Birth (State or foreign country) South Bend

Residence Address: Street or R. R. 647 Hawley Dr. City Danville County In State In

Previous Marital Status: Never Married ☐ OR 1 time

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert B. Beaver
   Residence of father (if deceased so state) Misahawka, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Jane Brinkman
   Residence of mother (if deceased so state) Misahawka, In.
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kathy L. Takacs

New Address 1841 E. McKinley Mish

Subscribed and sworn to before me this 14 day of Sept, 19 78

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed ..... County ..... Court by written order issued ..... in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the 14 day of Sept, 19 78, authorizing the joining together as husband and wife Donald E. Takacs and Kathy Lynn Takacs

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Maurer hereby certify that on the 14 day of Sept, one thousand nine hundred and 78 at Danville County of Hendricks State of Indiana, Groom Donald E. Takacs of St. Joseph County, State of Indiana, and, Bride Kathy Lynn Takacs of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14 day of Sept, 19 78. Signed John C. Maurer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of Sept, 19 78

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

526

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 403

File _____

September 14 1978
Date of Application

MALE
Medical Examination Report Dated 9-12-78
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 9-12-78
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle Stanley Last Church

Date of Birth: Month March Day 27 Year 1953

Place of Birth (State or foreign country) Mattoon Ill

Residence Address: Street or R. R. 203 S. Vine City Plainfield County _____ State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Frederick Church
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) Mattoon, Ill.
9. Full maiden name of mother Marjorie Anne Phipps
   Residence of mother (if deceased so state) Plainfield Ind.
   Birthplace of mother (State or foreign country) Mattoon, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert Stanley Church

New Address 203 S. Vine Plainfield Ind

Subscribed and sworn to before me this 14 day of September, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Rosemary Middle Elaine Last Palmer

Date of Birth: Month February Day 26 Year 1953

Place of Birth (State or foreign country) Vincennes Ind.

Residence Address: Street or R. R. 203 S. Vine St. City Plainfield County _____ State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Maurice D. Palmer
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Dorothy I. Grienke
   Residence of mother (if deceased so state) Plainfield Ind.
   Birthplace of mother (State or foreign country) Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rosemary Elaine Palmer

New Address 203 S. Vine Plainfield Ind.

Subscribed and sworn to before me this 14 day of September, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 18th *day of* Sept., 19 78, *authorizing the joining together as husband and wife* Robert Stanley Church *and* Rosemary Elaine Palmer

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William M. Walter hereby certify that on the 27 day of September, one thousand nine hundred and 78 at Plainfield, County of Hendricks, State of Indiana, Groom Robert Stanley of Hendricks County, State of Indiana, and, Bride Rosemary Elaine Palmer of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27 day of September, 19 78.

Signed William M. Walter

Official Designation Presbyterian minister

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of December, 19 78.

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 404

File

Hendricks County

Sept. 15, 1978
Date of Application

MALE
Medical Examination Report Dated 9-8-78
Name of Physician Irving Cohen, Md.

FEMALE
Medical Examination Report Dated 9-8-78
Name of Physician Irving Cohen, Md.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Eric Middle William Last Cox

Date of Birth: Month April Day 8 Year 1958

Place of Birth (State or foreign country) Indpls. Marion Ind.

Residence Address: Street or R. R. 7742 Chaterley Ct. City Indpls County Marion State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Raymond Nelson Cox
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosemary Snow
   Residence of mother (if deceased so state) Plainfield Ind.
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Eric William Cox

New Address 7742 Chaterley Ct. Indpls.

Subscribed and sworn to before me this 15 day of September, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Donna Middle Gay Last Gentry

Date of Birth: Month September Day 5 Year 1959

Place of Birth (State or foreign country) Methodist Hosp. Indpls Ind

Residence Address: Street or R. R. 364 Urbax City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Buren Elly Gentry
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Indpls. Ind.
9. Full maiden name of mother Majorie Walls
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indpls. Ind.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Donna Gay Gentry

New Address 7742 Chaterley Ct. Indpls

Subscribed and sworn to before me this 15 day of September, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....and filed

.....County.....Court by written order issued.....

in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....

of Indiana dated the 19 day of September, 19 78, authorizing the joining together as husband and wife

Eric William Cox and Donna Gay Gentry

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Roal hereby certify that on the 23 day of Sept., one thousand nine hundred and 78 at Danville, County of Hendricks, State of Indiana, Groom Eric William Cox of Marion County, State of Indiana, and, Bride Donna Gay Gentry of Marion County, State of HENDRICKS County.

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of

Dated this 23 day of September, 19 78.

Signed John C. Roal

Official Designation Episcopal Priest

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of September, 19 78

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

528

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 405

File

September 15, 1978
Date of Application

MALE
Medical Examination Report Dated 9-11-78
Name of Physician Nelson Gaddy

FEMALE
Medical Examination Report Dated 9-11-78
Name of Physician Nelson Gaddy

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Milo Middle David Last Littell

Date of Birth: Month March Day 16 Year 1958

Place of Birth (State or foreign country): Lebanon

Residence Address: Street or R. R. RR#2 Box 356 City Clayton County Hen. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Larry Dale Littell
   Residence of father (if deceased so state) Clayton, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Emma Segovia
   Residence of mother (if deceased so state) Clayton, Ind.
   Birthplace of mother (State or foreign country) Texas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Milo David Littell

New Address RR2 Box 358, Clayton

Subscribed and sworn to before me this 15 day of September, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Marilyn Middle Patricia Last Prince

Date of Birth: Month August Day 23 Year 1958

Place of Birth (State or foreign country): Indianapolis Marion Ind.

Residence Address: Street or R. R. R.R.#2 Box 299 City Clayton County Hen. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father T. D. Prince
   Residence of father (if deceased so state) Clayton, Ind.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Patricia Flo Matthias
   Residence of mother (if deceased so state) Clayton, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marilyn Patricia

New Address R. 2 Box 358, Clayton

Subscribed and sworn to before me this 15 day of September, 19 78

Glen W. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 3 day waiver and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 15 *day of* September, *19* 78, *authorizing the joining together as husband and wife* Milo David Littell *and* Marilyn Patricia Prince

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, David L. Thomas *hereby certify that on the* 16 *day of* September, *one thousand nine hundred and* 78 *at* Hazelwood Christian Church, *County of* Hendricks, *State of Indiana, Groom* Milo David Littell *of* Morgan *County, State of* Indiana *and, Bride* Marilyn Patricia Prince *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 16 *day of* September, *19* 78

Signed David L. Thomas

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 *day of* September, *19* 78

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

529

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 406
File 39
9-15-78
Date of Application

_____ County

MALE
Medical Examination Report Dated 9-11-78
Name of Physician D. Choening

FEMALE
Medical Examination Report Dated 9-12-78
Name of Physician M. D. Scamahorn

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Steven Middle L. Last Boehmer
Date of Birth: Month December Day 18 Year 1958
Place of Birth (State or foreign country): Carleton S. Dekota
Residence Address: Street or R. R. Fort Myer City Virginia County _____ State _____
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Alvin Walter Boehmer
   Residence of father (if deceased so state) Peoria, Illinois
   Birthplace of father (State or foreign country) S. Dekota
9. Full maiden name of mother Marjorie Ann Dallin
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) S. Dekota

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Steven L Boehmer
New Address 1500 Barton St. Apt. #597 Arlington Va.
Subscribed and sworn to before me this 15 day of Sept, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____ Clerk

FEMALE APPLICANT

Name: First Janice Middle L. Last Woods
Date of Birth: Month June Day 19 Year 1959
Place of Birth (State or foreign country): Indianapolis In.
Residence Address: Street or R. R. RR1 Box 75A City Cuttsburg County _____ State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lewis Manning Woods II
   Residence of father (if deceased so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Jean Chapman
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Janice L. Woods
New Address 1500 Barton St. Apt #597 Arlington, Va.
Subscribed and sworn to before me this 15 day of Sept, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20 day of October, 19 78, authorizing the joining together as husband and wife Steven L. Boehmer and Janice L. Woods

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Dennis L. Dodson hereby certify that on the 18 day of November, one thousand nine hundred and 78 at Brownsburg, County of Hendricks, State of Indiana, Groom Steven L. Boehmer of Fort Myer, County, State of Virginia, and, Bride Janice L. Woods of Hendricks, County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20 day of November, 19 78. Signed Rev. Dennis Dodson, Rev. Anton Brown
Official Designation Minister, Corinth Church RR3

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of November 19 78
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

530

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 407

File _____

September 15, 1978
Date of Application

MALE
Medical Examination Report Dated 9-11-78
Name of Physician Lucie - Mae Padilla Md.

FEMALE
Medical Examination Report Dated 9-11-78
Name of Physician Lucie - Mae Padilla Md.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Bennie Middle Maurice Last Kersey

Date of Birth: Month June Day 15 Year 1954

Place of Birth (State or foreign country) Greencastle Putnam Ind

Residence Address: Street or R. R. R.R # 2 Box 134 City Danville County Hen State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Theodore Kersey
   Residence of father (if deceased so state) Cottonwood, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Esta Elaine Zimpelman
   Residence of mother (if deceased so state) Cottonwood, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bennie Maurice Kersey
New Address RR 2 Box 134 Danville Ind

Subscribed and sworn to before me this 15 day of September, 19 78.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Tamera Middle Jean Last Fisher

Date of Birth: Month July Day 4 Year 1958

Place of Birth (State or foreign country) Indianapolis Marion Ind

Residence Address: Street or R. R. 19 Brenda Ct. City Danville County Hen State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gerald Franklin Fisher
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Barbara K. Trippe
   Residence of mother (if deceased so state) Danville Ind
   Birthplace of mother (State or foreign country) Alabama

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tamera Jean Fisher
New Address RR 2 Box 134

Subscribed and sworn to before me this 15 day of September, 19 78.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 19 *day of* September, 19 78, *authorizing the joining together as husband and wife* Bennie Maurice Kersey *and* Tamera Jean Fisher

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev Rutherford C Mitcham hereby certify that on the 23 day of Sept, one thousand nine hundred and 78 at Danville, County of Hendricks State of Indiana, Groom Bennie Maurice Kersey of Hendricks County, State of Indiana and, Bride Tamera Jean Fisher of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23 day of Sept., 19 78.

Signed Rev Rutherford C Mitchum
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of Sept., 19 78.

Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 408

Hendricks County

File

Sept. 19 1978
Date of Application

MALE
Medical Examination Report Dated 9-14-78
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 9-14-78
Name of Physician Larry D Lovell

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)". Re Marriage

MALE APPLICANT

Name: First Steven Middle W. Last Rowe

Date of Birth: Month Feb Day 13 Year 1951

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 890 Ridgewood Dr. City Plfd. County State

Previous Marital Status: Never Married ☐ OR 2.

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marvin Ray Rowe
   Residence of father (if deceased so state) R #3 Enfield, Ill.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Betty Pearl Hoover
   Residence of mother (if deceased so state) Ind.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Steven D. Rowe
New Address 890 Ridgewood Dr. Plfd Ind

Subscribed and sworn to before me this 19 day of Sept, 19 78.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Vicky Middle R. Last Rowe

Date of Birth: Month Jan. Day 31 Year 1954

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 890 Ridgewood Dr. City Plfd. County State

Previous Marital Status: Never Married ☐ OR (time)

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify).....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ben Davis
   Residence of father (if deceased so state) —
   Birthplace of father (State or foreign country) —
9. Full maiden name of mother Velma Vickers
   Residence of mother (if deceased so state) New Haven, Ill.
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Vicky R. Rowe
New Address 890 Ridgewood Dr. Plfd. Ind.

Subscribed and sworn to before me this 19th day of Sept., 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued 3 days waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of Sept, 19..... authorizing the joining together as husband and wife Steven D. Rowe and Vicky R Rowe

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glen M. Harvey hereby certify that on the 22 day of Sept, one thousand nine hundred and 78 at Danville, County of Hendricks, State of Indiana, Groom Steven D Rowe of Hendricks County, State of Indiana, and, Bride Vicky R Rowe of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 22 day of Sept, 19 78. Signed Glen M Harvey

Official Designation Clerk Hendricks Co.

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of Sept, 19 78.

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

532

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 409

File

September 19, 1978
Date of Application

MALE
Medical Examination Report Dated 9-15-78
Name of Physician John T. Haynes

FEMALE
Medical Examination Report Dated 9-15-78
Name of Physician John T. Haynes

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Russell Middle W. Last Lovick
Date of Birth: Month September Day 29 Year 1949
Place of Birth (State or foreign country) Indianapolis Marion Co. In
Residence Address: Street or R. R. 6277 Eagle Rd. City Dolphs County — State Ind.

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Russell C. Lovick
   Residence of father (if deceased so state) Speedway Ind.
   Birthplace of father (State or foreign country) Indpls. Ind.
9. Full maiden name of mother Dorothy Louise Semenick
   Residence of mother (if deceased so state) Speedway Ind.
   Birthplace of mother (State or foreign country) Indpls. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Russell W. Lovick
New Address 6277 EAGLE ROAD
Subscribed and sworn to before me this 19 day of September, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Michele Middle L Last Rickard
Date of Birth: Month November Day 12 Year 1953
Place of Birth (State or foreign country) Rochester Ind.
Residence Address: Street or R. R. 6277 Eagle Rd. City Dolphs County — State Ind.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Cecil D. Grudge
   Residence of father (if deceased so state) Indianapolis In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty J. Herrick
   Residence of mother (if deceased so state) Indianapolis Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michele L. Rickard
New Address 6277 Eagle Rd.
Subscribed and sworn to before me this 19 day of September, 19 78
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 27th *day of* Sept., 19 78., *authorizing the joining together as husband and wife* Russell W Lovick *and* Michele L Richard.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Myron Barnard *hereby certify that on the* 8 *day of* October, *one thousand nine hundred and* 78 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Russell W. Lovick *of* Hendricks *County, State of* Indiana *and, Bride* Michele L Richard *of* Hamilton *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 8 *day of* October, 19 78.

Signed Myron Barnard
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* October, 19 78.

Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 410

File

_____ County

Sept. 19 1978
Date of Application

MALE
Medical Examination Report Dated 9-13-78
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 9-13-78
Name of Physician A. N. Scudder

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Aaron Last Edwards

Date of Birth: Month March Day 31 Year 1960

Place of Birth (State or foreign country) Lebanon, In.

Residence Address: Street or R. R. P.O. Box 81 City Pittsboro County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Albert F. Edwards
   Residence of father (if deceased so state) R#5 Box 177 Danville, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lola Mae Gipson
   Residence of mother (if deceased so state) R#5 Box 177 Danville, In
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael Aaron Edwards

New Address 501 W. Main St. Pittsboro

Subscribed and sworn to before me this 19 day of Sept, 19 78.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Norma Middle Darlene Last Whitaker

Date of Birth: Month Feb Day 3 Year 1963

Place of Birth (State or foreign country) Lebanon In.

Residence Address: Street or R. R. P.O. Box 81 City Pittsboro County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James M. Whitaker
   Residence of father (if deceased so state) P.O Box 81 Pittsboro, In
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Hazel L. Miller
   Residence of mother (if deceased so state) P.O Box 81 Pittsboro In
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Norma Darlene Whitaker

New Address 501 West Main, Pittsboro

Subscribed and sworn to before me this 19 day of Sept, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed James M Whitaker Father

Signed Hazel L Whitaker Mother

Subscribed and sworn to before me this 19 day of Sept, 19 78.

Glen M Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued Age waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of Septembe, 19 78, authorizing the joining together as husband and wife Michael Aaron Edwards and Norma Darlene Whitaker

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Ollie D Wilson hereby certify that on the 23 day of Sept, one thousand nine hundred and 78 at Lizton, County of Hendricks, State of Indiana, Groom Michael A. Edwards of Hendricks County, State of Indiana, and, Bride Norma D. Whitaker of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23 day of Sept, 19 78. Signed Rev. Ollie D Wilson

Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of Sept, 19 78.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

534

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 411

File

Sept. 20, 1978
Date of Application

MALE
Medical Examination Report Dated 9-15-78
Name of Physician Ray A. Haas

FEMALE
Medical Examination Report Dated 9-15-78
Name of Physician Ray A. Haas md.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gary Middle W Last Hawkins

Date of Birth: Month June Day 3 Year 1951

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 4226 S. Randolph St. City Indpls. County ____ State ____

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1 time

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Wale Hawkins
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Charlotte Mae Allison
   Residence of mother (if deceased so state) Greenwood, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Gary W. Hawkins
New Address 4226 S. Randolph Indpls. In.

Subscribed and sworn to before me this 20th day of Sept, 19 78.

Glen M Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Brenda Middle Louise Last Miller

Date of Birth: Month May Day 1 Year 1954

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. R.R. #1 City Clayton County ____ State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1 time

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Leroy C. Whetstone
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Helen V. Glann
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Brenda L. Miller
New Address 4226 S Randolph Indpls, In

Subscribed and sworn to before me this 20th day of Sept, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 20th *day of* Sept, 19 78, *authorizing the joining together as husband and wife* Gary W Hawkins *and* Brenda Louise Miller

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John D. Wyllie hereby certify that on the 7 day of October, one thousand nine hundred and 78 at the residence of Leroy Whitstones, Belleville County of Hendricks State of Indiana, Groom Gary W. Hawkins of Marion County, State of Indiana and, Bride Brenda Louise Miller of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7 day of October, 19 78.

Signed John D. Wyllie

Official Designation Minister, Clayton Christian Ch.

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* Oct, 19 78.

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 412

File

Hendricks County

Sept. 22 1978
Date of Application

MALE
Medical Examination Report Dated 9/14/78
Name of Physician Philip E. Johnston

FEMALE
Medical Examination Report Dated 9/14/78
Name of Physician Philip E. Johnston

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Norman Middle Ray Last Whitaker

Date of Birth: Month March Day 23 Year 1950

Place of Birth (State or foreign country): Dayton Ohio

Residence Address: 256 W. Main, Apt. 2 Street or R. R. Danville City Hendricks County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Norman Whitaker Jr.
   Beverly Sue "
   Matthew Benjamin Whitaker
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Alton B. Whitaker
   Residence of father (if deceased so state) Bloomington Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Charlotte Louise Solomon
   Residence of mother (if deceased so state) Midway Ohio
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Norman Ray Whitaker
New Address 256 W Main Danville Ind.

Subscribed and sworn to before me this 22 day of September, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Katherine Middle E. Last Blair

Date of Birth: Month July Day 15 Year 1958

Place of Birth (State or foreign country): Dublin In.

Residence Address: 256 W. Main St. Street or R. R. Danville City Hendricks County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kenneth Ed Blair
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert E Hill
   Residence of father (if deceased so state) Indianapolis Ind.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Hazel E. Williams
   Residence of mother (if deceased so state) Indianapolis Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Katherine Blair
New Address 256 W Main

Subscribed and sworn to before me this 22 day of September, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 3 day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22 day of September, 1978, authorizing the joining together as husband and wife Norman Ray Whitaker and Katherine E. Blair

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D. Stumps hereby certify that on the 23 day of Sept., one thousand nine hundred and 78 at Danville, County of Hendricks, State of Indiana, Groom Norman R. Whitaker of Hendricks County, State of Indiana, and, Bride Katherine E. Blair of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23 day of Sept., 1978. Signed Joseph D. Stumps
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of Sept., 1978. Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 413

File Book 59

Hendricks County

Sept. 22, 1978
Date of Application

MALE
Medical Examination Report Dated 9-16-78
Name of Physician A. G. Baaj M.D.

FEMALE
Medical Examination Report Dated 9-16-78
Name of Physician A. G. Baaj M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Rodney Middle Lee Last Aubrey

Date of Birth: Month Sept. Day 27 Year 1955

Place of Birth (State or foreign country) Indianapolis, Marion Co., Ind.

Residence Address: Street or R. R. R.R. 4, Box 4 Mars Lane City Plainfield County Hendricks State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
Cert #10577 - Dept of Public Health

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl Richard Aubrey
   Residence of father (if deceased so state) R.R.4, Box 4 Mars Lane Plainfield
   Birthplace of father (State or foreign country) Washington Ind.
9. Full maiden name of mother Wanda Lee Arrasmith
   Residence of mother (if deceased so state) R.R.4, Box 4 Mars Lane Plainfield
   Birthplace of mother (State or foreign country) Odon, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rodney Aubrey

New Address 218 Wabash Plainfield

Subscribed and sworn to before me this 22 day of Sept., 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Susanne Middle Last King

Date of Birth: Month August Day 1 Year 1961

Place of Birth (State or foreign country) Ludwigsburg Germany

Residence Address: Street or R. R. 218 Wabash City Plainfield County Hendricks State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
Geburtsschein Cert #1193/1961

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert L. King
   Residence of father (if deceased so state) 218 Wabash Plainfield, Ind.
   Birthplace of father (State or foreign country) Indianapolis, Ind.
9. Full maiden name of mother Barbara Ann Dallia
   Residence of mother (if deceased so state) 218 Wabash Plainfield, Ind.
   Birthplace of mother (State or foreign country) Indianapolis Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Susanne King

New Address 218 Wabash Plainfield, Ind.

Subscribed and sworn to before me this 22 day of Sept., 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 26 *day of* September, 19 78, *authorizing the joining together as husband and wife* Rodney Lee Aubrey *and* Susanne King

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Myron Barnard hereby certify that on the 5 day of Oct., one thousand nine hundred and 78 at Indianapolis, County of Marion, State of Indiana, Groom Rodney Lee Aubrey of Hendricks County, State of Indiana, and, Bride Susanne King of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5 day of Oct., 19 78.

Signed Myron Barnard

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of Oct., 19 78.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 413
File Book 39
Sept. 22. 1978
Date of Application

MALE
Medical Examination Report Dated 9-16-78
Name of Physician A. G. Baaj M.D.

FEMALE
Medical Examination Report Dated 9-16-78
Name of Physician A. G. Baaj M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Rodney Middle Lee Last Aubery
Date of Birth: Month Sept. Day 27 Year 1955
Place of Birth (State or foreign country) Indianapolis, Marion Co., Ind.
Residence Address: Street or R. R. R.R. 4. Box 4 Morris Lane City Plainfield County Hendricks State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree Cert #10577 - Div of Public Health
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl Richard Aubery
   Residence of father (if deceased so state) R.R.4, Box 4 Morris Lane Plainfield.
   Birthplace of father (State or foreign country) Washington Ind.
9. Full maiden name of mother Wanda Lou Ainsworth
   Residence of mother (if deceased so state) R.R.4 Box 4 Morris Lane Plainfield.
   Birthplace of mother (State or foreign country) Odon, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rodney Aubery
New Address 218 Wabash. Plainfield
Subscribed and sworn to before me this 22 day of Sept., 1978
Glen R. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Susanne Middle Last King
Date of Birth: Month August Day 1 Year 1961
Place of Birth (State or foreign country) Ludwigsburg Germany.
Residence Address: Street or R. R. 218 Wabash Ave City Plainfield County Hendricks State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree Geburtsschein Cert #1193/1961
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert L. King
   Residence of father (if deceased so state) 218 Wabash. Plainfield, Ind.
   Birthplace of father (State or foreign country) Indianapolis. Ind.
9. Full maiden name of mother Barbara Ann Ballin
   Residence of mother (if deceased so state) 218 Wabash. Plainfield, Ind.
   Birthplace of mother (State or foreign country) Indianapolis Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Susanne King
New Address 218 Wabash. Plainfield, Ind.
Subscribed and sworn to before me this 22 day of Sept., 1978
Glen R. Harvey Clerk HENDRICKS Circuit Court

nly one parent
Father
Mother
, 19....
Clerk

ed parties, the
and filed

...Circuit Court
band and wife
,
rson,
diana
diana,
RICKS

9..78....
Clerk
Circuit Court

September 21, 1978

We hereby give permission for our daughter, Susanne King to apply for a marriage licence

Robert L. King
ROBERT L. KING

Barbara A. King
BARBARA A. KING

NOTARY PUBLIC SEAL INDIANA

Mr. and Mrs. Robert L. King appeared before me on September 21, 1978 and signed their name to this paper in my presence.

Katrina Kay King
Katrina Kay King,
Notary Public

Commission Expires: November 7, 1979
County of Residence: Marion

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 414

_____ County

File

September 22 1978
Date of Application

MALE
Medical Examination Report Dated 9/22/78
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 9/22/78
Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle S. Last Ludlow

Date of Birth: Month July Day 24 Year 1955

Place of Birth (State or foreign country): Morgantown W. Va.

Residence Address: Street or R. R. Rte 1 Morris City Dunn County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter James Ludlow
   Residence of father (if deceased so state) Hagerstown Md.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Kathryn Mae McFaye
   Residence of mother (if deceased so state) Hagerstown Md.
   Birthplace of mother (State or foreign country) South Dakota

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael S. Ludlow

New Address 5225 Twana Dr. Apt 44

Subscribed and sworn to before me this 22 day of September 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Jayne Middle Ann Last Nelson

Date of Birth: Month September Day 16 Year 1958

Place of Birth (State or foreign country): Fort Wayne Ind

Residence Address: Street or R. R. RR#3 Box 41 City Brownsburg County Hendricks State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Irwin Franklin Nelson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Penn Ind.
9. Full maiden name of mother Nancy Noland Hood
   Residence of mother (if deceased so state) Brownsburg Ind.
   Birthplace of mother (State or foreign country) Milroy Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jayne Ann Nelson

New Address 5225 Twana Dr. Apt 44 Dec Morris Iowa State

Subscribed and sworn to before me this 22 day of September 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28th day of September, 19 78, authorizing the joining together as husband and wife Michael S. Ludlow and Jayne Ann Nelson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Clifford L. Carmichael hereby certify that on the 21 day of October, one thousand nine hundred and 78, at Brownsburg, County of Hendricks, State of Iowa, State of Indiana, Groom Michael S. Ludlow of Hendricks County, State of Indiana, and, Bride Jayne Ann Nelson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28 day of September, 19 78. Signed Clifford L. Carmichael

Official Designation United Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of October, 19 78.

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

538

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 415

File 39

9-22-78
Date of Application

MALE
Medical Examination Report Dated 9-14-78

Name of Physician Terry L. Henderson

FEMALE
Medical Examination Report Dated 9-14-78

Name of Physician Terry L. Henderson

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Billy Middle D. Last West

Date of Birth: Month May Day 26 Year 1922

Place of Birth (State or foreign country) Liberty In.

Residence Address: Street or R. R. 215 Welcome Way Blvd. #3010 City Ipls. County Ipls. State In.

Previous Marital Status: Never Married ☐ OR /

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles West
   Residence of father (if deceased so state) R2 Liberty, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elsie Fields
   Residence of mother (if deceased so state) R2 Liberty, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Billy D. West

New Address 322 E. Main, Jamestown, In.

Subscribed and sworn to before me this 22 day of Sept, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

FEMALE APPLICANT

Name: First Gloria Middle B. Last Baker

Date of Birth: Month January Day 11 Year 1939

Place of Birth (State or foreign country) South Tunnell Tennessee

Residence Address: Street or R. R. 56 W. Donnelly Dr. City Brownsburg County In State

Previous Marital Status: Never Married ☐ OR /

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Larry Richard Baker II

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Russell Cleo Heath
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Ella Marie Pearson
   Residence of mother (if deceased so state) 103 Greenacre Dr. Brownsburg, In
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Gloria B. Baker

New Address 322 E. Main St., Jamestown, Ind.

Subscribed and sworn to before me this 22 day of Sept, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* _____ *Circuit Court of Indiana dated the* 29th *day of* Sept. *, 19* 78 *, authorizing the joining together as husband and wife* Billy D. West *and* Gloria B. Baker

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Dennis L. Dodson *hereby certify that on the* 30 *day of* Sept. *, one thousand nine hundred and* 78 *at* Brownsburg *, County of* Hendricks *, State of Indiana, Groom* Billy D. West *of* Marion *County, State of* Indiana *, and, Bride* Gloria B. Baker *of* Hendricks *County, State of* Indiana *, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 29 *day of* Sept. *, 19* 78 *.*

Signed Rev. Dennis L Dodson

Official Designation Minister, Corinth Church

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* October *, 19* 78 *.*

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

539

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

Hendricks County

No. 416

File

Sept 25 1978
Date of Application

MALE
Medical Examination Report Dated 9-18-78
Name of Physician Larry D. Lovall

FEMALE
Medical Examination Report Dated 9-18-78
Name of Physician Larry D Lovall

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Philip Middle M. Last Kidwell

Date of Birth: Month June Day 24 Year 1949

Place of Birth (State or foreign country): Brazil, In.

Residence Address: Street or R. R. 5939 Lake View Dr. Apt. D. City Indpls. County State In

Previous Marital Status: Never Married ☐ OR 1 time

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Morris E. Kidwell
   Residence of father (if deceased so state) Greencastle, In.
   Birthplace of father (State or foreign country) Brazil, In
9. Full maiden name of mother Helen Frances Heiliger
   Residence of mother (if deceased so state) Greencastle, In
   Birthplace of mother (State or foreign country) Brazil, In.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X Philip M. Kidwell

New Address 5939 Lakeview Dr. Indpls, In.

Subscribed and sworn to before me this 25th day of Sept, 1978

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Patricia Middle Lynn Last Brown

Date of Birth: Month July Day 29 Year 1953

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 431 Simmons St. City Plfd County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Elliott Brown
   Residence of father (if deceased so state) Plfd In.
   Birthplace of father (State or foreign country) Greenfield, In.
9. Full maiden name of mother Thelma M. De Boe
   Residence of mother (if deceased so state) Plainfield, In
   Birthplace of mother (State or foreign country) Lebanon, In.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Patricia Lynn Brown

New Address 5939 Lakeview Indpls Ind

Subscribed and sworn to before me this 25th day of Sept, 1978

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29 day of Septembe, 1978, authorizing the joining together as husband and wife Philip M. Kidwell and Patricia Lynn Brown

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dillon Laffin hereby certify that on the 7 day of October, at Plainfield, County of Hendricks, one thousand nine hundred and 78 of Marion County, State of Indiana, State of Indiana, County, State of Indiana, Groom Philip M Kidwell of Hendricks and, Bride Patricia Lynn Brown of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 29 day of Sept. 1978. Signed Rev. Dillon Laffin

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of October, 1978

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 417

File _____

9-25-78
Date of Application

MALE
Medical Examination Report Dated 9-22-78
Name of Physician M. D. Chavez

FEMALE
Medical Examination Report Dated 9-22-78
Name of Physician M. D. Chavez

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name — First: Patrick Middle: Anthony Last: Classey

Date of Birth — Month: Nov. Day: 24 Year: 1956

Place of Birth (State or foreign country): Ind.

Residence Address — Street or R. R.: 1054 W. Bradford City: Indpls County: _____ State: In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry Edward Classey
   Residence of father (if deceased so state) Indpls In
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Virginia York
   Residence of mother (if deceased so state) Indpls In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patrick Classey
New Address Danville, Indiana

Subscribed and sworn to before me this 25 day of Sept, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name — First: Donna Middle: Sue Last: Rosemeyer

Date of Birth — Month: June Day: 3 Year: 1960

Place of Birth (State or foreign country): Ind.

Residence Address — Street or R. R.: RR 3 Box 173 City: Plainfield County: Hend. State: In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter Bruce Rosemeyer
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother June Price
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donna Rosemeyer
New Address Danville, Indiana

Subscribed and sworn to before me this 25 day of Sept, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 29 *day of* Sept, 19 78, *authorizing the joining together as husband and wife* Patrick Anthony Classey *and* Donna Sue Rosemeyer.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, R. Kent Allen, *hereby certify that on the* 30 *day of* Sept., *one thousand nine hundred and* 78 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Patrick Anthony Classey *of* Hendricks *County, State of* Indiana, *and, Bride* Donna Sue Rosemeyer *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 30 *day of* Sept, 19 78.

Signed R. Kent Allen
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* October, 19 78.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 418
File 39
9-27-78 Date of Application

_____ County

MALE
Medical Examination Report Dated 9-25-78
Name of Physician Jos. H. Tuchman

FEMALE
Medical Examination Report Dated 9-25-78
Name of Physician Jos. H. Tuchman

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: ~~Walter~~ William D. Lyons
(First / Middle / Last)

Date of Birth: March 6 1938
(Month / Day / Year)

Place of Birth (State or foreign country): Indianapolis In.

Residence Address: RR 6 Box 105 Brownsburg, In
(Street or R. R. / City / County / State)

Previous Marital Status: Never Married ☐ OR /

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Elizabeth Ann Lyons
   Wm. David Lyons II
   (father has custody)
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Lee Lyons
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) W. Virginia
9. Full maiden name of mother Nanna Elizabeth Garner
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x William D. Lyons
New Address RR 6 Box 105 Brownsburg In

Subscribed and sworn to before me this 27 day of Sept, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: Jacqueline E.R. Logsdon
(First / Middle / Last)

Date of Birth: Nov. 24 1937
(Month / Day / Year)

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: RR 6 Box 105 Brownsburg In
(Street or R. R. / City / County / State)

Previous Marital Status: Never Married ☐ OR /

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Dale Howard Adams
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jack Burnell Logsdon
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mary Ella Curce
   Residence of mother (if deceased so state) 3656 N. Kiel Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Jacqueline E.R. Logsdon
New Address RR 6 Box 105 Brownsburg In.

Subscribed and sworn to before me this 27 day of Sept, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued three day waiver and filed in Clk's Ofc. authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 27 *day of* Sept., 19 78, *authorizing the joining together as husband and wife* William D. Lyons *and* Jacqueline E.R. Logsdon
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jacqueline A. Means hereby certify that on the 30 day of Sept. at Brownsburg, County of Hendricks one thousand nine hundred and 78 State of Indiana, Groom William D. Lyons of Hendricks County, State of Indiana and, Bride Jacqueline E.R. Logsdon of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30 day of Sept, 19 78.

Signed Rev. Jacqueline A. Means
Official Designation Priest-All Saints Episcopal Ch.

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of Oct, 19 78

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

542

Remarriage

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 419

File 59

_____ County

9-27-78
Date of Application

MALE
Medical Examination Report Dated 9-27-78
Name of Physician R. W. Kistley

FEMALE
Medical Examination Report Dated 9-27-78
Name of Physician R. W. Kistley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First: Caren | Middle: | Last: Napier

Date of Birth: Month: February | Day: 1 | Year: 1950

Place of Birth (State or foreign country): Indianapolis In.

Residence Address: Street or R. R.: RR 1 Box 104 Apt 8 | City: Danville | County: | State: In.

Previous Marital Status: Never Married ☐ OR /

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   John D. Napier
   (Father has custody)
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John D. Napier
   Residence of father (if deceased so state) 300E SR 39 Danville, In
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Lizzie B. Noble
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Caren Napier

New Address RR1 BOX 104 APT #8 DANVILLE, IND

Subscribed and sworn to before me this 27 day of Sept., 1976.

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First: Deborah | Middle: L. | Last: Hefley

Date of Birth: Month: April | Day: 22 | Year: 1953

Place of Birth (State or foreign country): Indianapolis In.

Residence Address: Street or R. R.: RR1 Box 104A Apt 8 | City: Danville | County: | State: In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   John D. Napier
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Elmer S. Malicoat
   Residence of father (if deceased so state) 284 N. Center Clainfield, In.
   Birthplace of father (State or foreign country) Indeana
9. Full maiden name of mother Alberta Lovins
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Debbie Hefley

New Address RR1 Box 104 Apt #8 Danville, Ind.

Subscribed and sworn to before me this 27 day of Sept., 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior #1 Court by written order issued 3 days waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 27 *day of* Sept., 19 78., *authorizing the joining together as husband and wife* Caren Napier *and* Debarah L. Hefley

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Myron Barnard *hereby certify that on the* 28 *day of* Sept. *one thousand nine hundred and* 78 *at* Indianapolis, *County of* Hendricks *State of Indiana, Groom* Caren Napier *of* Hendricks *County, State of* Indiana *and, Bride* Debarah L. Hefley *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 28 *day of* Sept., 19 78.

Signed Myron Barnard

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 2 *day of* October, 19 78.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 420

File

9-27-78
Date of Application

_____ County

MALE
Medical Examination Report Dated 9-20-78
Name of Physician Wm Edwards

FEMALE
Medical Examination Report Dated 9-20-78
Name of Physician Wm Edwards

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Darrel Middle William Last Shugars

Date of Birth: Month Nov. Day 21 Year 1961

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 269 N. Center City Plainfield County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Shugars
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Betty J. Shearer
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Penn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Darrell W Shugars
New Address 269 N Center St Plainfield
Subscribed and sworn to before me this 27 day of Sept, 19 78
Glen M Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Ruth Middle Ann Last Flynn

Date of Birth: Month Aug. Day 30 Year 1962

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 601 Marway Rd City Shpls. County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David L. Flynn
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Cheryl L. Bueche
   Residence of mother (if deceased so state) Shpls. In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ruth A Flynn
New Address 269 N Center St
Subscribed and sworn to before me this 27 day of Sept, 19 78
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PA

We, the parents, of

signs, state facts w

State of Indiana
County of

Subscribed and swor

I, Betty Jane Shugars, hereby give my consent for my Son, Darrell William Shugars to marry Ruth Ann Flynn.

Betty Jane Shugars

Subscribed and sworn to before me this 30 day of September 19 78

Mildred F. Lovell
Notary Public
my commission expires June 2, 1981

COMPLETE IF

Clerk's Office

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 19 78, authorizing the joining together as husband and wife of Indiana dated the 3 day of October and Darrell William Shugars and Ruth Ann Flynn

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Harvey O. Coffey hereby certify that on the 7 day of Oct. one thousand nine hundred and 78 at Mooresville County of Morgan State of Indiana, Groom Darrell William Shugars of Hendricks County, State of Indiana and, Bride Ruth Ann Flynn of Marion County, State of _____ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10 day of Oct., 19 78. Signed Rev. Harvey O. Coffey
Official Designation Pastor, "Church of the Gospel, Inc."

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of Oct., 19 78
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 421

File

_____ County

September 27, 1978
Date of Application

MALE
Medical Examination Report Dated 9/25/78
Name of Physician John Ellett, Jr. MD.

FEMALE
Medical Examination Report Dated 9/25/78
Name of Physician John Ellett, Jr. MD.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kenneth Middle J. Last Cline

Date of Birth: Month July Day 19 Year 1952

Place of Birth (State or foreign country) Indianapolis Marion In

Residence Address: Street or R. R. Box 19 City Coatesville County _____ State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clinton J. Cline
   Residence of father (if deceased so state) Coatesville, Ind
   Birthplace of father (State or foreign country) West Virginia
9. Full maiden name of mother Ruby May Webb
   Residence of mother (if deceased so state) Illinois
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kenneth J Cline

New Address 23 W. Main Coatesville Ind.

Subscribed and sworn to before me this 27 day of September, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Sandra Middle L. Last Smith

Date of Birth: Month January Day 6 Year 1953

Place of Birth (State or foreign country) Indianapolis Marion In.

Residence Address: Street or R. R. Box 19 City Coatesville County _____ State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Angela Renee Brunes
   Jason Randall Brunes
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Arnold Ethel Jellison
   Residence of father (if deceased so state) Florida
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wynette Mae Hutton
   Residence of mother (if deceased so state) Coatesville, Ind.
   Birthplace of mother (State or foreign country) Indianapolis Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sandra L Smith

New Address 23 W. Main St Coatesville In.

Subscribed and sworn to before me this 27 day of September, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5th *day of* October, 19 78, *authorizing the joining together as husband and wife* Kenneth J. Cline *and* Sandra L. Smith

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Delbert M. Smith *hereby certify that on the* 6 *day of* October *one thousand nine hundred and* 78 *at* Coatesville, *County of* Hendricks, *State of Indiana, Groom* Kenneth J. Cline *of* Hendricks *County, State of* Indiana *and, Bride* Sandra L. Smith *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 6 *day of* October, 19 78.

Signed Delbert M. Smith

Official Designation Minister United Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* October, 19 78.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

545

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 422

_____ County

File September 28, 1978
Date of Application

MALE
Medical Examination Report Dated 9-14-78
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 9-14-78
Name of Physician Larry D. Lovell

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Daniel Middle James Last Ray

Date of Birth: Month October Day 28 Year 1956

Place of Birth (State or foreign country) Knox Starke Ind.

Residence Address: Street or R. R. 231 N. Vine City Plainfield County Hen State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Ray
   Residence of father (if deceased so state) North Judson Ind.
   Birthplace of father (State or foreign country) Ohio Ind.
9. Full maiden name of mother Lillian Mary Cervenka
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) North Judson, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Daniel James Ray
New Address 10718 W. Stafford Rd. Indpls.
Subscribed and sworn to before me this 28 day of September, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

_____ Clerk

FEMALE APPLICANT

Name: First Diana Middle Sue Last Linthicum

Date of Birth: Month May Day 16 Year 1955

Place of Birth (State or foreign country) Fort Bragg North Carolina

Residence Address: Street or R. R. 10718 W. Stafford Rd. City Indpls County Hen State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gary Reece Linthicum
   Residence of father (if deceased so state) Avon, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Katherine Ruth Newport
   Residence of mother (if deceased so state) Avon, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Diana Sue Linthicum
New Address 10718 W. Stafford Rd. Indpls
Subscribed and sworn to before me this 28 day of September, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court of _____ County _____ and filed in _____ Court by written order issued _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2 day of October, 1978, authorizing the joining together as husband and wife Daniel James Ray and Diana Sue Linthicum

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Robert E. Scheidler hereby certify that on the 7 day of October, at Plainfield, County of Hendricks, one thousand nine hundred and 78, State of Indiana, Groom Daniel James Ray of Hendricks County, State of Indiana, and, Bride Diana Sue Linthicum of Hendricks County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7 day of October, 19 78 Signed Rev. Robert E. Scheidler

Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of October, 19 78

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 423

File 39

Oct. 2, 1978
Date of Application

MALE
Medical Examination Report Dated 8-28-78
Name of Physician Peter R. Foster

FEMALE
Medical Examination Report Dated 9-5-78
Name of Physician Constantine Ganos

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John, Middle Robert, Last DeWitt

Date of Birth: Month Sept, Day 28, Year 1949

Place of Birth (State or foreign country): Ind.

Residence Address: Street or R. R. P.O. Box 127, City Plainfield, County, State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert E. DeWitt
   Residence of father (if deceased so state) Fort Wayne, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Jan Sundsmo
   Residence of mother (if deceased so state) Ft. Wayne
   Birthplace of mother (State or foreign country) Calif.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John Robert DeWitt

New Address RR#1 Ossian Ind

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

FEMALE APPLICANT

Name: First Janice, Middle L., Last Wallace

Date of Birth: Month November, Day 9, Year 1954

Place of Birth (State or foreign country): Fort Wayne In.

Residence Address: Street or R. R. RR#1, City Ossian, County, State Ind.

Previous Marital Status: Never Married ☐ OR /

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Herman A. Runge
   Residence of father (if deceased so state) RR3 Ossian, In.
   Birthplace of father (State or foreign country) Indeana
9. Full maiden name of mother Lola L. Cramer
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Janice L Wallace

New Address RR#1 Ossian Ind.

Subscribed and sworn to before me this 2 day of Oct., 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued Waiver of Waiting date and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties. 3 day

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5th *day of* Oct, 19 78, *authorizing the joining together as husband and wife* John Robert DeWitt *and* Janice L. Wallace

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Donald Buchanan *hereby certify that on the* 5 *day of* October, *one thousand nine hundred and* 78 *at* Plainfield, *County of* Hendricks *State of Indiana, Groom* John Robert DeWitt *of* Hendricks *County, State of* Indiana *and, Bride* Janice Louise Wallace *of* Wells *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 5 *day of* October, 1978.

Signed Rev. Donald Buchanan

Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* October, 19 78.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

547

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 424

File

_____ County

Date of Application

MALE
Medical Examination Report Dated 9-27-78
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 9-28-78
Name of Physician Joseph C. Kerlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle D. Last Kile

Date of Birth: Month January Day 13 Year 1958

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 4 Northridge Dr. City Danville County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Glen James Kile
   Residence of father (if deceased so state) 4 Northridge, Danville
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sarah Margie Vance
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of ..... } ss: I depose and state the information given in this application is true and correct.

Signed x James D. Kile

New Address 358½ North Wayne St

Subscribed and sworn to before me this 3 day of Oct., 1978.

Glen M. Harvey Clerk ..... Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of ..... } ss:

Signed Sue J. Kile Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Jo Middle L. Last Stewart

Date of Birth: Month February Day 4 Year 1962

Place of Birth (State or foreign country) Indianapolis

Residence Address: Street or R. R. 419 E. Broadway City Danville County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Larry L. Stewart
   Residence of father (if deceased so state) 419 E. Broadway, Danville
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jeanette Crouch
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of ..... } ss: I depose and state the information given in this application is true and correct.

Signed x Jo Lynn Stewart

New Address 358 ½ N. Wayne

Subscribed and sworn to before me this 3 day of Oct., 1978.

Glen M. Harvey Clerk ..... Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of ..... } ss:

Signed Larry L. Stewart Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 3 Day Waiver of Age Requirement and filed in Clerk's Ofc, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the 4th day of Oct, 1978, authorizing the joining together as husband and wife James D. Kile and Jo L. Stewart

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Norman L. Weaver hereby certify that on the 7 day of Oct. one thousand nine hundred and 78 at Danville, County of Hendricks State of Indiana, Groom James D. Kile of Hendricks County, State of Indiana, and, Bride Jo Lynn Stewart of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 7 day of October, 1978. Signed Norman L. Weaver

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of Oct, 1978

Signed Glen M. Harvey Clerk

..... Circuit Court

547

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 424

File

_____ County

Date of Application

MALE
Medical Examination Report Dated 9-27-78
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 9-28-78
Name of Physician Joseph C. Kerlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle D. Last Kile

Date of Birth: Month January Day 13 Year 1958

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 4 Northridge Dr. City Danville County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Glen James Kile
   Residence of father (if deceased so state) 4 Northridge, Danville
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sarah Margie Vance
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of _____ } ss: I depose and state the information given in this application is true and correct.

Signed x James D Kile

New Address 358½ North Wayne St

Subscribed and sworn to before me this 3 day of Oct., 1978.

_____ Clerk _____ Circuit Court

FEMALE APPLICANT

Name: First Jo Middle L. Last Stewart

Date of Birth: Month February Day 4 Year 1962

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 419 E. Broadway City Danville County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Larry L. Stuart
   Residence of father (if deceased so state) 419 E. Broadway, Danville
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jeanette Crouch
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of _____ } ss: I depose and state the information given in this application is true and correct.

Signed x Jo Ann Stewart

New Address 358½ N. Wayne

Subscribed and sworn to before me this 3 day of Oct., 1978.

Glen M. Harvey Clerk _____ Circuit Court

I, MARGIE KILE, hereby give my consent for my SON, JAMES KILE to marry JoLynn STEWART.

Margie Kile

Subscribed and sworn to before me this 3rd day of October 1978.

Maxine L Edwards Notary Public 2/25/79

FILED
OCT 4 1978
Glen M. Harvey
HEND. CO.
CLERK

one thousand nine hunarea and _____

State of Indiana, Groom James D. Kile of Hendricks County, State

and, Bride Jo LynnStewart of Hendricks

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 7 day of October, 1978. Signed Norman L Weaver

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of Oct, 1978

Signed Glen M Harvey Clerk Circuit Court

547

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 424

File

_____ County

Date of Application

MALE
Medical Examination Report Dated 9-27-78
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 9-28-78
Name of Physician Joseph C. Kerlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle D. Last Kile

Date of Birth: Month January Day 13 Year 1958

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 4 Northridge Dr. City Danville County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Glen James Kile
   Residence of father (if deceased so state) 4 Northridge, Danville
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sarah Margie Vance
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana,
County of _____ } ss: I depose and state the information gi

Sig
New Addr

Subscribed and sworn to bef

FEMALE APPLICANT

Name: First Jo Middle L. Last Stewart

Date of Birth: Month February Day 4 Year 1962

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 419 E. Broadway City Danville County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Larry L. Stewart
   Residence of father (if deceased so state) 419 E. Broadway, Danville
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jeanette Crouch
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

I, _____
my _____
marry _____

Subscril
19 78.

I, JEANETTE STEWART, hereby give my consent for my DAUGHTER, JO LYNN STEWART to marry JIM KILE.

Jeanette Stewart

Subscribed and sworn to before me this 3rd day of OCTOBER 1978.

Ruth A Vennemann
Notary Public
Ruth A. Vennemann, Notary Public
My Commission Expires: November 15, 1980
County of Residence: Marion

FILED
OCT 4 1978
Glen M. Harvey
HEND. CO. CLERK

one thousand nine hundred and _____

State of Indiana, Groom James D. Kile of Hendricks County, State of Indiana
and, Bride Jo Lynn Stewart of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 7 day of October, 1978. Signed Norman L. Weaver
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of Oct, 1978
Signed Glen M. Harvey Clerk
Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 425
File 39
10-5-78
Date of Application

MALE
Medical Examination Report Dated 9-22-78
Name of Physician Loren H. Martin

FEMALE
Medical Examination Report Dated 9-22-78
Name of Physician Loren H. Martin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle D. Last Alexander
Date of Birth: Month 6 Day 28 Year 57
Place of Birth (State or foreign country): Lebanon Ind
Residence Address: Street or R. R. 511 E. Main St City Brownsburg County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) # 113-57-044737

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Melvin Carl Alexander
   Residence of father (if deceased so state) 511 E Main B'Burg.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wanda Emogene De Board
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael D Alexander
New Address 2212 Hatteras Lane apt 1D Plainfield
Subscribed and sworn to before me this 5 day of Oct., 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Laura Middle M Last Foster
Date of Birth: Month 9 Day 27 Year 57
Place of Birth (State or foreign country): Angola Ind. Indiana
Residence Address: Street or R. R. 495 Cobblestone Rd. City Plainfield County Hend. State In.

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) # 12170

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Louis Foster
   Residence of father (if deceased so state) 495 Cobblestone, Plainfield
   Birthplace of father (State or foreign country) Alabama
9. Full maiden name of mother Margaret Louise Chastain
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Laura M. Foster
New Address 7212 Hatteras Lane apt. 1D Plainfield
Subscribed and sworn to before me this 5 day of Oct., 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10 *day of* Oct, 19 78, *authorizing the joining together as husband and wife* Michael D. Alexander *and* Laura M. Foster
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Norman L Weaver *hereby certify that on the* 14 *day of* October, *one thousand nine hundred and* 78 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Michael D. Alexander *of* Marion *County, State of* Indiana *and, Bride* Laura M. Foster *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 14 *day of* October, 19 78.

Signed Norman L. Weaver
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 *day of* October, 19 78.
Signed Glen M Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 426

File

Date of Application 10-6-78

County

MALE
Medical Examination Report Dated 9-25-78
Name of Physician Thomas M. Spolyar, M.D.

FEMALE
Medical Examination Report Dated 9-26-78
Name of Physician Thomas M. Spolyar

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dan Middle Curtis Last Russell

Date of Birth: Month June Day 18 Year 1948

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 5725 Port Lillian City Indpls. County , State IN

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Form 314 Air Force

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry H. Russell
   Residence of father (if deceased so state) 2221 N. Auburn, Speedway
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Mary Rose Hutt
   Residence of mother (if deceased so state) Dtto 2221 N. Auburn Speedway
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Danny C. Russell

New Address 5725 Port Lillian Dr. Apt. D

Subscribed and sworn to before me this 10th day of October, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Sharon Middle Ann Last Herman

Date of Birth: Month June Day 24 Year 1946

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 6 Box 210A City Danville County , State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William H. Herman
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Merledean Sims
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Sharon A. Herman

New Address 5725 Port Lillian Dr. apt D Indpls. Ind. 46224

Subscribed and sworn to before me this 6th day of Oct, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10th *day of* October, 19 78, *authorizing the joining together as husband and wife* Dan Curtis Russell *and* Sharon Ann Herman.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Howard Cupp *hereby certify that on the* 14 *day of* October, 19 78 *at* Hadley, *County of* Hendricks, *State of* Indiana, *one thousand nine hundred and* seventy-eight *of* Hadley *County, State of* Indiana, *State of Indiana, Groom* Dan Curtis Russell *of* Marion *County, State of* Indiana, *and, Bride* Sharon Ann Curtis *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 14 *day of* October, 19 78.

Signed Howard Cupp

Official Designation Pastor, Hadley Friends Ch.

Filed and recorded in accordance with the laws of the State of Indiana this 17 *day of* October, 19 78.

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 427

File 39

_____ County

10-6-78
Date of Application

MALE
Medical Examination Report Dated 10-5-78
Name of Physician R. Stephen Irwin

FEMALE
Medical Examination Report Dated 10-4-78
Name of Physician R. Stephen Irwin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Timothy Middle L. Last Holland

Date of Birth: Month July Day 25 Year 1947

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 202 S. Main City North Salem County _____ State In.

Previous Marital Status: Never Married ☐ OR 2

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree with picture

☑ Other (Specify) Driver's license + Allison's ID

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Tabatha Halland
   (father has custody)
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Julius G. Halland
   Residence of father (if deceased so state) 3321 S. Holt Indianapolis, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Marjory E. Jones
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Timothy L. Halland

New Address 202 S. Main, Box 226 N. Salem

Subscribed and sworn to before me this 6 day of Oct, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Cheryl Middle A. Last Dolder

Date of Birth: Month April Day 23 Year 1947

Place of Birth (State or foreign country) Versailles Kentucky

Residence Address: Street or R. R. Box 226 City North Salem County _____ State In.

Previous Marital Status: Never Married ☐ OR 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Sean Dolder
   Nicole Dolder
   Corey Dolder
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dawsie B. Smith
   Residence of father (if deceased so state) 1847 Centennial Indianapolis, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mildred M. Rice
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Cheryl Dolder

New Address 202 S. Main St. Box 226 North Salem In.

Subscribed and sworn to before me this 6 day of Oct, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10 *day of* October, 19 78, *authorizing the joining together as husband and wife* Timothy L. Halland *and* Cheryl A. Dolder.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Robert Fleming, *hereby certify that on the* 12 *day of* October, *one thousand nine hundred and* 78 *at* Coatesville, *County of* Putnam, *State of Indiana, Groom* Timothy L. Halland *of* Hendricks *County, State of* Indiana *and, Bride* Cheryl A. Dolder *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 10 *day of* October, 19 78.

Signed Rev. Robert Fleming

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* October, 19 78.

Signed Glen M. Harvey .....Clerk

HENDRICKS .....Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 428
File 39
10-6-78 Date of Application

_____ County

MALE
Medical Examination Report Dated 9-29-78
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 9-29-78
Name of Physician A. N. Scudder

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Anthony Last Maple
Date of Birth: Month 11 Day 1 Year 59
Place of Birth (State or foreign country) Miami Florida
Residence Address: Street or R. R. 513 Sunnybrook City Brownsburg County _____ State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) School Record

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gayl Staley Maple
   Residence of father (if deceased so state) 513 Sunnybrook Dr. Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marilou Dee Billiter
   Residence of mother (if deceased so state) 726 S.W. 5th St. Florida City, Florida
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Michael A. Maple
New Address 726 S.W. 5st Florida City, Fla

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name: First Shelia Middle Jane Last Childers
Date of Birth: Month March Day 18 Year 1960
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. RR 2 City Brownsburg County _____ State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License with photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Edward Childers
   Residence of father (if deceased so state) RR 2 Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Rowena Voss
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Shelia J. Childers
New Address 726 S.W. 5th St. Fl. City, Florida

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10 day of October, 19 78, authorizing the joining together as husband and wife Michael Anthony Maple and Shelia Jane Childers

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 14 day of October one thousand nine hundred and 78 at Danville, County of Hendricks, State of Indiana, Groom Michael A. Maple of Hendricks County, State of Indiana, and, Bride Shelia J. Childers of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14 day of October, 19 78. Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of October, 19 78
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 429
File 39
10-10-78
Date of Application

MALE
Medical Examination Report Dated 10-3-78
Name of Physician Herbert N. Hill

FEMALE
Medical Examination Report Dated 10-3-78
Name of Physician Herbert N. Hill

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Leonard — Middle S. — Last Watson Jr.
Date of Birth: Month July — Day 3 — Year 1953
Place of Birth (State or foreign country): Fairbanks, Alaska
Residence Address: Street or R. R. 9 Twin St. — City Brownsburg — County In. — State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Driver's License w/ phato

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Leonard S. Watson, Jr.
   Residence of father (if deceased so state) 9 Twin St. Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Jean Owens
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Leonard S. Watson Jr.
New Address RR 3 Box 187 B-Burg

Subscribed and sworn to before me this 10 day of Oct, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Linda — Middle Kay — Last Scott
Date of Birth: Month July — Day 18 — Year 1957
Place of Birth (State or foreign country): Indianapolis, In.
Residence Address: Street or R. R. RR 1 Box 291A — City Brownsburg — County In — State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Driver's License w/ phato

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert E. Scott
   Residence of father (if deceased so state) RR1 Box 291A Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Iva Mae Monger
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Linda Kay Scott
New Address RR3 Box 184 B'burg

Subscribed and sworn to before me this 10 day of Oct, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14 *day of* October, 19 78., *authorizing the joining together as husband and wife* Leonard S. Watson, Jr. *and* Linda Kay Scott

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D. Wilson hereby certify that on the 14 day of October, one thousand nine hundred and 78 at Brownsburg, County of Hendricks State of Indiana, Groom Leonard S. Watson Jr. of Hendricks County, State of Indiana and, Bride Linda Kay Scott of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14 day of October, 19 78.

Signed Joseph D. Wilson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* October, 19 78.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 430

Hendricks County

File 10-10-78 Date of Application

MALE
Medical Examination Report Dated 10-3-78
Name of Physician John Ellett M.D.

FEMALE
Medical Examination Report Dated 10-3-78
Name of Physician John Ellett M.D

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle L. Last Chandler

Date of Birth: Month Dec. Day 19 Year 1960

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R. R. P.O. Box 181, City North Salem, County, State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # 113-60-1067 25

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter Chandler Sr.
   Residence of father (if deceased so state) Indianapolis In
   Birthplace of father (State or foreign country) Indpls. Ind.
9. Full maiden name of mother Myrtle Joann Workmen
   Residence of mother (if deceased so state) North Salem, In.
   Birthplace of mother (State or foreign country) Indianapolis, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert L Chandler.
New Address RR 1 Box 202 Bainbridge, In.

Subscribed and sworn to before me this 10 day of Oct, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed Myrtle Joann Russell Mother

Subscribed and sworn to before me this 10 day of Oct, 1978.
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Darla Middle D. Last Warren

Date of Birth: Month Dec. Day 6 Year 1960

Place of Birth (State or foreign country) Lebanon, In

Residence Address: Street or R. R. R.R. #1, Box 220 City Bainbridge, County, State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Warren
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Carrie Dean
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) North Salem, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Darla Warren
New Address R#1 Bainbridge

Subscribed and sworn to before me this 10 day of Oct, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If on
signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed .....
Signed Carrie Dean Warr

Subscribed and sworn to before me this 10 day of Oct
Glen M. Harvey

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named .....
.....County.....Court by written order issued.....
in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS C

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS, 19 78, authorizing the joining together as husba
of Indiana dated the 14th day of Oct. and Darla D. Warren
Robert L. Chandler
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev Cecil G. Monroe hereby certify that on the 14 day of Octobe
at North Salem, County of Hend
one thousand nine hundred and 78 Hendricks County, State of Indiana
State of Indiana, Groom Robert L Chandler of Putnam County, State of Indiana
and, Bride Darla D. Warren of Hendricks County, State of HENDRICKS
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County.
Dated this 14 day of October, 1978. Signed Rev Cecil G Monroe
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of October, 19 78
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

553

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 430

File

County

10-10-78
Date of Application

MALE
Medical Examination Report Dated 10-3-78
Name of Physician John E Ellett M.D.

FEMALE
Medical Examination Report Dated 10-3-78
Name of Physician John E Ellett M.D

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle L. Last Chandler

Date of Birth: Month Dec. Day 19 Year 1960

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R. R. P.O. Box 181 City North Salem County, State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # 113-60-1062 25

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter Chandler Sr.
   Residence of father (if deceased so state) Indianapolis In
   Birthplace of father (State or foreign country) Indpls. Ind.
9. Full maiden name of mother Myrtle Joann Workmen
   Residence of mother (if deceased so state) North Salem, In.
   Birthplace of mother (State or foreign country) Indianapolis, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert L Chandler.
New Address RR 1 Box 202 Bainbridge, In.

Subscribed and sworn to before me this 10 day of Oct, 1978.
Glen M Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Darla Middle D Last Warren

Date of Birth: Month Dec. Day 6 Year 1960

Place of Birth (State or foreign country) Lebanon In

Residence Address: Street or R. R. R R #1 City Bainbridge County Putnam State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Warren
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Carrie Dean
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) North Salem Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Darla Warren
New Address R # 1 Bainbridge

Subscribed and sworn to before me this 10 day of Oct, 19 78
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant H
signs, state facts which render the

State of Indiana, County of HENDRICK
Signed
Signed
Subscribed and sworn to before me t
Gle

COMPLETE IF MARRIAGE
in

CONSENT OF PARENTS, PARENT OR GUARDIAN

I, James L Warren, hereby give my consent for my daughter, Darla Dee Warren to marry Bob Chandler.

James L Warren

Subscribed and sworn to before me this 14th day of October, 1978.

Marsha Ewert
Notary Public

1-14-80

Be It Remembe

of Indiana dated the
Robert L
Be it further remembered, the
I, Rev Cecil
one thousand nine hundred and
State of Indiana, Groom L. Chandler of Hendricks County, State of Indiana
and, Bride Darla D. Warren of Putnam County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 14 day of October, 1978. Signed Rev Cecil C Monroe
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of October, 1978
Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

554

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

Hendricks County

No. 431

File

10-10-78
Date of Application

MALE
Medical Examination Report Dated 10-4-78
Name of Physician E. Kourany, M.D.

FEMALE
Medical Examination Report Dated 10-4-78
Name of Physician E. Kourney, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Edward Middle Lee Last Sims

Date of Birth: Month April Day 6 Year 1947

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Van Buren Motel City Plfd. County State Indiana

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Henry Francis Sims
   Residence of father (if deceased so state) West Newton, Indiana
   Birthplace of father (State or foreign country) Freedom, Pennsylvania
9. Full maiden name of mother Barbara Edwards
   Residence of mother (if deceased so state) West Newton, Indiana
   Birthplace of mother (State or foreign country) Spencer, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✕ Edward L. Sims

New Address 301 N. Mill, Plainfield, In

Subscribed and sworn to before me this 10th day of October, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Laura Middle H. Last Mc Martin

Date of Birth: Month March Day 23 Year 1949

Place of Birth (State or foreign country) Martinsville, Indiana

Residence Address: Street or R. R. 301 N. Mill St. City Plfd. County State Indiana

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Elmer Graydon Hutchens
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sylvia Cooney
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✕ Laura H. Mc Martin

New Address 301 N. Mill Plfd.

Subscribed and sworn to before me this 10th day of October, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17 *day of* October, 19 78, *authorizing the joining together as husband and wife* Edward Lee Sims *and* Laura H. Mc Martin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James D. Wilson hereby certify that on the 21 day of October, one thousand nine hundred and 78 at Plainfield, County of HENDRICKS, State of Indiana, Groom Edward Lee Sims of HENDRICKS County, State of Indiana, and, Bride Laura H. Mc Martin of HENDRICKS County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21 day of October, 19 78.

Signed James D. Wilson

Official Designation Minister (Soc. of Friends)

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* Oct., 19 78.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 132

_____ County

File 10-10-78

Date of Application

MALE
Medical Examination Report Dated 10-6-78
Name of Physician E.J. O'Brian

FEMALE
Medical Examination Report Dated 10-6-78
Name of Physician E.J. O'Brian

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Clarence Middle H. Last Jett

Date of Birth: Month November Day 1 Year 1912

Place of Birth (State or foreign country) Boone County, Indiana

Residence Address: 8533 Street or R. R. Zionsville City Rd., Ondpls. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Nathan Jett
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Arlie Hiland
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Clarence H Jett

New Address 815 Eisenhower Dr Speedway Ind

Subscribed and sworn to before me this 10th day of October, 19__

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19__

_____ Clerk

FEMALE APPLICANT

Name: First Ruth Middle Vivian Last Harris

Date of Birth: Month February Day 13 Year 1921

Place of Birth (State or foreign country) Monroe County, Indiana

Residence Address: 116 E. Main, Brownsburg Street or R. R. City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Fred Shinn
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bessie Polley
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Ruth V. Harris

New Address 1815 Eisenhower Dr. Speedway Ind

Subscribed and sworn to before me this 10th day of October, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19__

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10 day of October, 1978, authorizing the joining together as husband and wife Clarance H. Jett and Ruth Vivian Harris

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glen M. Harvey hereby certify that on the 10 day of October at Danville, County of Hendricks one thousand nine hundred and 78 at Marion, County, State of Indiana, State of Indiana, County, State of Indiana, Groom Clarance H. Jett of Hendricks and, Bride Ruth Vivian Harris of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10 day of October, 1978.

Signed Glen M Harvey

Official Designation Clerk Hendricks Co.

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of October, 1978.

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 433

File

_____ County

Oct. 11, 1978
Date of Application

MALE
Medical Examination Report Dated 10-3-78
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 10-3-78
Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Joseph, Middle Jay, Last Fredwell

Date of Birth: Month Oct, Day 23, Year 1959

Place of Birth (State or foreign country) Anderson, In

Residence Address: Street or R. R. 505 Stephen Dr., City Brownsburg, County, State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clinton James Fredwell
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) South Carolina
9. Full maiden name of mother Margaret Jean Catt
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Joseph Jay Fredwell

New Address 505 STEPHEN DR. BROWNSBURG, IN.

Subscribed and sworn to before me this 11th day of Oct., 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sherri, Middle Sue, Last Cassity

Date of Birth: Month July, Day 7, Year 1962

Place of Birth (State or foreign country) Danville, In

Residence Address: Street or R. R. R R # 1 Box 200, City Brownsburg, County, State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marvin K. Cassity
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn Sue Bond
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sherri Sue Cassity

New Address 505 Stephen Drive

Subscribed and sworn to before me this 11th day of Oct., 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Marvin Keith Cassity Father

Signed Carolyn S. Cassity Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Ct #2 Court by written order issued Age & three days and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. Waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11 day of October, 19 78, authorizing the joining together as husband and wife Joseph Jay Fredwell and Sherri Sue Cassity.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry D. Nash hereby certify that on the 21 day of Oct., one thousand nine hundred and 78 at Brownsburg, County of HENDRICKS, State of Indiana, Groom Joseph Jay Fredwell of HENDRICKS County, State of Indiana, and, Bride Sherri Sue Cassity of HENDRICKS County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21 day of Oct., 19 78.

Signed Jerry D. Nash

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of Oct., 19 78.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

Hendricks County

No. 434
File 39
10-12-78 Date of Application

MALE
Medical Examination Report Dated 10-4-78
Name of Physician James Black

FEMALE
Medical Examination Report Dated 10-4-78
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kenneth Middle — Last Ford, Jr.
Date of Birth: Month June Day 25 Year 1950
Place of Birth (State or foreign country) Tompkinsville Ky.
Residence Address: Street or R. R. 3410 S. Campbell City Indianapolis County — State In.
Previous Marital Status: Never Married ☐ OR 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) driver's license w/ photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Christopher E. Ford
   Kandice B. Ford
   Brandi M. Ford
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kenneth Ford Sr.
   Residence of father (if deceased so state) See Above Indeanapolis, In.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Lucille L. Polson
   Residence of mother (if deceased so state) See Above
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X Kenneth Ford Jr.
New Address RR 1 Plainfield

Subscribed and sworn to before me this 12 day of Oct, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Pamela Middle K. Last Jordan
Date of Birth: Month June Day 18 Year 1956
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. RR#8 Box 251 City Indianapolis County — State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Melvin Clayton Jordan
   Residence of father (if deceased so state) See Above
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lois Margaret Winslow
   Residence of mother (if deceased so state) See Above
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X Pamela K. Jordan
New Address RR 1 Plainfield

Subscribed and sworn to before me this 12 day of Oct, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 17th day of October, 19 78, authorizing the joining together as husband and wife Kenneth Ford, Jr. and Pamela K Jordan

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edward Curtice hereby certify that on the 21 day of October, one thousand nine hundred and 78 at Avon, County of HENDRICKS, State of Indiana, Groom Kenneth Ford Jr. of HENDRICKS County, State of Indiana, and, Bride Pamela K Jordan of HENDRICKS County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17 day of October, 19 78. Signed Edward B. Curtice
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of Oct, 19 78. Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 435

File

Oct. 12, 1978
Date of Application

MALE
Medical Examination Report Dated 10-7-78
Name of Physician John F. Mac Md.

FEMALE
Medical Examination Report Dated 10-7-78
Name of Physician John F. Mac Md.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Daniel Middle Bruce Last Farley

Date of Birth: Month December Day 25 Year 1953

Place of Birth (State or foreign country) Indianapolis Marion In

Residence Address: Street or R. R. 9756 Andrea Ct. City Indpls. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Milton Lee Farley
   Residence of father (if deceased so state) Indianapolis, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Sammie Dean Moulton
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Daniel Bruce Farley
New Address 3017 Tansel Road
Subscribed and sworn to before me this 12 day of October, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19_____.
_____ Clerk

FEMALE APPLICANT

Name: First Lois Middle Rose Last Shepherd

Date of Birth: Month August Day 2 Year 1958

Place of Birth (State or foreign country) Greensburg Ind.

Residence Address: Street or R. R. 5555 W. 46th St. City Indpls. County Marion State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Holy Baptism record

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Vernon Lee Shepherd
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Mary Jane Fargo
   Residence of mother (if deceased so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lois Rose Shepherd
New Address 3017 Tansel Road
Subscribed and sworn to before me this 12 day of October, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19_____.
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 16 *day of* October, *19* 78., *authorizing the joining together as husband and wife* Daniel Bruce Farley *and* Lois Rose Shepherd

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Natalie Vonnegut *hereby certify that on the* 20th *day of* October, *one thousand nine hundred and* 78 *at* St. John's Episcopal Church, *County of* Marion, *State of Indiana, Groom* Daniel Farley *of* Hendricks *County, State of* Indiana *and, Bride* Lois Shepherd *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 19th *day of* October, *19* 78.

Signed Rev. Natalie Vonnegut

Official Designation Priest - Episcopal, Diocise of Indpls.

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* May, *19* 79.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 436

_____ County

File October 13, 1978 Date of Application

MALE
Medical Examination Report Dated 10-16-78
Name of Physician Lydia M. Mesina, M.D.

FEMALE
Medical Examination Report Dated 10-12-78
Name of Physician James Black, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle William Last Livingston Jr.
Date of Birth: Month November Day 5 Year 1955
Place of Birth (State or foreign country) Hammond, Indiana
Residence Address: Street or R. R. Vandenberg Air Force Base City _____ County _____ State Calif.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James William Livingston
   Residence of father (if deceased so state) Hammond Indiana
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Helen Marie Kranker
   Residence of mother (if deceased so state) Hammond, Indiana
   Birthplace of mother (State or foreign country) Kansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X James William Livingston Jr.
New Address Vandenberg AFB California
Subscribed and sworn to before me this 9th day of October, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19_____
_____ Clerk

FEMALE APPLICANT

Name: First Constance Middle Lusina Last Strine
Date of Birth: Month January Day 9 Year 1956
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R. R. 1039 Logan St. City Brownsburg County _____ State _____
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harvey Strine, Jr.
   Residence of father (if deceased so state) Brownsburg, Indiana
   Birthplace of father (State or foreign country) Dayton, Ohio
9. Full maiden name of mother Vivian Myrtle Cuchold
   Residence of mother (if deceased so state) Dead Brownsburg
   Birthplace of mother (State or foreign country) Troy, Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Constance Lusina Strine
New Address Vandenburg AFB, California
Subscribed and sworn to before me this 13th day of October, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19_____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed in _____ County _____ Court by written order issued _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9th day of October, 1978, authorizing the joining together as husband and wife James William Livingston and Constance Lusina Strine

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Robert J. Gilday hereby certify that on the 21 day of October, 19 78 at Brownsburg, County of HENDRICKS, State of Indiana, one thousand nine hundred and 78 at Lake County, State of Indiana, Groom James William Livingston of HENDRICKS County, State of Indiana, and, Bride Constance Lusina Strine of HENDRICKS County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21 day of October, 19 78. Signed Robert J. Gilday
Official Designation Asso. Pastor St. Malachy

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of Oct, 19 78
Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 437

File 39

_____ County

10-13-78
Date of Application

MALE
Medical Examination Report Dated 10-12-78
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 10-12-78
Name of Physician Wm. Edwards

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle G. Last Prether

Date of Birth: Month June Day 25 Year 1934

Place of Birth (State or foreign country): Clayton, In.

Residence Address: Street or R. R. 226 Dawson City Plainfield County In State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 2 times

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Erica L Prether

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marvin L. Prether
   Residence of father (if deceased so state) Clayton, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lula M. Pettitt
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Donald G. Prether

New Address 3603 S. CLARKS CREEK RD. INDY 46231

Subscribed and sworn to before me this 23 day of October, 1978

Glen M. Harvey : Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Janet Middle W. Last Hill

Date of Birth: Month January Day 20 Year 1945

Place of Birth (State or foreign country): Norfolk Virginia

Residence Address: Street or R. R. 3603 Clarks Creek Rd. City Indpls. County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Clifford Hill
   Greta Hill

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Wilbur Barnes
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Evelyn Grace Schultz
   Residence of mother (if deceased so state) St. Petersburg, Florida
   Birthplace of mother (State or foreign country) New York

State of Indiana, County of HENDRICK } ss: I depose and state the information given in this application is true and correct.

Signed X Janet W Hill

New Address 3603 S. Clarks Creek Rd Indpls 46231

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....,.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 18th *day of* Oct. *, 19* 78 *, authorizing the joining together as husband and wife* Donald G. Prether *and* Janet W. Hill

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Dillon Laffins *hereby certify that on the* 20 *day of* October *, one thousand nine hundred and* 78 *at* Plainfield *, County of* Hendricks *, State of Indiana, Groom* Donald G. Prether *of* Hendricks *County, State of* Indiana *, and, Bride* Janet W. Hill *of* Hendricks *County, State of* Indiana *, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 18 *day of* October *, 19* 78 *.*

Signed Rev. Dillon Laffins

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* October *, 19* 78 *.*

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 438

Hendricks County

File October 13 1978
Date of Application

MALE
Medical Examination Report Dated 10-8-78
Name of Physician Eric D. Clark Md.

FEMALE
Medical Examination Report Dated 10-8-78
Name of Physician Eric D. Clark Md.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle J. Last Lane

Date of Birth: Month June Day 18 Year 1948

Place of Birth (State or foreign country) Jackson Co. Ind.

Residence Address: Street or R. R. RR # 7 Seymour City Jackson County Ind. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Robbie Scott Lane
   Paul Andrew Lane
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James N. Lane
   Residence of father (if deceased so state) Medora, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Leon Gray
   Residence of mother (if deceased so state) Medora, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert J. Lane

New Address 233 E. Rd. 150 S. Danville, In 46122

Subscribed and sworn to before me this 13 day of October, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Frances Middle Arlene Last Wood

Date of Birth: Month October Day 22 Year 1944

Place of Birth (State or foreign country) Marion Co. Ind.

Residence Address: 233 E. Street or R. R. Rd 150 S. City Danville County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Lorena Beth Wood
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lowell S. Hughes
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Hendricks Co.
9. Full maiden name of mother Zelpha M. Larkin
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Pulaski Co. Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Frances A. Wood

New Address 233E Rd 150 S. Danville In 46122

Subscribed and sworn to before me this 13 day of October, 1978

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....and filed

.....County.....Court by written order issued.....

in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....

of Indiana dated, the 17th day of October, 1978, authorizing the joining together as husband and wife Robert J. Lane and Frances Arlene Wood

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James D. Wilson hereby certify that on the 20 day of October, at Plainfield, County of HENDRICKS, one thousand nine hundred and 78 State of Indiana, Groom Robert J. Lane of Jackson County, State of Indiana, and, Bride Frances Arlene Wood of HENDRICKS County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20 day of October, 1978.

Signed James D. Wilson

Official Designation Minister Rel. Soc. of Friends

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of October, 1978

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

562

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

Hendricks County

No. 439

File

October 16, 1978
Date of Application

MALE
Medical Examination Report Dated 10-13-78
Name of Physician Thomas Walker, M.D.

FEMALE
Medical Examination Report Dated 10-13-78
Name of Physician Thomas Walker, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Larry; Middle L.; Last Richwine

Date of Birth: Month February; Day 2; Year 1957

Place of Birth (State or foreign country) Lebanon, Indiana

Residence Address: Street or R. R. R.R. 5, Box 97; City Brownsburg; County; State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Leslie Richwine
   Residence of father (if deceased so state) R.R. 5, Box 97, Brownsburg
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elnora Evelyn Shirley
   Residence of mother (if deceased so state) R.R. 5, Box 97, Brownsburg
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Larry L. Richwine
New Address R.R. 5 Box 99 Brownsburg

Subscribed and sworn to before me this 16th day of October, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Linda; Middle A.; Last Lockhart

Date of Birth: Month February; Day 26; Year 1960

Place of Birth (State or foreign country) Morgan County Indiana

Residence Address: Street or R. R. R.R. 5, Box 97B.; City Brownsburg; County; State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dennis Lee Lockhart
   Residence of father (if deceased so state) R.R. 5, Box 97B, Brownsburg
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Ann Kraus
   Residence of mother (if deceased so state) R.R. 5 Box 97B Brownsburg
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda A. Lockhart
New Address R.R. 5 Box 99 Brownsburg

Subscribed and sworn to before me this 16th day of October, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24th day of October, 19 78, authorizing the joining together as husband and wife Larry L. Richwine and Linda A. Lockhart

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Donald Tyler hereby certify that on the 28 day of October, one thousand nine hundred and 78 at Brownsburg, County of Hendricks, State of Indiana, Groom Larry L. Richwine of Hendricks County, State of Indiana, and, Bride Linda A. Lockhart of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28 day of October, 19 78.

Signed Rev. Donald Tyler
Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of October, 19 78.

Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 440

File 39

10-16-78
Date of Application

_____ County

MALE
Medical Examination Report Dated 10-16-78
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 10-16-78
Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Alan Middle D. Last Hoskins

Date of Birth: Month March Day 1 Year 1958

Place of Birth (State or foreign country) Cleveland Ohio

Residence Address: Street or R. R. 11419 Tulip Dr. City Indpls. County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kenneth Alan Hoskins
   Residence of father (if deceased so state) Virginia
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Doris Faye Hawkins
   Residence of mother (if deceased so state) Virginia
   Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Alan Hoskins

New Address 11419 Tulip Dr. Indpls, Ind.

Subscribed and sworn to before me this 16 day of Oct, 1978.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed .....Father

Signed .....Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Brenda Middle Kay Last Knight

Date of Birth: Month July Day 12 Year 1961

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 11419 Tulip Dr. City Indpls. County _____ State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wendell Eugene Knight
   Residence of father (if deceased so state) 11419 Tulip Dr. Indpls., In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Lou Cook
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Brenda K. Knight

New Address 11419 Tulip Dr. Indpls, In.

Subscribed and sworn to before me this 16 day of Oct., 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Wendell E. Knight Father

Signed x Betty Knight Mother

Subscribed and sworn to before me this 20 day of Oct, 1978.

Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* ..... *of Indiana dated the* 20 *day of* October, 1978, *authorizing the joining together as husband and wife* Alan D. Hoskins *and* Brenda Kay Knight

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev Samuel Stewart *hereby certify that on the* 21 *day of* October, *one thousand nine hundred and* 78 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Alan D. Hoskins *of* Hendricks *County, State of* Indiana, *and, Bride* Brenda K Knight *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 21st *day of* October, 1978. *Signed* Rev Samuel W Stewart

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* Nov, 1978.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 441

File

_____ County

Oct. 17, 1978
Date of Application

MALE
Medical Examination Report Dated 10/4/78
Name of Physician Wm. Edwards MD

FEMALE
Medical Examination Report Dated 10/4/78
Name of Physician Wm. Edwards MD.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name — First: Harold — Middle: — Last: Rose

Date of Birth — Month: March — Day: 24 — Year: 1916

Place of Birth (State or foreign country): Martinsville, In

Residence Address — Street or R. R.: 1899 Joppa Rd. — City: — County: — State:

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # 113-16-044127

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Callie R. Rose
   Residence of father (if deceased so state): deceased
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Nessie Williams
   Residence of mother (if deceased so state): Mooresville, In.
   Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Harold Rose

New Address 1899 Joppa Road

Subscribed and sworn to before me this 17th day of Oct., 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name — First: Pamela — Middle: — Last: Danna

Date of Birth — Month: June — Day: 14 — Year: 1919

Place of Birth (State or foreign country): Anderson, In.

Residence Address — Street or R. R.: 641 Spruce — City: Plainfield — County: — State: In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 113-19-02746-3

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: George Powell
   Residence of father (if deceased so state): deceased
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Dorothy Dew
   Residence of mother (if deceased so state): Pldinfield, In
   Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Pamela C. Danna

New Address 1899 Joppa Rd. Mooresville

Subscribed and sworn to before me this 17th day of Oct, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 27th *day of* Oct., 19 78, *authorizing the joining together as husband and wife* Harold Rose *and* Pamela Danna

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James D. Wilson hereby certify that on the 3 day of November, one thousand nine hundred and 78 at Plainfield, County of Hendricks, State of Indiana, Groom Harold B. Rose of Morgan County, State of Indiana, and, Bride Pamela C. Danna of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3 day of November, 19 78.

Signed James D. Wilson

Official Designation Minister / Rel. Soc. of Friends

Filed and recorded in accordance with the laws of the State of Indiana this 8 *day of* Nov., 19 78.

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

Hendricks County

No. 442

File Oct. 17, 1978
Date of Application

MALE
Medical Examination Report Dated 10-14-78
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 10-14-78
Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Allen Last Brooks
Date of Birth: Month July Day 31 Year 1958
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 3321 W. 9th, City Indianapolis County State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kenneth Charles Brooks
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn Sue Johnson
   Residence of mother (if deceased so state) Rt. 3, Box 251, Danville
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Michael Allen Brooks
New Address Indpls. Ind.
Subscribed and sworn to before me this 17th day of October, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Rebecca Middle Jean Last Hurt
Date of Birth: Month October Day 16 Year 1960
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R. R. Browndsburg, City Indiana County State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kenneth E. Hurt
   Residence of father (if deceased so state) 17 Church Rd. Browndsburg
   Birthplace of father (State or foreign country) Indianapolis
9. Full maiden name of mother Ersie Lee Harrison
   Residence of mother (if deceased so state) 17 Church Rd., Browndsburg
   Birthplace of mother (State or foreign country) Monroe County

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Rebecca Jean Hurt
New Address Indpls, Ind.
Subscribed and sworn to before me this 17th day of October, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 3 day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17th *day of* October, 19 78, *authorizing the joining together as husband and wife* Michael Allen Brooks *and* Rebecca Jean Hurt

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William C. Hendricks *hereby certify that on the* 21 *day of* October *at* Avon, *County of* Hendricks *one thousand nine hundred and* 78, *State of Indiana, Groom* Michael Allen Brooks *of* Marion *County, State of* Indiana *and, Bride* Rebecca Jean Hurt *of* Hendricks *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 17 *day of* October, 19 78.

Signed Rev. William C. Hendricks
Official Designation Pastor, Avon Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 26 *day of* October, 19 78

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

566

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 443

File

October 17, 1978
Date of Application

MALE
Medical Examination Report Dated 10/16/78
Name of Physician John Elliott Jr. M.D.

FEMALE
Medical Examination Report Dated 10/16/78
Name of Physician John Elliott Jr. M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Terry Middle Wayne Last Cull

Date of Birth: Month May Day 19 Year 1959

Place of Birth (State or foreign country) Indpls. Marion In.

Residence Address: Street or R. R. RR#1 Box 139 City Coatesville County Marion State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
Community Hosp. Cert (Indianapolis)

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Guy Cull Jr.
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Blanche Schultz
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Terry Wayne Cull

New Address RR 1 Box 139 Coatesville

Subscribed and sworn to before me this 17 day of October, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

FEMALE APPLICANT

Name: First Susan Middle Kay Last Carter

Date of Birth: Month February Day 10 Year 1960

Place of Birth (State or foreign country) Green Castle Putnam In.

Residence Address: Street or R. R. RR# 6 Box 117 City Greencastle County Putnam State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
Putnam Co. Bd of Health - Book 21 P 88

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Hayden Carter
   Residence of father (if deceased so state) Greencastle In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Della Jane De Berry
   Residence of mother (if deceased so state) Greencastle In
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Susan Kay Carter

New Address RR 1 Box 139 Coatesville

Subscribed and sworn to before me this 17 day of October, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 21 *day of* Oct., 19 78, *authorizing the joining together as husband and wife* Terry Wayne Cull *and* Susan Kay Carter

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev Dallas W Blackburn *hereby certify that on the* 21 *day of* October *one thousand nine hundred and* 78 *at* Ono, *County of* HENDRICKS, *State of Indiana, Groom* Terry Wayne Cull *of* HENDRICKS *County, State of* Indiana *and, Bride* Susan Kay Carter *of* HENDRICKS *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 21 *day of* October, 19 78.

Signed Dallas W. Blackburn

Official Designation Pastor First Baptist Church of Ono

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* October, 19 78.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 444

File 39

Hendricks County

10-18-78 Date of Application

MALE
Medical Examination Report Dated 10-17-78
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 10-17-78
Name of Physician A. N. Scudder

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle H. Last Anselmi

Date of Birth: Month September Day 5 Year 1938

Place of Birth (State or foreign country): Orcana West Virginia

Residence Address: Street or R. R. 1130 Caliante Dr. City Jacksonville County Duval State Fla.

Previous Marital Status: Never Married ☐ OR /

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John H. Anselmi
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Pearl Hatfield
   Residence of mother (if deceased so state) 3014 Jackson Ave. Point Pleasant, W Virginia
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X John H Anselmi

New Address 2218 Dellwood Ave Jacksonville Fla

Subscribed and sworn to before me this 18 day of October, 1978

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of ..... } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Anita Middle W. Last Christian

Date of Birth: Month October Day 4 Year 1949

Place of Birth (State or foreign country): Moultrie Georgia

Residence Address: Street or R. R. 1130 Caliante Dr. City Jacksonville County Duval State Fla

Previous Marital Status: Never Married ☐ OR /

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carlos C. Wells
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Georgia
9. Full maiden name of mother Hazel Smith
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Georgia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Anita W Christian

New Address 2218 Dellwood Ave Jax Fla

Subscribed and sworn to before me this 18 day of October 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ..... 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 3 Day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18 day of October, 1978, authorizing the joining together as husband and wife John H. Anselmi and Anita W Christian

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Maurer hereby certify that on the 19 day of October one thousand nine hundred and 78 at Danville, County of Hendricks State of Indiana, Groom John H. Anselmi of Dubal, County, State of Florida, and, Bride Anita W Christian of Dubal, County, State of Florida, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19 day of October, 1978. Signed John C Maurer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of October, 1978

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

Hendricks County

No. 445

File [illegible]

October 19, 1978
Date of Application

MALE
Medical Examination Report Dated 10-14-78
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 10-14-78
Name of Physician A. N. Scudder

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Charles Middle Earl Last Cannon
Date of Birth: Month September Day 28 Year 1956
Place of Birth (State or foreign country) Marion County, Indiana
Residence Address: Street or R. R. R.R. 1, Box 41B City Lizton County State

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Earl Cannon, Jr.
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Katherine Lucille True
   Residence of mother (if deceased so state) RR. 1, Box 41B, Lizton
   Birthplace of mother (State or foreign country) Indianapolis, IN

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles E. Cannon
New Address Ind 46151

Subscribed and sworn to before me this 19th day of October, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Kimberly Middle Ann Last Quilter
Date of Birth: Month March Day 9 Year 1961
Place of Birth (State or foreign country) Marion County, Indiana
Residence Address: Street or R. R. R.R. 3, Box 134 City Danville County State

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harvey Lee Quilter
   Residence of father (if deceased so state) R. R. 3, Box 134, Danville
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Frances Hodges
   Residence of mother (if deceased so state) R. R. 3, Box 134, Danville
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kimberly A. Quilter
New Address Ind 46151

Subscribed and sworn to before me this 19th day of October, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 24 *day of* October, 1978, *authorizing the joining together as husband and wife* Charles Earl Cannon *and* Kimberly Ann Quilter

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glen M Harvey, *hereby certify that on the* 17 *day of* Nov., *one thousand nine hundred and* 78 *at* Danville, *County of* Hendricks *State of Indiana, Groom* Carl Earl Cannon *of* Hendricks *County, State of* Indiana *and, Bride* Kimberley Ann Quilter *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 17 *day of* Nov., 19 78.

Signed Glen M. Harvey
Official Designation Clerk Hendricks Co.

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* Nov., 19 78.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 446

File

Hendricks County

10-19-78 Date of Application

MALE
Medical Examination Report Dated 10-16-78
Name of Physician Dr. Larry D. Lovell

FEMALE
Medical Examination Report Dated 10-16-78
Name of Physician Dr. Larry Lovell

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Timothy Middle L. Last Franklin

Date of Birth: Month Nov. Day 18 Year 1958

Place of Birth (State or foreign country) Lebanon In.

Residence Address: Street or R. R. R.R. #2 Box 8A City (Coatesville) County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Alden Lester Franklin
   Residence of father (if deceased so state) Speedway, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janice Kay Roberts
   Residence of mother (if deceased so state) Danville, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X Tim L Franklin

New Address R2 Box 8A Coatesville

Subscribed and sworn to before me this 19 day of October, 1978.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Katherine Middle L Last Hawley

Date of Birth: Month January Day 30 Year 1959

Place of Birth (State or foreign country) Lebanon In

Residence Address: 479 Pritchett Ln Street or R. R. City Danville County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Garey Lee Hawley
   Residence of father (if deceased so state) Danville, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy Lee Harvey
   Residence of mother (if deceased so state) Danville In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Katherine L. Hawley

New Address R 2 Box 8A Coatesville

Subscribed and sworn to before me this 19 day of October 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....of Indiana dated the 23rd day of October, 1978, authorizing the joining together as husband and wife Timothy L Franklin and Katherine L Hawley

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William Benscheimer hereby certify that on the 25 day of November, one thousand nine hundred and 78 at Olive Christian Church County of Morgan, State of Indiana, State of Indiana, Groom Timothy L Franklin of Hendricks County, State of Indiana, and, Bride Katherine L Hawley of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23 day of October, 1978. Signed Wm L Benscheimer

Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of January, 1979 Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 447

File

October 20, 1978
Date of Application

_____ County

MALE
Medical Examination Report Dated 10/19/78
Name of Physician O. Kawasny Md

FEMALE
Medical Examination Report Dated 10/19/78
Name of Physician O. Kawasny Md.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Earl Middle _____ Last Skinner

Date of Birth: Month March Day 11 Year 1936

Place of Birth (State or foreign country) Jackson Co. Ky

Residence Address: Street or R. R. 1776 Joppa Rd. City Mooresville County _____ State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Insurance Policy

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Debra Lynn Daniel Scott
   Rebecca Sue
   Earl Lee
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Skinner
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Ella Mae Rose
   Residence of mother (if deceased so state) Mooresville Ind.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Earl Skinner

New Address 1776 Joppa Rd. Mooresville

Subscribed and sworn to before me this 26 day of October, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Helen Middle D. Last Robertson

Date of Birth: Month February Day 16 Year 1941

Place of Birth (State or foreign country) Hendricks Co. Ind

Residence Address: Street or R. R. 1760 Joppa Rd. City Mooresville County _____ State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Deborah Ann
   Keith Allen
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Henry Shutts
   Residence of father (if deceased so state) Mooresville Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Evelyn Adams
   Residence of mother (if deceased so state) Mooresville
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Helen D Robertson

New Address 1776 Joppa Road Mooresville,

Subscribed and sworn to before me this 26 day of October, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 24 *day of* October, 19 78, *authorizing the joining together as husband and wife* Earl Skinner *and* Helen D. Robertson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Donald Endsley hereby certify that on the 28 day of October, one thousand nine hundred and 78 at Joppa, County of Hendricks, State of Indiana, Groom Earl Skinner of Hendricks County, State of Indiana, and, Bride Helen D. Robertson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28 day of October, 19 78.

Signed Donald Endsley

Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of November, 19 78

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 448

Hendricks County

File Oct. 21, 1978
Date of Application

MALE
Medical Examination Report Dated 10/20/78
Name of Physician Robert G. Moore Md

FEMALE
Medical Examination Report Dated 10/20/78
Name of Physician Robert G. Moore Md

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Herbert Middle W. Last Bowman

Date of Birth: Month September Day 11 Year 1951

Place of Birth (State or foreign country) Marion Co. Ind

Residence Address: Street or R. R. 1737 N. Sumnerset City Indpls. County Marion State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Herbert Author Bowman
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Vaughnda May Hatfield
   Residence of mother (if deceased so state) Indianapolis
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Herbert W. Bowman

New Address 1850 N. Somerset Ave

Subscribed and sworn to before me this 21 day of October, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Kathy Middle A. Last Jones

Date of Birth: Month April Day 6 Year 1960

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. 1850 N. Sumnerset City Indpls. County Marion State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul A. Jones
   Residence of father (if deceased so state) Indianapolis Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jewel D. Walker
   Residence of mother (if deceased so state) Indianapolis Ind.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kathy Jones

New Address 1850 W. Somerset Ave.

Subscribed and sworn to before me this 21 day of October, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 21st *day of* October, 19 78, *authorizing the joining together as husband and wife* Herbert W. Bowman *and* Kathy A. Jones

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer *hereby certify that on the* 21 *day of* October *one thousand nine hundred and* 78, *at* Danville, *County of* Hendricks *State of Indiana, Groom* Herbert W Bowman *of* Marion *County, State of* Indiana *and, Bride* Kathy A. Jones *of* Marion *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 21 *day of* October, 19 78. *Signed* John C. Mowrer

Official Designation Judge, Hendricks Superior #2

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* October, 19 78

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 449

File 39

_____ County

10-23-78
Date of Application

MALE
Medical Examination Report Dated 10-18-78
Name of Physician Dale S. Benson

FEMALE
Medical Examination Report Dated 10-18-78
Name of Physician Dale S. Benson

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Lucian Middle E. Last Cooksey

Date of Birth: Month April Day 28 Year 1938

Place of Birth (State or foreign country) Robinson Co., Tennessee

Residence Address: Street or R. R. General Delivery City Pittsboro County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver's License with picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Andrew Edward Cooksey (Andy)
   Residence of father (if deceased so state) Kentucky
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Helen Rhea Gower
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lucian E. Cooksey

New Address General Delivery, Pittsboro

Subscribed and sworn to before me this 23 day of October, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Theresa Middle L. Last Herring

Date of Birth: Month 5 Day 9 Year 1956

Place of Birth (State or foreign country) Lebanon, Indiana

Residence Address: Street or R. R. General Delivery City Pittsboro County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Identification Card from Methodist Hospital

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Lee Herring
   Residence of father (if deceased so state) Pittsboro
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Louise Services
   Residence of mother (if deceased so state) same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Theresa L. Herring

New Address General Delivery, Pittsboro

Subscribed and sworn to before me this 23 day of October, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 27th *day of* Oct., 19 78, *authorizing the joining together as husband and wife* Lucian E. Cooksey *and* Theresa L. Herring.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Howard Jaquess, *hereby certify that on the* 29 *day of* October, *one thousand nine hundred and* 78, *at* Pittsboro, *County of* Hendricks, *State of Indiana, Groom* Lucian Cooksey *of* Hendricks *County, State of* Indiana, *and, Bride* Theresa Herring *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 29 *day of* October, 19 78.

Signed Rev. Howard Jaquess

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 31 *day of* October, 19 78.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 450
File 39
10-24-78
Date of Application

_____ County

MALE
Medical Examination Report Dated 10-10-78
Name of Physician Michael L. Neely

FEMALE
Medical Examination Report Dated 10-10-78
Name of Physician Michael L Neely

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle F. Last Freeman
Date of Birth: Month April Day 1 Year 1931
Place of Birth (State or foreign country) Laminson Alabama
Residence Address: Street or R. R. P.O. Box 243 City Danville County _____ State In.
Previous Marital Status: Never Married ☐ OR 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ambers Masco Freeman
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Georgia
9. Full maiden name of mother Mary Love Savage
   Residence of mother (if deceased so state) Laminson, Alabama
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Donald F Freeman
New Address P O Box 243 Danville Ind
Subscribed and sworn to before me this 24 day of October, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____ Clerk

FEMALE APPLICANT

Name: First Bonnie Middle L Last Finchum
Date of Birth: Month May Day 26 Year 1941
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. RR 2 Box 281 City Danville County Indiana State In.
Previous Marital Status: Never Married ☐ OR 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Shannon Marie Finchum
   Terry Lee Finchum
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George Marshall Bell
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lucille Marie Lieske
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Bonnie L Finchum
New Address P.O Box 243 Danville In.
Subscribed and sworn to before me this 24 day of Oct. 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior #2 Court by written order issued 3 Day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of October, 19 78, authorizing the joining together as husband and wife Donald F. Freeman and Bonnie L. Finchum

Be it furtner rememoered, the following marriage certificate was filed in my office, to-wit:

I, James E. Taylor hereby certify that on the 27 day of October at Danville County of Hendricks one thousand nine hundred and 78 State of Indiana, Groom Donald F. Freeman of Hendricks County, State of Indiana and, Bride Bonnie L. Finchum of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27 day of October, 1978. Signed James E. Taylor
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of October, 19 78
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 451

File 39

_____ County

10-24-78
Date of Application

MALE
Medical Examination Report Dated 10-23-78
Name of Physician Larry D. Lovall

FEMALE
Medical Examination Report Dated 10-23-78
Name of Physician Larry D. Lovall

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name — First: David | Middle: Allen | Last: Brown

Date of Birth — Month: January | Day: 5 | Year: 1955

Place of Birth (State or foreign country): Indianapolis In.

Residence Address: RR 6 | Street or R. R. | City: Danville | County | State: In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Raymond Robert Brown
   Residence of father (if deceased so state) RR 6 Danville, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Isabell Jones Cummens
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X David A. Brown

New Address 396 East Main

Subscribed and sworn to before me this 24 day of Oct, 19 78.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name — First: Donna | Middle: K. | Last: Miner

Date of Birth — Month | Day | Year

Place of Birth (State or foreign country)

Residence Address: 396 East Main | Street or R. R. | City: Danville | County | State: In.

Previous Marital Status: Never Married ☐ OR /

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Jason Chester Miner

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles E. Williams
   Residence of father (if deceased so state) 24 Canterburg Dr. Danville, In.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Esther D. Crumpton
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Donna K. Miner

New Address 396 E. Main

Subscribed and sworn to before me this 24 day of Oct, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 20th *day of* Oct., 19 78, *authorizing the joining together as husband and wife* David Allen Brown *and* Donna K. Miner.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James V. Bryant *hereby certify that on the* 28 *day of* October, *one thousand nine hundred and* 78 *at* Ossa, *County of* Hendricks, *State of Indiana, Groom* David Allen Brown *of* Hendricks *County, State of* Indiana *and, Bride* Donna K. Miner *of* Hendricks *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 28 *day of* October, 19 78.

Signed James V. Bryant

Official Designation Pastor - Ossa Friends Church

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* October, 19 78.

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 452

File

_____ County

10-24-78 Date of Application

MALE
Medical Examination Report Dated 10/18/78
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 10/18/78
Name of Physician Joseph C. Kerlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle Wayne Last Krause

Date of Birth: Month March Day 31 Year 1959

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. 10 South Rd. 400 East City Danville County Hendricks State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jack William Krause
   Residence of father (if deceased so state) Brownsburg, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Ann Mc Mayr
   Residence of mother (if deceased so state) Brownsburg Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed David Wayne Krause

New Address 10 S. RD 400 E. #6 DANVILLE

Subscribed and sworn to before me this 24 day of October, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sherree Middle Marie Last Finchum

Date of Birth: Month July Day 4 Year 760

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. 10 South Rd. 400 East City Danville County Hendricks State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James A. Finchum
   Residence of father (if deceased so state) Danville, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bonnie L. Bell
   Residence of mother (if deceased so state) Danville, Ind
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Sherree Marie Finchum

New Address 10 S. Rd. 400 E. Apt. 6

Subscribed and sworn to before me this 24 day of October, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30 day of October, 19 78, authorizing the joining together as husband and wife David Wayne Krause and Sherre Marie Finchum

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D. Stump hereby certify that on the 12 day of November, one thousand nine hundred and 78 at Danville, County of Hendricks, State of Indiana, Groom David Wayne Krause of Hendricks County, State of Indiana, and, Bride Sterre Marie Finchum of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12 day of November, 19 78. Signed Dr. Joseph D. Stump

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of November, 19 78

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 453

File

October 24 1978
Date of Application

_____ County

MALE
Medical Examination Report Dated 10-20-78
Name of Physician Dr. Larry D. Lovall

FEMALE
Medical Examination Report Dated 10-20-78
Name of Physician Dr. Larry D. Lovall

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First George Middle C. Last Findlay

Date of Birth: Month June Day 4 Year 1954

Place of Birth (State or foreign country) Dundee Scotland

Residence Address: Street or R. R. RR#1 Box 286 City Brownsburg County _____ State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David Findlay
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Scotland
9. Full maiden name of mother Jemima Clark
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Scotland

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed George C Findlay

New Address RR#1 Box 286 Brownsburg Ind 46112

Subscribed and sworn to before me this 24 day of October, 19 78.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Orpha Middle Jean Last Lindley

Date of Birth: Month April Day 4 Year 1931

Place of Birth (State or foreign country) Hendricks Co. Ind.

Residence Address: Street or R. R. RR#1 Box 286 City Brownsburg County _____ State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Sylvester Sandusky
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Velma Carney
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Orpha Jean Lindley

New Address RR#1 Box 286 Brownsburg, Ind 46112

Subscribed and sworn to before me this 24 day of October, 19 78.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 28 *day of* Oct., 19 78., *authorizing the joining together as husband and wife* George C. Findlay *and* Orpha Jean Lindley

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev Bruce A. Brown hereby certify that on the 30 day of October, one thousand nine hundred and 78 at Danville, County of Hendricks, State of Indiana, Groom George C. Findlay of Hendricks County, State of Indiana, and, Bride Orpha Jean Lindley of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30 day of October, 19 78.

Signed Bruce A. Brown

Official Designation Pastor, White Lick U. C. Church

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of November, 19 78.

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 454

_____ County

File Oct. 26 1978
Date of Application

MALE
Medical Examination Report Dated 10-23-78
Name of Physician Thomas Black

FEMALE
Medical Examination Report Dated 10-23-78
Name of Physician Thomas Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Shahid Middle M. Last Vahidy

Date of Birth: Month Feb. Day 12 Year 1955

Place of Birth (State or foreign country) Pakistan

Residence Address: Street or R. R. Rt 2 City Clayton County Hend. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Md. Vahidy
   Residence of father (if deceased so state) Pakistan
   Birthplace of father (State or foreign country) Pakistan
9. Full maiden name of mother Nasim Fatima
   Residence of mother (if deceased so state) Pakistan
   Birthplace of mother (State or foreign country) Pakistan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Shahid Vahidy

New Address R.R.-2, BOX-18, CLAYTON, IND.

Subscribed and sworn to before me this 26 day of Oct., 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Nargis Middle Iqbal

Date of Birth: Month June Day 11 Year 1959

Place of Birth (State or foreign country) Pakistan

Residence Address: Street or R. R. Rt. 2 City Clayton County Hend. State In.

Previous Marital Status: Never Married ☑

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Passport

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Mohammad Iqbal
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Pakistan
9. Full maiden name of mother Mumtaz
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Pakistan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Nargis Iqbal

New Address R.R.2, Box-18, CLAYTON, IND.

Subscribed and sworn to before me this 26 day of Oct 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 3day Waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 26th day of October, 19 78, authorizing the joining together as husband and wife Shahid M. Vahidy and Nargis Iqbal

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glen M Harvey hereby certify that on the 11 day of December, 19 78, at Danville, County of Hendricks, State of Indiana, one thousand nine hundred and 78 Groom Shahid M Vahidy of Hendricks County, State of Indiana, and, Bride Nargis Iqbal of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of December, 19 78.

Signed Glen M Harvey

Official Designation Clerk, Hendricks Co.

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of December, 19 78

Signed Glen M Harvey Clerk HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 455

File

October 26 1978
Date of Application

MALE
Medical Examination Report Dated 10-20-78
Name of Physician James Black Md.

FEMALE
Medical Examination Report Dated 10-20-78
Name of Physician James Black MD.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Charles Middle L Last Woody

Date of Birth: Month June Day 5 Year 1948

Place of Birth (State or foreign country): Marshall Illinois

Residence Address: 55 Lincoln Ave. Brownsburg In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Douglas Woody
   Kimberly "
   Christ "
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Lloyd Woody
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Marshall, Ill.
9. Full maiden name of mother Dana Evelyn Shafer
   Residence of mother (if deceased so state) Indianapolis Ind.
   Birthplace of mother (State or foreign country) Marshall, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles L Woody
New Address 55 Lincoln Ave Brownsburg In
Subscribed and sworn to before me this 26 day of October, 19 78
Glen M Hersey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Doreen Middle A. Last Scalf

Date of Birth: Month February Day 14 Year 1954

Place of Birth (State or foreign country): Chicago Illinois

Residence Address: 55 Lincoln Ave. Brownsburg In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Emmett A. Blue
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) St. Louis, Mo.
9. Full maiden name of mother Audrey L. Young
   Residence of mother (if deceased so state) Chicago Illinois
   Birthplace of mother (State or foreign country) St. Louis, Mo.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Doreen A Scalf
New Address 55 Lincoln Ave
Subscribed and sworn to before me this 26 day of October, 19 78
Glen M Hersey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the.....day of....., 19....., authorizing the joining together as husband and wife .....and.....*

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ...hereby certify that on the.....day of....., one thousand nine hundred and....., at....., County of....., State of Indiana, Groom.....of.....County, State of..... and, Bride.....of.....County, State of....., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS *County.*

Dated this.....day of....., 19.....

Signed.....
Official Designation.....

Filed and recorded in accordance with the laws of the State of Indiana this.....day of....., 19.....

Signed.....Clerk
..... HENDRICKS *.....Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 456

File 39

10-26-78 Date of Application

Hendricks County

MALE
Medical Examination Report Dated 10-25-78
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 10-25-78
Name of Physician Joseph C. Kerlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Harley Middle D. Last Patterson

Date of Birth: Month March Day 6 Year 1959

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 398 North St. City Danville County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ned Robert Patterson
   Residence of father (if deceased so state) Oakhurst Trailer Ct. Clermont, In.
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Carmen Joyce Hodgson
   Residence of mother (if deceased so state) 398 North St. Danville, In.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Harley R. Patterson

New Address Tenn. St. Danville Ind.

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....,

..... Clerk

FEMALE APPLICANT

Name: First Denise Middle L. Last Downing

Date of Birth: Month March Day 27 Year 1961

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 8 IN 200 E City Danville County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clyde Harold Downing
   8 IN 200 E
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Pauline Wheeler
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct

Signed x Denise L. Downing

New Address Tenn. St. Danville Ind.

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed x Pauline Downing Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, ... and f

..... County ..... Court by written order issued .....

in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* ..... *of Indiana dated the* 31 *day of* Oct. *, 19*78*, authorizing the joining together as husband and wife* Harley R. Patterson *and* Denise L. Downing

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James E. Taylor *hereby certify that on the* 11 *day of* Nov. *, one thousand nine hundred and* 78 *at* Danville *, County of* Hendricks *, State of Indiana, Groom* Harley R. Patterson *of* Hendricks *County, State of* Indiana, *and, Bride* Denise L. Downing *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 11 *day of* Nov. *, 19*78*.

Signed James E. Taylor

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* Nov. *, 19*78*.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

579

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 456

File 39

_____ County

10-26-78
Date of Application

MALE
Medical Examination Report Dated 10-25-78
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 10-25-78
Name of Physician Joseph C. Kerlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Harley Middle G. Last Patterson

Date of Birth: Month March Day 6 Year 1959

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 398 North St. City Danville County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ned Robert Patterson
   Residence of father (if deceased so state) Oakhurst Trailer Pk. Clermont, In.
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Carmen Joyce Hodgson
   Residence of mother (if deceased so state) 398 North St. Danville, In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Denise Middle L. Last Downing

Date of Birth: Month March Day 27 Year 1961

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 8 IN 200 E City Danville County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clyde Harold Downing
   8 IN 200E
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Pauline Wheeler
   Residence of father (if deceased so state)

State of Indiana,
County of HENDRI

Signed X

New Address

Subscribed and sworn to before me

CONSENT OF PARENTS, PAREN

We, the parents, of this applicant

signs, state facts which render the

State of Indiana,
County of HENDRI

Signed

Signed

Subscribed and sworn to before me thi

COMPLETE IF MARRIAGE

in

I, Clyde H. Downing, hereby give my consent
my Daughter, Denise L. Downing
marry Harley Patterson.

Clyde H. Downing

Subscribed and sworn to before me this 27 day of October
1978.

Janet L. Gibbs
Notary Public

My Commission expires
February 26, 1981

CERTIFICATE OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... , 19 78 , authorizing the joining together as husband and wife of Indiana dated the 31 day of Oct and Denise L Downing Harley R Patterson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James E. Taylor hereby certify that on the 11 day of Nov, County of Hendricks, one thousand nine hundred and 78 at Danville County, State of Indiana, State of Indiana, Groom Harley R Patterson of Hendricks County, State of Indiana, and, Bride Denise L Downing of Hendricks County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of nov., 19 78 Signed James E. Taylor

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of Nov., 19 78

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 457

File

Oct. 30, 1978
Date of Application

MALE
Medical Examination Report Dated 10-24-78
Name of Physician John F. Moe

FEMALE
Medical Examination Report Dated 10-24-78
Name of Physician John F. Moe

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Earl Middle Truman Last Neeley

Date of Birth: Month June Day 11 Year 1955

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 311 S. Vine City Plainfield County _____ State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edgar T. Neeley
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Geraldine Bennett
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Earl T. Neeley
New Address 311 S Vine St.

Subscribed and sworn to before me this 30 day of Nov., 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

.....

.....

.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Laura Middle Sue Last Allen

Date of Birth: Month April Day 4 Year 1958

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 5785 W. Jackson City Indpls County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lester D. Allen
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Betty Corbin
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Laura S. Allen
New Address 311 S Vine St.

Subscribed and sworn to before me this 30 day of Oct, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

.....

.....

.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 3rd *day of* Nov., 19 78, *authorizing the joining together as husband and wife* Earl Truman Neeley *and* Laura Sue Allen.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, J. Kenneth Gowell hereby certify that on the 3 day of November, one thousand nine hundred and 78 at Indianapolis, County of ~~Ind~~ Marion State of Indiana, Groom Earl Truman Neeley of Hendricks County, State of Indiana, and, Bride Laura Sue Allen of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3 day of November, 19 78.

Signed J. Kenneth Gowell
Official Designation Minister, Garden City Christian Ch.

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of Nov., 19 78.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

(Hendricks) County

No. 458

File

Nov. 1 1978
Date of Application

MALE
Medical Examination Report Dated 10-26-78
Name of Physician Ronald K. Stegemoller)

FEMALE
Medical Examination Report Dated 10-26-78
Name of Physician Ronald K. Stegemoller)

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Paul Last Williams)

Date of Birth: Month Sept Day 14 Year 1952

Place of Birth (State or foreign country) Indianapolis), In.

Residence Address: Street or R. R. 1012 Valley View Dr. City Plainfield, County, State In.

Previous Marital Status: Never Married ☐ OR 1 time)

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Selective) Service) -12-30-52-371

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wayne Lewis Williams Sr.
   Residence of father (if deceased so state) Lizton, In.
   Birthplace of father (State or foreign country) Indiana)
9. Full maiden name of mother Barbara Lee Mutter)
   Residence of mother (if deceased so state) Lizton, In.
   Birthplace of mother (State or foreign country) Indiana)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Michael Paul Williams

New Address 1012 Valley View DR. Plainfield

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Jerry Middle Lynn Last Keck

Date of Birth: Month May Day 19 Year 1949

Place of Birth (State or foreign country) Putnam) Co.

Residence Address: Street or R. R. 1012 Valley View Dr. City Plfd County, State In.

Previous Marital Status: Never Married ☐ OR 1 time)

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 32641 B

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lesley Vern Allen
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marian L. Mynatt
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Jerry Lynn Keck

New Address 1012 Valley View, Plainfield

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the (Hendricks) County Superior Court #2 Court by written order issued 3 day issued) and filed in (Clerk's Office) authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1st day of November, 19 78, authorizing the joining together as husband and wife Michael Paul Williams and Jerry Lynn Keck

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James E. Taylor hereby certify that on the 2nd day of November, one thousand nine hundred and 78 at Danville, County of Hendricks, State of Indiana, Michael Paul Williams of Hendricks County, State of Indiana, Groom and Jerry Lynn Keck of Hendricks County, State of Indiana, Bride were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2nd day of November, 19 78.

Signed James E. Taylor

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of November, 19 78.

Signed Glenn M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 459

File

Hendricks County

Nov. 1, 1978
Date of Application

MALE
Medical Examination Report Dated 10-24-78
Name of Physician Paul L. Guise

FEMALE
Medical Examination Report Dated 10-25-78
Name of Physician H. Edwin Campbell

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jeffrey Middle Scott Last King

Date of Birth: Month Jan. Day 2 Year 1960

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 436 E. Rd 100 N. City Danville County — State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Herbert King
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Margaret Pierce
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Tenn.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Jeffrey S. King

New Address 436 E. Rd. 100 N.

Subscribed and sworn to before me this 1 day of Nov., 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Pamela Middle Sue Last King

Date of Birth: Month July Day 15 Year 1960

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. P.O. Box 264 City Brownsburg County — State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James King
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Marilyn Gray
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Pam King

New Address 436 E Rd 100 N.

Subscribed and sworn to before me this 1 day of Nov., 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 1st *day of* Nov., 19 78, *authorizing the joining together as husband and wife* Jeffrey Scott King *and* Pamela Sue King

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edward Curtice *hereby certify that on the* 10 *day of* November, *one thousand nine hundred and* 78 *at* Avon, *County of* Hendricks, *State of Indiana, Groom* Jeffrey Scott King *of* Hendricks *County, State of* Indiana *and, Bride* Pamela Sue King *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 6 *day of* November, 19 78.

Signed Edward B. Curtice

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* Nov., 19 78.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

Hendricks County

No. 460

File

November 1, 1978
Date of Application

MALE
Medical Examination Report Dated 10-27-78
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 10-27-78
Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Lee Last Gibbs

Date of Birth: Month January Day 26 Year 55

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. R.R. #2, Box 467 City Indianapolis County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) driver's license (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter J. Gibbs
   Residence of father (if deceased so state) unknown
   Birthplace of father (State or foreign country) unknown
9. Full maiden name of mother Eleanor Yoder
   Residence of mother (if deceased so state) Indianapolis Indiana
   Birthplace of mother (State or foreign country) Pennsylvania

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Mike Gibbs

New Address Indiana

Subscribed and sworn to before me this 1st day of November, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sandra Middle L Last Doane

Date of Birth: Month June Day 2 Year 49

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. 10106 Old Road 40 City Indianapolis County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) driver's license (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lester Butts
   Residence of father (if deceased so state) 10106 Old Road 40 Indianapolis, IN
   Birthplace of father (State or foreign country) unknown
9. Full maiden name of mother Doni J. Yarrick
   Residence of mother (if deceased so state) 10106 Old Road 40 Indpls, IN
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sandra D. Doane

New Address Indiana

Subscribed and sworn to before me this 1st day of November, 19 78.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 3 day waiver and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1st day of November, 19 78, authorizing the joining together as husband and wife .....and.....

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ... hereby certify that on the ..... day of ....., at ....., County of ....., one thousand nine hundred and ..... of ....., County, State of ....., State of Indiana, Groom ..... of ....., County, State of ....., and, Bride ..... were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this ..... day of ....., 19..... Signed .....

Official Designation .....

Filed and recorded in accordance with the laws of the State of Indiana this ..... day of ....., 19.....

Signed ..... Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 461

File

November 1, 1978
Date of Application

MALE
Medical Examination Report Dated 10-6-78
Name of Physician Williams Edwards

FEMALE
Medical Examination Report Dated 10-6-78
Name of Physician Williams Edwards

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Larry Middle D. Last Cox

Date of Birth: Month October Day 26 Year 1955

Place of Birth (State or foreign country) Greencastle Putnam Co. Ind.

Residence Address: Street or R. R. 3603 South Clarks Creek Rd. City Stilesville County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wayne D. Cox
   Residence of father (if deceased so state) Stilesville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Evelyn Anne Hurst
   Residence of mother (if deceased so state) Stilesville, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Larry D. Cox

New Address 3603 South Clarks Creek RD.

Subscribed and sworn to before me this 1st day of November, 19 78

Glen M Heavey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Susan Middle A. Last Stutts

Date of Birth: Month November Day 25 Year 1957

Place of Birth (State or foreign country) Beech Grove Marion Ind.

Residence Address: Street or R. R. 3603 South Clarks Creek Rd. City Stilesville County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Oscar Stutts
   Residence of father (if deceased so state) Clayton, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lillian Mae Rogers
   Residence of mother (if deceased so state) Clayton, Ind.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Susan A Stutts

New Address 3603 South Clarks Creek Rd

Subscribed and sworn to before me this 1st day of November, 19 78

Glen M Heavey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the.....day of....., 19....., authorizing the joining together as husband and wife .....and.....*

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ...hereby certify that on the.....day of....., one thousand nine hundred and.....at....., County of....., State of Indiana, Groom.....of.....County, State of..... and, Bride.....of.....County, State of....., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS *County.*

Dated this.....day of....., 19.....

Signed.....

Official Designation.....

Filed and recorded in accordance with the laws of the State of Indiana this.....day of....., 19.....

Signed.....Clerk

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 462

_____ County

File

November 2 1978
Date of Application

MALE
Medical Examination Report Dated 10-30-78
Name of Physician Jarrod Black MD.

FEMALE
Medical Examination Report Dated 10-30-78
Name of Physician Jarrod Black MD.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gary Middle Lane Last Soucie

Date of Birth: Month June Day 28 Year 1951

Place of Birth (State or foreign country): Marion County Ind.

Residence Address: Street or R. R. R.R. # 1 Box 219 City Pittsboro County _____ State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Frank Luther Soucie
   Residence of father (if deceased so state) Pittsboro, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Gladys Trent
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gary Lane Soucie.

New Address 3140 N. Tansel Road. Clermont, Ind.

Subscribed and sworn to before me this 2 day of November, 19 78.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

FEMALE APPLICANT

Name: First Frances Middle Jo Last Marie

Date of Birth: Month July Day 1 Year 1951

Place of Birth (State or foreign country): Ohio Iowa

Residence Address: Street or R. R. RR # 1 Box 219 City Pittsboro County _____ State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Linda JoAnn Marie

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ted Woodrow Wood
   Residence of father (if deceased so state) Sioux City Iowa
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Norma Mae McClary
   Residence of mother (if deceased so state) Sioux City, Iowa
   Birthplace of mother (State or foreign country) Nebraska

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Frances Jo Marie

New Address 3140 N Tansel Rd, Clermont, Ind

Subscribed and sworn to before me this 2 day of November, 19 78.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 8th day of Nov., 19 78, authorizing the joining together as husband and wife Gary Lane Soucie and Frances Jo Marie

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Sherman Essep hereby certify that on the 11 day of November at Pittsboro, County of Hendricks, County, State of Indiana one thousand nine hundred and 78 State of Indiana, Groom Gary Lane Soucie of Hendricks County, State of Indiana and, Bride Frances Jo Marie of Hendricks County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of Nov., 19 78. Signed Sherman Essep

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of Nov., 19 78.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 463

File

November 6, 1978
Date of Application

MALE
Medical Examination Report Dated 11-2-78
Name of Physician Herman Levy

FEMALE
Medical Examination Report Dated 10-31-78
Name of Physician Bruce E. Beatty, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Timothy Middle Norbert Last Weiler

Date of Birth: Month May Day 15 Year 1955

Place of Birth (State or foreign country) New York

Residence Address: Street or R. R. 110 George St. City Boonville County _____ State N.Y.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Norbert R. Weiler
   Residence of father (if deceased so state) Boonville, N.Y.
   Birthplace of father (State or foreign country) N.Y.
9. Full maiden name of mother Norma D. Crill
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) N.Y.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Timothy N Weiler
New Address Boonville New York

Subscribed and sworn to before me this 10 day of Nov., 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____

_____ Clerk

FEMALE APPLICANT

Name: First Benda Middle Ann Last Heagy

Date of Birth: Month December Day 9 Year 58

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R.R. #18, Box 343H City _____ County Pend. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Larry Thomas Heagy
   Residence of father (if deceased so state) R.R. #18 Box 343H
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carol Jean Burger
   Residence of mother (if deceased so state) R.R. #18, Box 343H
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Benda Ann Heagy
New Address Boonville, New York

Subscribed and sworn to before me this 6th day of November, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed X _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10th *day of* Nov., 19 78, *authorizing the joining together as husband and wife* Timothy Norbert Weiler *and* Benda Ann Heagy

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Michael K. Grainor *hereby certify that on the* 11 *day of* November, *one thousand nine hundred and* 78, *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Timothy Norbert Weiler *of* Oneida *County, State of* New York *and, Bride* Benda Ann Heagy *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 11 *day of* November, 19 78.

Signed Michael K Grainor
Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* Nov., 19 78.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 464
File 39
11-6-78
Date of Application

MALE
Medical Examination Report Dated 10-19-78
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 10-19-78
Name of Physician Eric D. Clark

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Randall Middle J. Last Carr
Date of Birth: Month September Day 30 Year 1956
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. RR 15 Box 263 City Brazil County State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John B. Carr
   Residence of father (if deceased so state) 6838 Dacup Dr. Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Trent
   Residence of mother (if deceased so state) 933 St Rd 267 Mooresville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Randall J. Carr
New Address RR 15 Box 263 Brazil, In.

Subscribed and sworn to before me this 6 day of Nov., 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Carol Middle A. Last Masselink
Date of Birth: Month January Day 1 Year 1957
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 702 Ironwood Dr. City Plainfield County In. State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Masselink
   Residence of father (if deceased so state) 702 Ironwood Dr. Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Rose Powers
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Carol A. Masselink
New Address RR 15 Box 263 Brazil In.

Subscribed and sworn to before me this 6 day of Nov., 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14 day of November, 19 78, authorizing the joining together as husband and wife Randall J. Carr and Carol A. Masselink

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Richard Zore hereby certify that on the 25 day of November, one thousand nine hundred and 78 at Plainfield, County of Hendricks, State of Indiana, Groom Randall J. Carr of Clay County, State of Indiana, and, Bride Carol A. Masselink of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14 day of November, 19 78. Signed Rev. Richard Zore
Official Designation Roman Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of....., 19.....
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 465

File 39

_____ County

11-8-78
Date of Application

MALE
Medical Examination Report Dated 10-24-78
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 10-24-78
Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Theodore Middle E. Last Kidwell

Date of Birth: Month October Day 9 Year 1956

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 283 N. E St. City Plainfield County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ross Edward Kidwell
   Residence of father (if deceased so state) 6931 S Fairfield Indianapolis, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Clarence June Chambers
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Theodore E Kidwell

New Address 283 N. EAST PLAINFIELD

Subscribed and sworn to before me this 8 day of Nov., 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Mary Middle Ann Last Robson

Date of Birth: Month August Day 23 Year 1957

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. R1 Box 446 City Plainfield County _____ State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Mitch Allan Robson

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul Edward Brittingham
   Residence of father (if deceased so state) R1 Box 446 Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Jane Hanning
   Residence of mother (if deceased so state) _____
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Mary Ann Robson

New Address 283 N. East St. Plainfield IN

Subscribed and sworn to before me this 8 day of Nov 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14 *day of* November, 19 78, *authorizing the joining together as husband and wife* Theodore E. Kidwell *and* Mary Ann Robson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Marc S. Hays *hereby certify that on the* 18 *day of* November, *one thousand nine hundred and* 78 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Theodore E. Kidwell *of* Hendricks *County, State of* Indiana *and, Bride* Mary Ann Robson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 18 *day of* November, 19 78.

Signed Marc S. Hays

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* November, 19 78

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 466

Hendricks County

File Dec. 1 1978
Date of Application

MALE
Medical Examination Report Dated 11-7-78
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 11-7-78
Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Lawrence Middle J. Last Canatsey

Date of Birth: Month 12 Day 14 Year 1956

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R. R. 96 07 W. Morris St. City Indpls. County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Verner J. Canatsey
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jan LaVonn Lantz
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lawrence J Canatsey

New Address RR 1 Box 363 DANVILLE IN 46122

Subscribed and sworn to before me this 8 day of November, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Paula Middle Sue Last Adams

Date of Birth: Month 1 Day 17 Year 1960

Place of Birth (State or foreign country) Danville Ill.

Residence Address: Street or R. R. R #1 Box 237 City Danville County State In

Previous Marital Status: Never Married ☐ OR 1 time

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald W. James Sr.
   Residence of father (if deceased so state) R #1 Box 237 Danville
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Martha Pauline Draper
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ill

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paula S Adams

New Address RR 1 Box 363 Danville Ind

Subscribed and sworn to before me this 8th day of November 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ..... 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13 *day of* Nov *, 19* 78*, authorizing the joining together as husband and wife* Lawrence J. Canatsey *and* Paula Sue Adams *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, John C. Mowrer *hereby certify that on the* 17 *day of* November *one thousand nine hundred and* 78 *at* Danville *, County of* Hendricks *State of Indiana, Groom* Lawrence J. Canatsey *of* Hendricks *County, State of* Indiana *and, Bride* Paula S. Adams *of* Hendricks *County, State of* HENDRICKS *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 17 *day of* November *, 19* 78

Signed John C. Mowrer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* November *, 19* 78

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Re-Marriage

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 467

File

_____ County

November 8, 1978
Date of Application

MALE
Medical Examination Report Dated 11-6-78
Name of Physician H. Edwin Campbell MD

FEMALE
Medical Examination Report Dated 11-6-78
Name of Physician H. Edwin Campbell MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Charles Middle E. Last Fruits

Date of Birth: Month January Day 15 Year 1949

Place of Birth (State or foreign country) Marion Co. In.

Residence Address: 5249 Raceway Rd Indpls. Hendricks Co. In.
(Street or R. R. / City / County / State)

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter Allen Fruits
   Residence of father (if deceased so state) Hendricks Co. In.
   Birthplace of father (State or foreign country) Crawfordsville In.
9. Full maiden name of mother Marjorie E. Sanders
   Residence of mother (if deceased so state) Hendricks Co. In.
   Birthplace of mother (State or foreign country) Marion Co. In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles E Fruits

New Address 5249 Raceway Rd

Subscribed and sworn to before me this 8 day of November, 19 78.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Donna Middle J. Last Fruits

Date of Birth: Month November Day 6 Year 1947

Place of Birth (State or foreign country) Kalamazoo Mich.

Residence Address: 5249 Raceway Rd. Indpls. Hendricks Co. In.
(Street or R. R. / City / County / State)

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Mattimore
   Residence of father (if deceased so state) Kalamazoo, Mich.
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Jean Anne Biddle
   Residence of mother (if deceased so state) Marion County, In.
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donna J. Fruits

New Address 5249 Raceway Rd

Subscribed and sworn to before me this 8 day of November, 19 78.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 8 *day of* November, 19 78, *authorizing the joining together as husband and wife* Charles E. Fruits *and* Donna J. Fruits

Be it further remembered the following marriage certificate was filed in my office, to-wit:

I, Rev. James D Clayton *hereby certify that on the* 11 *day of* November, *one thousand nine hundred and* 78 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Charles E. Fruits *of* Hendricks *County, State of* Indiana *and, Bride* Donna J. Fruits *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 11 *day of* November, 19 78.

Signed Rev. James D. Clayton

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* Nov., 19 78.

Signed Glen M Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 468

_____ County

File 11-9-78
Date of Application

MALE
Medical Examination Report Dated 11-6-78
Name of Physician James Black

FEMALE
Medical Examination Report Dated 11-6-78
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Brian Middle Michael Last Warner

Date of Birth: Month January Day 29 Year 1959

Place of Birth (State or foreign country) Mattoon Illinois

Residence Address: Street or R. R. Rt 1 Box 293 City Brownsburg County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Aaron Logan Warner
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Myrna Marie Adams
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Brian M Warner

New Address Mavis Dibbs Indpls

Subscribed and sworn to before me this 6 day of Nov., 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name: First Dana Middle Ann Last Wright

Date of Birth: Month April Day 1 Year 1962

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 6416 Sunset Circle City Indianapolis County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Cecil Lee Wright
   Residence of father (if deceased so state) 6416 Sunset Circle Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phyllis Ann Fellis
   Residence of mother (if deceased so state) 4909 W. Regent Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Dana Wright

New Address Mavis Dibbs Indpls

Subscribed and sworn to before me this 6 day of Nov 1978.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

Mother has custody

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed X Phyllis A Wright Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 3 day waiver + age require and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6 day of Nov., 19 78, authorizing the joining together as husband and wife Brian Michael Warner and Dana ann Wright

Be it further remembered, the following marriage certificate was filed in my office, to-wit: hereby certify that on the 18 day of November

I, Joseph D. Wilson at Brownsburg, County of Hendrick

one thousand nine hundred and 78 of Hendricks County, State of Indiana

State of Indiana, Groom Brian Michael Warner of Marion County, State of Indiana

and, Bride Dana Ann Wright of HENDRICKS County.

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS

Dated this 18 day of November, 19 78. Signed Joseph D. Wilson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of November, 19 78

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

592

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 469

File

_____ County

Nov. 8, 1978
Date of Application

MALE
Medical Examination Report Dated 11-7-78
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 10-27-78
Name of Physician A. N. Scudder

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle W. Last Mote

Date of Birth: Month 2 Day 19 Year 1939

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 9219 Windriver Ct. City Indpls. County _____ State _____

Previous Marital Status: Never Married ☐ OR 2

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licens # 372789

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kelly Ann Mote
   Rebecca Sue Mote
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Roy D. Mote
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Edna L. Thull
   Residence of mother (if deceased so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X David W. Mote
New Address RR 8 Box 242-D Indpls.

Subscribed and sworn to before me this 8th day of November, 19 78.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Elizabeth Middle A. Last Dallas

Date of Birth: Month 1 Day 6 Year 1947

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. RR 8 Box 242-D City Indianapolis, In County _____ State _____

Previous Marital Status: Never Married ☐ OR 1 time

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License 0637201

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Floyd H. Denning
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Margaret Puckett
   Residence of mother (if deceased so state) Indianapolis
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Elizabeth A. Dallas
New Address RR 8 Box 242 D Indpls.

Subscribed and sworn to before me this 8th day of November, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 8 *day of* Nov. *19* 78, *authorizing the joining together as husband and wife* David W. Mote *and* Elizabeth A. Dallas

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Myron Barnard hereby certify that on the 11 day of Nov., one thousand nine hundred and 78 at Indianapolis, County of Marion, State of Indiana, Groom David W. Mote of Marion County, State of Indiana, and, Bride Elizabeth A. Dallas of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of Nov., 19 78.

Signed Myron Barnard
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of Nov., 19 78.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 470
File 39
11-8-78 Date of Application

_____ County

MALE
Medical Examination Report Dated 11-1-78
Name of Physician Larry D. Lovall

FEMALE
Medical Examination Report Dated 11-1-78
Name of Physician Larry D. Lovall

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Morris Middle J. Last Gilbert
Date of Birth: Month September Day 28 Year 1923
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 3360 S. Six Points Rd. City Indpls County _____ State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ralph Gilbert
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Chrisler
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Kansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Morris J. Gilbert
New Address 3360 Six Points Rd. Indpls.

Subscribed and sworn to before me this 8 day of Nov, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Lou Della Middle M. Last Newby
Date of Birth: Month November Day 3 Year 1940
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. RR 2 Box 251 City Indpls County _____ State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Lou Ann Marie Newby
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Olva Newby
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Luella Robbins
   Residence of mother (if deceased so state) 4818 S. Newby Ln. Indpls, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Lou Della M. Newby
New Address 3360 S. Six Points Rd. Indpls.

Subscribed and sworn to before me this 8 day of Nov, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14th day of Nov., 19 78, authorizing the joining together as husband and wife Morris J. Gilbert and LouDella M. Newby

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Stephen C. Goens hereby certify that on the 17 day of November one thousand nine hundred and 78 at Six Points Road, County of Hendricks, State of Indiana, Groom Morris James Gilbert of Hendricks County, State of Indiana, and, Bride LouDella Marie Newby of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14 day of November, 19 78. Signed Rev. Stephen C. Goens
Official Designation Baptist Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of November, 19 78
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 471

File

November 8, 1978
Date of Application

MALE
Medical Examination Report Dated 10-24-78
Name of Physician Joseph C. Kerlin MD

FEMALE
Medical Examination Report Dated 10-25-78
Name of Physician Joseph C. Kerlin MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jerry Middle G. Last Preston

Date of Birth: Month July Day 8 Year 1957

Place of Birth (State or foreign country) Bernice La.

Residence Address: 8th A. Eng Street or R. R. Supt. Q. City North Carolina County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clyde Winton Preston
   Residence of father (if deceased so state) Louisiana
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Virginia Jo Gray
   Residence of mother (if deceased so state) Louisiana
   Birthplace of mother (State or foreign country) Bernice, La.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jerry G Preston
New Address CAMPLE JEUNE N.C. 28540

Subscribed and sworn to before me this 17 day of November, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Barbara Middle Kay Last McCoy

Date of Birth: Month September Day 7 Year 1954

Place of Birth (State or foreign country) Richlands Virginia

Residence Address: 253 S. Indiana Street or R. R. Danville City Virginia County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Henry F. McCoy
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Tazewell Co. Va.
9. Full maiden name of mother Dorothy Belle Yancey
   Residence of mother (if deceased so state) Pittsville Va R.R.#2
   Birthplace of mother (State or foreign country) Buchanan Co. Va.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Barbara Kay McCoy
New Address Camp LeJeune, N.C. 28540

Subscribed and sworn to before me this 8 day of November, 19 78

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17th *day of* November, 19 78, *authorizing the joining together as husband and wife* Jerry G. Preston *and* Barbara Kay Mc Coy

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Jerry G. Van Lue *hereby certify that on the* 18 *day of* Nov., *one thousand nine hundred and* 78 *at* Danville, *County of* Hendricks *State of Indiana, Groom* Jerry G. Preston *of* Onslow *County, State of* North Caroline *and, Bride* Barbara K Mc Coy *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 18 *day of* Nov., 19 78.

Signed Rev. Jerry G. Van Lue
Official Designation Minister & Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* Nov., 19 78.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 472

File 39

_____ County

11-8-78 Date of Application

MALE
Medical Examination Report Dated 11-6-78
Name of Physician James Black

FEMALE
Medical Examination Report Dated 11-7-78
Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle E. Last Phelps

Date of Birth: Month February Day 11 Year 1921

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. RR 3 Box 284 City Brownsburg County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William L. Phelps
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Pearl Bullock
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Donald E. Phelps

New Address RR 3 Box 284 Brownsburg

Subscribed and sworn to before me this 8 day of Nov., 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____.

_____ Clerk

FEMALE APPLICANT

Name: First Katrina Middle S. Last Wolf

Date of Birth: Month August Day 23 Year 1947

Place of Birth (State or foreign country) Union City Indiana

Residence Address: Street or R. R. RR 2, Box 380 City Plainfield County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Wendy Elizabeth Wolf
   Michael David Wolf
   Rebecca Gabrielle Wolf
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edward Hampton Blake
   Residence of father (if deceased so state) Interlaucken, Florida
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Florence Donna Metzcar
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Katrina S. Wolf

New Address RR 3, Box 284, Brownsburg

Subscribed and sworn to before me this 8 day of Nov., 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____.

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 19 78, authorizing the joining together as husband and wife of Indiana dated the 8 day of Nov. and Donald E. Phelps and Katrina S. Wolf

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glen M. Harvey hereby certify that on the 8 day of November one thousand nine hundred and 78 at Danville, County of Hendricks State of Indiana, Groom, Donald E. Phelps of Hendricks County, State of Indiana, and, Bride, Katrina Sue Wolf of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 8 day of November, 19 78. Signed Glen M. Harvey

Official Designation Clerk, Hendricks Co.

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of Nov., 19 78

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

596

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 473

File 39

_____ County

11-8-78
Date of Application

MALE
Medical Examination Report Dated 11-7-78
Name of Physician Carl L. Heinlein

FEMALE
Medical Examination Report Dated 11-7-78
Name of Physician Carl L. Heinlein

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Terrell Middle G. Last Buttoms

Date of Birth: Month June Day 30 Year 1949

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. R.R. 1 City Pittsboro, County _____ State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Stephan Marie Buttoms
   Mo
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Travis Lee Buttoms
   Residence of father (if deceased so state) Greenwood, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Sylvia Gladys Chelf
   Residence of mother (if deceased so state) Meridian St Indianapolis, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Terrell G Buttoms

New Address P.O. BOX 1, Pittsboro

Subscribed and sworn to before me this 8 day of Nov, 19 78.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Teresa Middle L. Last Green

Date of Birth: Month March Day 31 Year 1957

Place of Birth (State or foreign country) Lebanon In.

Residence Address: Street or R. R. R.R. 1 City Pittsboro County _____ State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Voter's Reg. # 02233

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Melissa Ann Green
   Rick Lee Green
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wm. F. Smith
   Residence of father (if deceased so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma Lee Williamson
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Teresa L Green

New Address P.O. Box 1 Pittsboro, Ind.

Subscribed and sworn to before me this 8 day of Nov, 19 78

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior # 2 Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 8 *day of* November, 19 78, *authorizing the joining together as husband and wife* Terrell G. Buttoms *and* Teresa L. Green

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Sherman Essep *hereby certify that on the* 9 *day of* November, *one thousand nine hundred and* 78 *at* Pittsboro, *County of* Hendricks *State of Indiana, Groom* Terrell G. Buttoms *of* Hendricks *County, State of* Indiana *and, Bride* Teresa L. Green *of* Hendricks *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 9 *day of* Nov., 19 78.

Signed Sherman Essep

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* Nov., 19 78.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

597

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 474

_____ County

File

Nov. 8, 1978
Date of Application

MALE
Medical Examination Report Dated 11-7-78
Name of Physician Joseph C. Kirlin

FEMALE
Medical Examination Report Dated 11-7-78
Name of Physician Joseph C. Kirlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Russell Middle Allen Last Wethington

Date of Birth: Month April Day 14 Year 1957

Place of Birth (State or foreign country): Crawfordsville In.

Residence Address: Street or R. R. 407 B. S. Kentucky City St. Danville County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Grover C. Wethington
   Residence of father (if deceased so state) New Richmond, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Velma L. Wright
   Residence of mother (if deceased so state) New Richmond In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed x Russell A. Wethington

New Address 407 B Kentucky Danville

Subscribed and sworn to before me this ____ day of ____, 19____

____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary ____

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

____ Clerk

FEMALE APPLICANT

Name: First Lisa Middle Jayne Last Halford

Date of Birth: Month Dec Day 23 Year 1958

Place of Birth (State or foreign country) Anderson In.

Residence Address: Street or R. R. R #2 Box 296 LH. City Coatesville County Hend. State In.

Previous Marital Status: Never Married ☐ OR Divorce ☑ Annulment ☐ (Time)

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Daniel C. Halford
   Residence of father (if deceased so state) Waynetown, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marilyn J. Hopper
   Residence of mother (if deceased so state) Coatesville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed x Lisa Jayne Halford

New Address 407 B S Kentucky Danville In.

Subscribed and sworn to before me this ____ day of ____, 19____

____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary ____

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court by written order issued ____ and filed in ____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ____ Circuit Court of Indiana dated the 30th day of November, 19 78, authorizing the joining together as husband and wife Russell Allen Wethington and Lisa Jayne Halford

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John M. Foxworthy hereby certify that on the 18 day of November, one thousand nine hundred and 78 at Liberty Chapel Church, County of Montgomery, State of Indiana, Groom Russell Allen Wethington of Hendricks County, State of Indiana, and, Bride Lisa Jayne Halford of Putnam County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18 day of November, 19 78 Signed John M. Foxwrothy

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of November, 19 78

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

598

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 475

File

_____ County

11-8-78
Date of Application

MALE
Medical Examination Report Dated 11-8-78
Name of Physician M. D. Scamahorn

FEMALE
Medical Examination Report Dated 11-8-78
Name of Physician M. D. Scamahorn

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First William Middle T. Last Grooms
Date of Birth: Month May Day 10 Year 1922
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R. R. 11425 Tulip Dr. City Indpls. County Hend. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Elmer Grooms
   Residence of father (if deceased so state) Marseilles, Ill.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Ida Emerson
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William T. Grooms
New Address 8918 West 30th St Indpls Ind
Subscribed and sworn to before me this 8 day of Nov., 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Ardith Middle L. Last Scobee
Date of Birth: Month Sept. Day 1 Year 1927
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 8918 W. 30th City Indpls County Marion State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Albert Plank
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Evelyn Crawford
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of..... } ss: I depose and state the information given in this application is true and correct.

Signed Ardith L. Scobee
New Address 8918 W 30th St. Indpls. Ind.
Subscribed and sworn to before me this 8 day of Nov., 1978
Glen M. Harvey Clerk.....Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of..... } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13 *day of* November, 19 78, *authorizing the joining together as husband and wife* William T. Grooms *and* Ardith L. Scobee
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, David J. Van Curen *hereby certify that on the* 24 *day of* November, *one thousand nine hundred and* 78 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* William T. Grooms *of* Hendricks *County, State of* Indiana *and, Bride* Ardith L. Scobee *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 13 *day of* November, 19 78.

Signed David J. Van Curen
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* November, 19 78
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

599

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 476
File 39
11-9-78
Date of Application

Hendricks County

MALE
Medical Examination Report Dated 11-8-78
Name of Physician E. Kaveny Md.

FEMALE
Medical Examination Report Dated 10-31-78
Name of Physician Dr. Lisowic

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gary Middle H. Last Denny
Date of Birth: Month October Day 1 Year 1956
Place of Birth (State or foreign country): Indianapolis Marion In.
Residence Address: Street or R. R. 850 Broadway N. Dr. City Plainfield County Hendricks State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Mitchell Eugene Denny
   Residence of father (if deceased so state) Plainfield, In
   Birthplace of father (State or foreign country) Morrisville, In.
9. Full maiden name of mother Lois Fay Steward
   Residence of mother (if deceased so state) Plainfield In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gary H. Denny
New Address 372 Northridge Dr.
Subscribed and sworn to before me this 14 day of November, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Pamela Middle M. Last Crafton
Date of Birth: Month 9 Day 3 Year 59
Place of Birth (State or foreign country): Indpls, In
Residence Address: Street or R. R. 6165 S. Fuller City Indpls County Marion State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) # 10929

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Cecil Monroe Crafton
   Residence of father (if deceased so state) 6165 S. Fuller, Indpls
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rita Jane Shea
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Pam M Crafton
New Address 372 Northridge Dr
Subscribed and sworn to before me this 9th day of Nov. 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed
..... County ..... Court by written order issued .....
in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court* *of Indiana dated the* 14 *day of* November, 19 78, *authorizing the joining together as husband and wife* Gary H. Denny *and* Pamela M. Crafton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Conrad Cambron *hereby certify that on the* 18 *day of* November *one thousand nine hundred and* 78 *at* St. Christopher Church *County of* Marion *State of Indiana, Groom* Gary Howard Denny *of* Hendricks *County, State of* Indiana *and, Bride* Pamela Marie Crafton *of* Marion *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Marion *County.*

Dated this 18 *day of* November, 19 78 *Signed* Conral L. Cambron
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* November, 19 78
Signed Glen M. Harvey *Clerk*
Circuit Court

600

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 477

File

_____ County

November 9, 1978
Date of Application

MALE
Medical Examination Report Dated 11/8/78
Name of Physician Eric D. Clark, MD

FEMALE
Medical Examination Report Dated 11/8/78
Name of Physician Eric D. Clark, MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Stephen Middle M. Last Kirkendall

Date of Birth: Month December Day 21 Year 1947

Place of Birth (State or foreign country) Indianapolis Marion In.

Residence Address: Street or R. R. 290 Old North Salem Rd. City Danville County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Lic (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Stephenie Ann Kirkendall
   Scott Stephen "
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Frederick N. Kirkendall
   Residence of father (if deceased so state) Indianapolis In.
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Ila Lois Marie Duncan
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Ripley In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Stephen M Kirkendall

New Address 290 OLD N. SALEM RD DANVILLE

Subscribed and sworn to before me this 9 day of November, 19 78

Glen M Hervey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Thelma Middle Jean Last Beyer

Date of Birth: Month June Day 15 Year 1952

Place of Birth (State or foreign country) Ripley Marion In.

Residence Address: Street or R. R. 290 Old North Salem Rd. City Danville County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Lic (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   David Matthew Beyer
   Laura Kathleen Beyer
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold Guy Jones
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Wilbur Indiana
9. Full maiden name of mother Reckaby Bee Allister
   Residence of mother (if deceased so state) Danville, Indiana
   Birthplace of mother (State or foreign country) Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Thelma Jean Beyer

New Address 290 old N Salem Rd. Danville

Subscribed and sworn to before me this 9 day of November, 19 78

Glen M. Hervey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks Circuit County Superior Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 9th *day of* November, 19 78, *authorizing the joining together as husband and wife* Stephen M. Kirkendall *and* Thelma Jean Beyer

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dr. Joseph D. Stump *hereby certify that on the* 11 *day of* November, *one thousand nine hundred and* 78 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Stephen M. Kirkendall *of* Hendricks *County, State of* Indiana *and, Bride* Thelma Jean Beyer *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 11 *day of* November, 19 78.

Signed Dr. Joseph D. Stump

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* November, 19 78

Signed Glen M. Hervey *Clerk*

HENDRICKS *Circuit Court*