

Allen, Barbara Sue	31
Alford, Michael O.	32
Alexander, Kevin J.	48
Amend, Janet L.	71
Alexander, Cynthia	82
Adams, Sharon Rae	84
Agnew, William	90
Allee, Lynn E.	120
Allen, Debra Jean	131
Ashbrook, Sally J.	152
Aylor, William T.	153
Adams, Betty L.	170
Osler, David L.	174
Allman, Cheryl	182
Arthur, Beatrice L.	184
Allen, Sheryl Lynn	196
Anderson, Delora Lynn	201
Arthur, Jerry A.	213
Amos, Barbara Lee	219
Adams, Penny Jo	278
Atkinson, Mark H.	283
Anderson, John	} Remarriage 293
Jeresa Anderson	
Alderman, Jill Linda	311
Andrew, Robert Carl	358
Amster, Carl Patrick	357
Alexander, Ronald G.	379
Allen, Sherry	396
Anderson, Diana Lee	400
Alpine, Kathryn	427
Almy, Betty L.	468
Austin, Michael Wayne	469
Albright, Jeresa E.	488
Appley, David Leon Jr.	525
Ackerman, Jeffery Dale	546
allen Kenneth W	428

B

6 Best, Jeffrey K.
 6 Burnett, E. Michele
 21 Burons, Jack
 22 Buttler, Deborah L.
 43 Baughman, ~~Leonard~~ ^{Leonard} F.
 45 Blackard, Julian H. } remarriage
 45 Blackard, Eleanor E. }
 57 Bauer, Kayce M.
 67 Buzzard, Brenda L.
 68 Barker, Lisa Kay
 71 Belford, Duane W.
 1 Barfell, Duwayne L.
 1 Bradford, Nancy E.
 85 Birch, William S.
 94 Black, Ruth Ann
 97 Bumgarner, James M.
 107 Buis, Mary E.
 113 Barnett, Robert L.
 119 Beimfohr, Leslie Ann
 138 Bray, Ollie D.V.
 146 Bradley, Richard Allen
 162 Byassee, Wilbur
 164 Brunner, Linda Gayle
 166 Bailey, Julia Ann
 167 Beliles, Steven R.
 172 Burnett, Tole
 173 Brown, Emily C.
 175 Buckhester, Susan E.
 176 Branam, Lori D.
 177 Brickett, Linda
 185 Bourne, Barbara Suzette
 187 Brock, Roy Michael
 188 Burtner, Larry D.
 189 Burns, Jennifer M.
 189 Brittingham, James D.
 190 Black, Dale A.
 198 Bradshaw, Emily K.
 199 Benge, Richard L., Jr.
 211 Barnett, Judy I.
 215 Brannon, Natalie Ann
 215 Barker, Charles Alan
 233 Brisker, Wilma L.
 234 Brocker, Susan L.
 250 Bettge, Richard Perry
 253 Bucke, Timmy Gregory
 254 Bates, Barbara Elizabeth
 263 Bain, Jacqueline Anne
 270 Bishop, Cleve L.
 272 Barker, Richard H.
 276 Bryant, Alisa Jean

283 Bacon, Debra M.
 285 Becker, Robert J., Jr.
 285 Burnham, Phyllis L.
 286 Burger, Donald R.
 330 Bush, Harold T. Jr.
 336 Blundy, Wanda L.
 338 Bellman Gregory Richard
 341 Beams, Catherine Lynn
 353 Bennett, Wm. K.
 355 Burck, Margaret B.
 359 Button, Mark Uhlar
 363 Blackford, Laura Lynn
 371 Brill, Allen W.
 373 Bryant, Jay M.
 375 Brock, Charlie E.
 388 Boggs, Debra Elaine
 398 Bain, Kenneth Lee
 402 Bridgman, Dewey Wm.
 406 Burrell, Maurice O.
 406 Bous Nancy, Sue
 408 Barry, Lynn S.
 409 Bailey, Terry J.
 413 Braughton, Mary A.
 420 Burdine, Christine E.
 426 Bullardick, B. Guldine
 434 Brown Jeffrey, A.
 438 Best, Barbara Lynn
 442 Blanford, Mark Carl
 445 Brower, Julie Ann
 452 Buske, Brenda
 457 Britt, Tracy W.
 486 Brewster, Edward A.
 487 Bell, Janice Lynn
 499 Burke, Bobbie C.
 509 Beaman, Ronald L.
 519 Brinkman, Gary Allen
 532 Belford, Paula K.
 533 Brickett, Cyrus L.
 536 Bargo, Cheryl Ann
 538 Bailey, Mark Anne
 544 Bruce, Michael A.
 544 Brown, Rebecca K.
 541 Butler, Jill E.
 549 Bacon, Galdie F.
 552 Blyzard, Reginald A. II
 553 Byrd, Susan E.
 556 Brown, David Keith
 564 Bawser, Jerry Wayne
 572 Boe, Dana K.
 520 Ballard, Denial L.

FRONT

Blackmore, Jeffery J.	587
Bradley, Gerald K	596
Batchelor, Ted E.	597
Booker, Mary Jane	599
Bunch, Kimberly A.	598
Bell, Carl David	3

B
C

FRONT

- 4 Cline, Larry C.
- 18 Carpenter, Earl Lee
- 19 Childers, Diana
- 25 Cook, Cathy Lynn
- 26 Crump, William Meile
- 26 Cumpher, Karen Marie
- 27 Caswell, Roger
- 34 Cogan, Dorothy Kay
- 36 Cooper, Bradley A
- 38 Church, John M.
- 39 Clark, Jerry L
- 39, Cress, Martha Ann
- 62 Caswell, Kathy Elaine
- 68 Comegys, Kevin L.
- 72 Collins, Mary Alice
- 73 Caver, John B.
- 73 Coffey, Patricia Ann
- 81 Cooper, Lisa J.
- 91 Carlton, Jimmie L.
- 92 Connell, Michael Kevin
- 102 Cop, Martha D.
- 103 Conner, Larry Joe
- 106 Chastain, Jeffery C.
- 108 Cop, Margaret D.
- 116 Carney, David Lee
- 112 Cook, John Wayne
- 118 Cosler, Keith
- 125 Criden, John Lester
- 134 Carver, Shirley
- 136 Clemons, J. Lynne
- ~~138~~ ~~Ellie D. V. Bray~~
- 139 Cline, Hazel D.
- 147 Cain, James Doyle
- 154 Caldwell, Thomas Lee
- 165 Campbell, Lanny J.
- 165 Craft, Teresa Ann
- 169 Calic, Cynthia Sue
- 178 Cop, Sheryl Lynn
- 188 Coy, Jane L.
- 207 Cummings, Carol D.
- 227 Campbell, John D.
- 231 Crabbs, Ricky J
- 240 Chastain, Stephen Michael
- 247 Carter, John J.
- 247 Clark, Nancy L.
- 253 Cordy, Elizabeth Ann
- 254 Coker, Wm. Charles
- 257 Cook, Rebecca Ann
- 260 Collins, Doris Marie
- 268 Conrad Pamela Sue

- 262 Carter, Skuld D.
- 264 Cop, David Earl Jr.
- 272 Chapman, Catherine Marie
- 284 Carter, John L.
- 284 Coffey, Patricia Ann
- 290 Cody, Mary Susan
- 296 Croy, E. Darrell
- 308 Cassada, Marsha L
- 309 Collis, Steven Perry
- 321 Coomer, Billy J.
- 329' Carr, Leah C.
- 334 Carpenter, Richard L.
- 340 Carter, Carl D.
- 349 Conant, Patricia Ann
- 350 Colburn, Jerry
- 372 Carter, Barry L
- 380 Caldwell Dale Anthony
- 391 Cunningham Jerry G.
- 407 Craig, John Wayne
- 421 Cassity, Lori J.
- 439 Carter, Fred M.
- 450 Chance, Mark H.
- 454 Crawley, James E.
- 450 Cop, Larry Dean
- 460 Carter, ~~Paul J.~~ Deborah K.
- 468 Carpenter, Wayne
- 471 Collins, Kathryn Anne
- 474 Connor, Michael Bruce
- 475 Coats, Jeffery Thomas
- 500 Chalfant, Carey B.
- ~~511~~ Carlton, Kevin D.
- 524 Clark James R.
- 525 Crowe, Laura Kathleen
- 532 Caudill, Jackie A.
- 547 Colbert, Timothy J.
- 550 Cooper, David J.
- 555 Courtney Edith J.
- 571 Clubs, Sharon D.
- 575 Cardwell, Laura Inese
- 580 Cordell, John W.
- 585 Campbell, Margaret A.
- 578 ~~588~~ Caylor, Tim J.
- 588 Crane, David L.
- 594 Cop, Sammy Jo.
- 1 Chaney, William Ervington
- 3 Clements, Lisa Ann
- 509 Coffman Jr. Earnest Howard

B
C
D

FRONT

	De Bard, Sarah L.	36
	Dickman, Rhonda Ann	38
	Diefelak, Joyce Ann	41
	Dowell, Lori A.	47
	Dunagan, Thomas J.	49
	Davis, Steven Ray	86
	Dean, Richard A.	88
	Duncan, Jami Diane	96
	Decker, Kimberly Jola	137
	Dunn, Jami Lynn	141
	Downing, James F.	149
	Davis, Eugene Larry	166
	Dickard, Larry D.	193
	Duncan, Stephen L.	197
	Drellinger, Howell Martin	209
	DeLois, Paul C.	211
	Davis, Katherine Elaine	217
	Denham, Beverly Jane	224
	Doane, Sandra Denise	227 230
	Doughty, Patricia Jann	250
	Dennemann, Edward Melvin	252
	Davis, Robert Eugene	266
	Dillon Annabelle	268
	Dart Diana K.	294
315	Dow, Sandra R.	
316	Diesslin, Richard Lee	
	Edley, Murrell Wana	339
	Dillon, Kevin L.	343
	DeLonghelms, L.	351
	Denny, Wilma Jan	352
	Davis, George T.	365
	Dorsey, Mary Ann	368
	Dandrew Gerald A.	383
	Drennan, Debra Diane	392
	DeWass, Diane J.	393
	Davis, Karen Sue	407
	Doolin, Gary L.	425
	Davis, Mitchell K.	424
	Davis, Jennie Lea	442
	Danner, Paula Marie	444
	Davis, James Perry	483
	Davis, Kathleen Ann	492
	Deardorf, Linda L.	493
	Davis, Kenneth F.	497
	Davis Katherine D.	511
	Drew, James T.	529
	Davis Herbert	541
	Dickey, Roxie	550
	DeLong, Karen D.	582
	Davis, Karen Dianne	589

B
C
D
E

- 1041 Sene, Charles F.
120 Ellett, James B.
135 Ennis, Mable J.
156 Ewing, Steve E.
210 Edick, George L.
225 Evers, Deborah S.
266 Edmondson, Karen Sue
291 Erwin, Burl E., Jr.
318 Eaton, Suzanna D.
332 Eaton, Jane Ann
415 Elliott, Linda L
431 Essmann, Douglas F.
416 Eubank, Corinne
{554 Evans, Michael A.
{554 Evans, Luann Edwards
559 Eberwein Leroy R.
560 Edwards, Charlene

FRONT

B
C
D
E
F

FRONT

- 15 Carla Sue Farthing
- 16 Gikins, Robert M.
- 21 Fields, Rosalyn
- 24 Fincham, Jr., Wesley David
- 31 Ford, Kevin D.
- 56 Felty, Mark Allen
- 59 Francis, Clarence C.
- 77 Fleming, Cathy L.
- 105 Fanning, Susan Theresa
- 107 Franks, Harold W.
- 129 Fender, Roy Thomas
- 133 Fatch, Morris Karlex
- 144 Frick, Donald E.
- 197 Flint, Kimberly P.
- 203 Finchem, Barbara J.
- 255 Fritts, Mickey Elaine
- 267 Ferraro, Salvatore }
- 267 Ferraro, Helen M. }
- 271 Finlay, Dorothy Anne
- 290 Fenn, Donald E.
- 304 Flece, Steven Barclay
- 307 Fish, Elizabeth A.
- 313 Fodrie, Rita M.
- 342 Fuller, Marsha J.
- 344 Fawcett, Cheryl A.
- 362 Fallowfield, Vicki L.
- 378 Flaherty, Robert E.
- 389 Frazer, Val J.
- 470 Friedman, David L.
- 477 Farley, Annette Lorraine
- 478 Filler, Jeffery Michael
- 501 Flowers, James A.
- 504 Fanning, James Robert
- 522 Farthing, Robert D.
- 527 Fulk, Kenneth Carl
- 537 Farrugia, Theresa M.
- 562 Friel, James Vint
- 577 Freije, Thomas James
- 587 Freeland, Cheryl R.
- 586 Fairfield, Jesse Wm.

B
C
D
E
F
G

FRONT

- 1 Sedgel, Ronald Dean
13 Glogg, Gary Gene
14 Gregory, Tony Lee
17 Greer, Cynthia Lorene
23 Gains, Lilly Mae
34 Grubb, Robert Dewey
58 Gemmel, Judith Joann
65 Gumble, Tracy L.
76 Green, O. Michael
76 Guter, Deborah
124 Gouker, Richard J.
126 Garrett, Glen T.
147 Gorrell, Patricia Gayle
155 Gaffney, Mark A.
157 Graham, Myrna K.
163 Gumble, Roger W.
199 Giles, Donna J.
213 Gregory, Kathie J.
218 Gross, Debbie L.
220 Good, Michael John
230 Gibbs, Michael Lee
251 Gowan, Harry C.
255 Goodpastor, Samuel Delwayne
270 Gehring, Sandra J.
275 Gibbs, Jay Harlan
276 Gumble, Gary Dean
277 Grant, Brent Lee
282 Glesner, Kimberly Ann
292 Gray, Eugene Fred
296 Gray, Norma J.
311 Gunkart, James Hugh
329 Gilburt, William Homer
333 ^{SEE H} ~~Winton, Brenda Ann~~
348 Gividen, Larry V.
351 Glen, Gerald L.
359 Gunn, Colleen Michelle
366 Griffith, Donald Gene Jr.
378 Griswald, Teri D.
395 Graf, John Henry
402 Gray, Beverly Gail
403 George, Cheryl Lynn
404 Goodman, Carol A.
461 Goodman, Donna Jo
463 Gelfillan, Linda L.
488 Gunnell, Edward L.
495 Garland, Fred Michael
508 Goetz, William B. Jr.
510 Gony, Michael A.
527 Glass, Luisa Diane

- 541 Gilman, Norman Lee
569 Guss, Sherry L.
587
592 Judy L. Griffith
600 Giles, Jack C. Jr.
p. 209

B
C
D
E
F
G
H

FRONT

5 Haltsclaw, Diana Lynn
10 Harlan, Jan Austin
16 Hishman, Delora A.
33 Hanson, Coia Lynn
35 Harp, Abigail Harp
44 Harmon, Jack L.
46 Halcomb, Mona Lisa
50 Hefly, Eric Lee
78 Haulk, Albert C.
81 Harris, Richard Alan
83 Heister, Robert Joseph
95 Higley, Norwood R., Jr.
98 (Hutcherson, Chris W.)
98 (Homer, Cynthia A.)
114 Hodge, Debbie A.
124 Hubble, Marian
141 Hip, Denver Leo
144 Harvey, Mildred A.
145 Harpool, Ray, Monroe
161 Hyden, Karen Elizabeth
164 Harrell, David L.
168 Huffman, Michele
176 Hood, Thomas E.
182 Howell, Charles
202 Howard, Richard Glenn }
202 Hayes, Constance }
224 Hills, John Richard
226 Herrick, Robert Lynn
226 Humberg, Anita Ann
229 Hardin, Ann E.
232 Hutton, Lawrence Allen
239 Holmes, Helen, M.
241 Herrington, Jennie G.
256 Hirschman, Harry Mitchell
258 Hines, Mitchell Paul
261 Halfaker, Bryan Kent
263 Heyden, Karen Sue
269 Hatleli, Julie L.
271 Hall, Paul David
279 Hinklein, Theresa Ann
280 Hostetler, Mary J.
287 Hamilton, Ivan Lee
295 Honeyman, Michael
299 Hanch, William C. Jr.
308 Huestep, Steven L.
318 Hardy, Paul A.
320 Heirkin, Jon Thomas
322 Hallatt, Denise Loren
331 Harman, Larry C.
333 Hayton, Brenda Ann

335 Hutchens, Nancy L.
349 Hill, William Michael
367 Hamilton, Sandra E.
385 Helton Janet L.
389 Hoffman, Susan
408 Hammond, Michael W.
410 Hook, M. J.
412 Hendricks Benita Ruth
x 417 Hollis, Tina L. 417
420 Hawkins, Dennis H. x
431 Hunter, Kimberly L. x
432 Hamblen, Sheryl J.
435 Holder, Darywyn V. Halder
436 Horn, Timothy Kane
440 Hannell, George Jr.
444 Hill, John D.
448 Hopper, Tamara L.
452 Humphrey, James
446 Hensley, Margaret E.
458 Hutto, Susan Ann
467 Havens, Mark Allen
473 Hadley, Steven J.
466 Hess, David R.
481 Hawn, Beverly Sue
485 Haywood, Dana L.
493 Hutchinson, Richard Jr.
516 Hren, Frankie J.
526 Halden, William C. }
526 Harris, Pamela Kay }
538 Harris, Charles D.
542 Henderson, Charles E.
548 Harrigan, George Michael
557 Hopkins, Frederick M. IV
563 (Hancock David W.)
563 (Julie L. Haggard)
x 568 Hawks, Harold
570 Hiland, Jeffrey
590 Hammersley, Paul Clifford, III
594 Hessler, Timothy Allen
595 (Harris, Marvin D.)
595 (Dona Belle Harris)

B
C
D
E
F
G
H
I

64 Ingle, Muriel M.
386 Irwin Joyce A
508 Ingle, Theresa L.
529 Ilg, Lisa E.
536 Ireland, Paul Bradley

FRONT

B
C
D
E
F
G
H
I
J

FRONT

- 37 Jones, David Wayne
- 66 Johnson, Paula J.
- 60 Johnson, Walter K.
- 83 Jordan, Cynthia Sue
- 94 Jones, Johnny Wayne
- 119 Johnson, Melvin Pete
- 143 Jordan, Thomas Michael Jr
- 151 Johnson, Michael Allen
- 153 Jordan, Glenn A.
- 162 Jones, Mary F.
- 183 Jensen, Gary Griffith
- 195 Jones, Jeffrey Alan Lee
- 228 Jones, James E.
- 278 Johnson, Ronald Wayne
- 286 Johnson, David M.
- 336 Johnson, James R.
- 337 Jenkins, Bruce Alan
- 394 Jolley, William Lee
- 399 Jenkins, Williams II
- 400 Jeffries, George Douglas
- 404 Jones, Jeffrey L.
- 472 Johnson, Karen J.
- 473 Johnson, Kay L.
- 499 Jones, Sandra Kay
- 509 Jones, Sheila J.
- 513 Jones, Connie
- 513 Jones, Linda Sue
- 521 Johnston, Christine D.
- 530 Johnson, Teresa M.
- 590 Johnston, Julie Ann
- 591 Johnston, Martina Marie
- 591 Johnston, Glenn Wayne
- 599 Jones, David Wayne

B
C
D
E
F
G
H
I
J
K

FRONT

- 26 Kamen, Cheryl
- 33 Kiger, Michael
- 53 Kanakis, Rita M.
- 67 Kleitsis, Joseph P.
- 69 King, Thomas J.
- 114 King, Larry E.
- 118 Koku, Sallis A.
- 123 Kempf, Patricia B.
- 127 King, Thomas
- 210 Kleiber, Mary B.
- 219 Krytschewski, Robert M.
- 221 Knaues, Gordon Eugene
- 240 Knight, Pamela Kay
- 243 Knight, Michael
- 259 Kenworthy, Fred L.
- 291 Kelso, Clara J.
- 302 Kitham Elaine O
- 312 Keeney, Linda Ellen
- 325 Kelly, Lisa A
- 352 Kapcoe, Andrew Richard J.
- 363 Key, James E.
- 416 Knight, Judith Ann
- 426 Knapp, Keith A
- 459 Ringery, Susan L.
- 470 Kelly, Dana S.
- 478 Koons, Abigail Ponita
- 482 Kinkadoel, Karen N.
- 496 Kennedy, Richard D.
- 505 Keihn, Vicki Lynn
- 507 Kerby, Christie Ann
- 517 Kelly, Sally L.
- 551 Kennedy, Eubank
- 555 Kindley John David
- 564 Keck, Perry Lee
- 4 Keesling, Michael E.
- 5 King, Marian Anne

B
C
D
E
F
G
H
I
J
K
L

FRONT

- 40 Leak, Robert W.
- 42 Levy, Lisa A.
- 63 Leak, Nancy E.
- 66 Lunford, Arnold R.
- 6
- 80 Lombardo, Patricia A.
- 90 Lucas, Cindy Marie
- 99 Lehr, Ricky R.
- 108 Leammonson, George F.
- 134 Lechard, Paul R.
- 142 Long, Jerry Bedford
- 140 Lenthicum Marilyn J.
- 168 Leath Jeffery A.
- 221 Eleanor Delores Larson
- 222 Larkin, Steven Allen
- 232 Long, Allison Kay
- 244 Land Jeffery
- 244 Lamm Kelly
- 248 Litzelman, Vera L.
- 265 Long, Thomas Patrick
- 273 Lauman, Paul D.
- 277 Luckenbill, Cheryl Ann
- 280 Lavender, David L.
- 288 Larison William Edson
- 294 Long, Randall K
- 299 Lagnahan, Sherry L.
- 307 Lemen, Craig A.
- 310 Lasley, Donald E.
- 317 Locke, Sylvia J
- 323 Luckett Nancy, Anne
- 341 Leslie, Thomas M.
- 350 Lee, (Stella) Sheila R.
- 374 Lovins, Wm. Thomas
- 377 Larmer, Rose Marie
- 382 Leg, Patricia J.
- 386 Lyphick David F
- 399 Leonard Susan E.
- 401 Leinenstall, David Harlan
- 412 Lewis Tracy Paul
- 416 Lone, Gary Alan
- 418 Legotte, Fammie L.
- 421 Long, Mark A.
- 433 La Monte, Wale
- 440 Lauman, Susan
- 456 Larkin, Vicki L.
- 476 Lauron Jerry A
- 491 Lotter, Mark
- 502 Lawson, Carole Lee
- 504 Leisen, Cheryl Rae
- 512 Lashbrook, Donna Mae

- 514 Linn, Linda Ann
- 541 Leoford, Geneva
- 551 Livingood, Sue Ellen
- 561 Luper, Sheryl Kaye
- 562 Lowry, James Patricia
- 565 Love, Jerry L.
- 596 Lanken, Ruthie

Lawson, Darrell A. 35

Love, Bruce Wm. 494

Lash, Michelle J. 510

Linton, Gary Stephen 515

Lowry, Delana S. 523

Lypers, Frank C. 534

Lewis, Carol J. 534

Lippard, David E. 582

L
M
N
O
P
Q
R
S
T
U
V
W
X
Y
Z

B
C
D
E
F
G
H
I
J
K
L
M

FRONT

- 3 Martin, Jugueta M.
7 Mann, Larry L.
14 Markey, Patricia Ann
17 Miller, Brett Allan
20 Millard, Ronald E.
52 Merchant, Debra J.
53 Morpheu, David L.
54 Morgan, Ethel Lynn
55 May, Christopher Alan
58 Mitchell, Bryan Dwayne
59 Moore, Michelle, L.
84 Mendins, Frederick Paul
88 Mayeux, Barbic M.
93 Mahan, Rodrick L.
105 Massingale, Russell Roy
111 Melton, Joseph D.
115 Wendy, Sandra Sue
112 Misik, Sharon Rose
117 Morris, Carrie L.
128 Miles, Victoria Lynn
131 Miller, Thomas Edward
135 Maloney, John
159 { Myers, Billy R
Madison, Eva May
170 Maiden, Raymond W.
186 Martin, Jon Michael
191 Miller, Neena Jan
195 Morris, Wendy Gale
196 Martin, William Joseph
205 Maxwell, Sammy L.
223 Masten, Deborah Lynn
228 Mink, Janette
234 Mitchell, Dennis L.
242 Maunice, Timothy Lee
245 Myers, Teresa Kay
246 Mills, Donna R.
261 May, Janice Ann
260 Mettler, Robert Leland
263 Meunier, Michael Joseph
275 Mills, Cynda Lou
282 Muston, Charles Herman Jr.
289 Mackey, Billy Joe
295 Masso, Beverly A.
298 Mantooth, Gary Edward
298 Mitchell, Janette Sue
301 Meade, Patricia Gail
312 Morrison, Arthur Frederick
327 Miller, Carolyn D.
335 Mitchell, Christopher L.

- Mare, Jeffrey Glen 344
Maurer, Martha Ann 345
Merritt, Ed Edwards 345
Madison, Andy L. 361
Miles, James Michael 368
Maltby, Rebecca A 371
Murray, David Keith 354
Munn, Christina 373
Myers, Brenda Kay 374
Merritt, Grace Helen 379
Manson, Sandra Jan 384
Meyer, Scott 388
Martin, Timothy 390
Marks, James Clifford 403
Mitchell, Teresa Fay 405
Moore, Michael A 417
Mathis, Paul D. 419
Mann, Donna L. 419
Martin, Harold Jeffrey 423
Meyer, Virginia L. 424
Miller, Yvonne Cora 436
Martin, Edith Kimberly 443
Moore, Julie 453
Mullins, Paul J. 460
Merritt, Gregory Dean 464
Mitchell, Jamie Marie 475
Martin, Lura D 476
Masterson, Lea Ann 483
Maken, Eunice 496
Maupet, Virginia 497
Marshall, Gary Lynn 505
Masterson, Robert L. 514
Meadows, Pamela Susan 515
Merritt, Randy J. 463
Miles, Barbara J. 539
Murphy, Robert E. 539
Martin, Carl J. 543
Mason, Pamela S. 543
Marnitz, Elizabeth Ann 548
Mullins Anita Jane 552
Meredith, Karen R. 565
Michael, Kevin W. 567
Mitchell, Johana Sue 578
Morpheu Randall K 584
Montgomery, Patricia Kay 588
Mincer, Barbara J. 593
Meacham, Deanna S 599

B
C
D
E
F
G
H
I
J
K
L
M
Mc
FROM

- 1 McMurry, Melia Lee
- 11 Mc Farlin, Verdona Kay
- 54 Mc Laughlin, Dorothy D.
- 106 Mc Roberts, Yvonne S.
- 116 Mc Mahon, Judith Elaine
- 117 Mc Donigal, James D.
- 132 Mc Cellan, Dawn Louise
- 173 Mc Roberts, Darrell
- 214 Mc Kinney, Virginia L.
- 232 Mc Cllland, Donald Lee
- 245 Mc Intyre, Dennis L.
- 257 Mc Crany, Albert Raymond
- 321 Mc Scholler, Donna
- 327 Mc Donald, Robert L.
- 339 Mc Mough, Tony J.
- 345 Marriott, Cal Edward
- 357 Mc Kenney, Judy Lucille
- 386 Mc Glothlin, Jennie Louise
- 425 Mc Daniel, Marilyn S.
- 450 Mc Fall, Elaine M.
- 451 Mc Kee, Sue Anne
- 453 Mc Donald, Darrell
- 480 Mc Clure, Virginia Lee
- 631 Mc Henry, Michael
- 584 Mc Donald, Juanita G.
- 597 Mc Donald

B
C
D
E
F
G
H
I
J
K
L
M
Mc
N

- 30 Nachazel, Douglas John Matthew
- 41 Nelson, James Thomas
- 172 Neier, Patricia
- 181 Neely, W. Lail
- 204 Nelson, Charles A.
- 205 Newland, Richard A.
- 235 Niles, Patricia Sue
- 249 Niles, Margaret J.
- 252 Niles, Jerris C.
- 304 Noyes, Tammy Jan
- 356 Noble, Mark R.
- ~~448~~ ⁴⁴⁵ ~~341~~ Nease, Michael J.
- 451 Neff, Randall J.
- 467 Napier, Michele B.
- 481 Newlander, Joseph
- 517 Nelson, Dennis J.

- 63 Owen, Philip L.
132 Orr, Irl Huffy III
149 Oymont, Judy R.
194 O'Connell, Marcus Lynn
302 O'Sullivan, Tom R.
316 Onken, Melinda Jo
372 O'Neal, Polly L.
384 Oler, Kevin J.
387 O'Neil, Nicholas R.
418 Ogden, David A.
516 Olingu, Karen L.
558 Ogden James E.
501 O'Brien, Timothy J.

B
C
D
E
F
G
H
I
J
K
L
M
Mc
N
O
P

- 12 Poole, Andrew Thomas
- 20 Parrish, Karen L.
- 44 Puckett, Valerie Kay
- 89 Page, Lynda B.
- 91 Pounds, Melvyn R.
- 97 Plummer, Mary Ann
- 99 Pruitt, Janette Caroline
- 104 Pugmire, Janet S.
- 128 Pitsch, Ronald James
- 135 Pe Sax, Rita C.
- 142 Pettitt, Linda Sue
- 146 Price, Nancy Janne
- 148 Ping, Carol S.
- 151 Pedigo, Brenda Lee
- 163 Pickrel, Alvin
- 167 Price, Hazel Ruth
- 181 Patrick, Dion S.
- 192 Pinkerton, Constance Lynn
- 203 Pursel, Tom Donald
- 204 Plock, Elaine
- 207 Portwood, Jeffrey T.
- 216 Patterson, Patricia Ann
- 236 Penn, Craig Eugene
- 273 Penrod, Jo Anne
- 309 Pfeifer, Carla Ann
- 313 Pfeiffer, John William
- 325 Page, G. Robert
- 344 Pappas, Jeff J.
- 328 Page, Cynthia D.
- 330 Puglis, Patricia A.
- 333 Pritchett, Michael R.
- 342 Price, William D.
- 379 Phillips, Patricia L.
- 383 Pfeifer, Kitty B.
- 391 Pierson, Donna L.
- 396 Phillips, Lawrence
- 397 Pendergraft Angela J.
- 414 Pottigrew, Vickie Lynn
- 432 Phillips, Kevin D.
- 439 Pingleton, Marianne Denise
- 454 Pribe, Jamie M.
- 455 Paynter, Aaron C.
- 462 Plunkett, Wm. E. II
- 469 Plummer, Carrie Lynn
- 472 Parrish, Albert Stephen
- 492 Phillips, Dennis Allen
- 503 Parker, Denny R.
- 546 Purdy, Kathy Lynn
- 581 Patton, David S.
- 581 Patton, Cathy E.

- 558 Pritchett, Virginia L.
- 579 Perkins, Glenn Raymond

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5 Quinn, Wm. Anthony

5 Rivers, Scott Neil
 8 Reynolds, John Waters
 12 Ramey, Deborah Kay
 15 Robinson, Eddie Alvora
 29 Rogers, Oscar C.
 29 Roe, Dale L.
 54 Rounder, Gary
 75 Rogers, James T.
 78 Reed, Carolyn J.
 77 Reger, David
 85 Riddle, Kimberly J.
 87 Reed, Robert
 95 Relf, Jonell Marie
 111 Ragan, Rebecca A.
 129 Rinkart, Mary Catherine
 158 Richardson, Ronald G.
 175 Raison, Eric
 184 Russell, Robert W.
 198 Richman, William C.
 218 Reid, Kevin R.
 220 Reid, Roselaine
 225 Royal, Freddie R.
 227 Rosengarten, Jiel C.
 231 Russell, Vicki Lynn
 233 Ruple, Harold C.
 238 Roberts, Russell May
 243 Russell, Cynthia
 300 Riddle, Charles Elmer, Jr.
 300 Rigger, Cindy Sue
 301 Ripulds, Terry C.
 340 Russell, Mildred Jean
 343 Richard, Sueba Lynn
 364 Gallison, Byron L.
 376 Rivers, Mark A.
 385 Ryan, Michael C.
 394 Riley, Janet Lynne
 415 Reynolds, David H.
 427 Roe, Roger P.
 429 Rawlins, Cynthia Lynne
 441 Reinhardt, Barbara A.
 443 Reed, Leo
 447 Richardson, David L.
 479 Robertson, Deborah A.
 482 Reinert, Herbert J.
 486 Robinson, Lisa J.
 495 Ridge, Martha Roseann
 519 Robertson, Tamara Leigh
 528 Reeves, Angela J.

541 Rodgers, Sheila A.
 567 Rathbford, Angela Jo
 572 Roe, Harry W.
 574 Richardson, Allen C.
 577 Ray, Paula Ann
 580 Reid, Diana L.
 589 Relison, Bradley David
 593 Randall, Rena L.

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3 Smith, Herbert P.
4 Storm, Jeanne L.
9 Schawker, Donnie Dee
10 Snodgrass, Augusta Jeanne
11 Stalcup, Ronald Gene Jr.
13 Stephenson, Virginia Ann
23 Sawyer, James Jeffery
24 Demback, Cinda Anne
25 Smith, Larry Joe
30 Selzer, Iri Lynne
32 Stevens, Patricia Lynn
40 Stidham, Della M.
42 Stout, J. Richard
48 Summers, Chyllis J.
50 Simpson, Pamela Kay
51 Spears, Arnold P. }
51 Spears, Zelma H. }
52 Schults, Gregory J.
55 Schaffer, Belinda Dale
56 Shultz, Vicki Jean
61 Stewart, Mark Jay
61 ^{sumner} Stewart, Corrie Sue
62 Shirley, Richard Kent
64 Stubbs, George C.
65 Spencer, John W.
69 Sutherland, Jo Mary
70 Stansbury, Patricia A.
75 Stassin, Tina K.
89 Seyore, Louis L.
87 Soerels, Diana
92 Smith, Kimberly Sue
100 Shaw, Larry Eugene
100 Spaulock, Kathy Jean
102 Story, Carl H.
101 Stephens, Kevin D.
109 Spencer, Thomas Allen
109 Sturdivant, LaVone Cecelia
110 Stelzner, Steve B.
115 Switzer, David Lynn
121 Lipes, Barry Wilson
121 Lipes, Mary Catherine
122 Simpson, Jack
123 Smith, Sawyer D.
127 Sawyer, Jannine
130 Smith, William H.
133 Smith, Penni Michel
136 Siddons, David
137 Skinner, Jeffrey Ray
145 Smith, Joan Marie
148 Stone, Daniel L.

158 Slover, Janet Elaine
169 Spaulding, Sydney Lewis
171 Skow, Robin Ruthe
174 Scheuer, Terri L.
178 Sechman, Donald Allen
179 Schriber, Lecki L.
180 Sunman, Jeanette A.
186 Stewart, Peggy Ann.
187 Stuller, Lou L.
190 Sippes, Larry J.
192 Stone, Richard A.
193 Styers, Vicki L.
194 Snyper, Richard Samuel
200 Sinclair, David L.
206 Smith, Daniel Joseph
208 Smith, David D. }
208 Stover, Mary H. }
214 Strode, Timothy D.
216 Sowards, Cyrus Gregory
229 Semback, David W.
239 Schwartzel, Eric M.
241 Simonson, Rickey E.
249 Stahl, John R. Jr.
251 Siddons, Karen L.
253 Sargent, Pamela Sue
259 Silkwood, Delray D.
264 Swann, Rosalind Jean
265 Schutte, Jennifer Lynn
268 Skaggs, Leo Nelson
269 Stapleton, Jamie L.
279 Stevenson, Donald Ray
281 Stalling, Robin Lynn
287 Shute, Mary Frances
288 Stidham, Charlene
303 Simpson, Steven Mark
305 Shields, Muriel
305 Slifer, Gerald P.
306 Servis, Susan E.
315 Shockley, James L.
319 Stewart, Tom D.
319 Seeburger, Gretchen L.
322 Swager, Randall Dean
324 Smith, Joseph Kevin
334 Smith, Donna L.
337 Summerlot, Rhonda Carol
338 Sigert, Janet Yvonne
347 Shirrell, Rhonda L.
348 Sechrest, Mara G.
346 Smith, Claire Kal

Stoeffler, Mary Elizabeth	353	Smith, Karen Lea	540
Standiford, Brenda	354	Smith, Ricky Len	545
Smither, Robin R.	356	Spates, Sandra Lynn	557
Snell, Sammi Jo	390	Symour, Michelle K	559
Starbuck, William Earl	362	Smock, Dennis Charles	566
Stechman, Monica S.	364	Shirrell, Debra S.	568
Stefford, Peggy S.	365	Shores, Joel F.	569
Smith, Brenda Sue	366	Sieg, Jacquelyn D.	574
Spotila, Tim Allen	370	(Stucker, Mark D.)	576
Spears, Tamara Lee	370	(Stamm, Virginia Sue)	585
Streaming Cynthia J.	369	Smith, Pirtel O.	
Summers, Larry Andrew	381	Stingley, Theresa Ann	586
Shepard, Helen Jean	395	Smith Timothy J.	592
Summerholt Robert A.	397	Stevenson, Virginia R.	600
Summers, Gail Lynne	410	Sauer, Mary C.	4
Snyder, Randy Ray	411		
Sladen, David R.	413		
Selke, Gary A.	414		
Springer, Krista Louise	409		
Smith, Ronald Lee	422		
Salmons, Angela	423		
Sharp, Cheryl L.	434		
Scott, Michael S.	435		
Stewart, Kenneth David	438		
Schmidt, Clarence E.	441		
Shuler, Robert Brian	448		
Snyder, Patricia L.	449		
Slamper, Maralynn	447		
Smith, Brian L.	456		
Schoaf, Robert D.	446		
Schlier, Edde J.	457		
Sabo, Margaret L.	462		
Sherron, Allen Lee	471		
Sparks, Linda Grace	474		
Stonking, Janalyn	466		
Showalter, Wayne A.	477		
Schmutte, Christine Elaine	484		
Strawmeyer, Stephen R.	487		
Salmon, Kimberly S.	491		
Smith, Clarendia Regina	494		
Schneider, William H.	498		
Schrange, James Alfred	502		
Stapp, Janice K.	503		
Sullivan, Harold L.	512		
Spaw, Becky Lynn	518		
Shoulders, Theresa A.	524		
Swain Martha E.	528		
Smith, Jeffrey S.	530		
Stearns, Susan Kay	533		
Sarvick, Donnie Eugene	540		

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- 2 Dresner, Cheryl L.
7 Thompson, Cheryl Denise
47 Tyler, Darrell W
49 Todd, Billie Mae
93 Travis, Glenda Lee
103 Taylor, Patricia Jo
101 Thayer, Almira L.
125 Town, Elizabeth Anne
150 Trissel, Paul Dennis
153 Tullavics, Vonda Ray
157 Turner, David B.
160 Thomas, James Lee
171 Tridle, Dennis Edward
179 Thompson, Betty L.
201 Gay, Donald R.
206 Trapp, Brenda Iris
217 Thrasher, Bruce Allan
236 Thomas, Mary Louise
248 Trout, Don M.
246 Trent, Lester R.
303 Thomas, Brenda Sue
314 Thysfaukt, Paul M.
324 Teal, Tamra Lee
346 Tomasik, Richard Lee
355 Thompson, Jimmie Lee
360 Tolan, Tracy E.
369 Terrell David B.
398 Trent, Amy Jo
401 Kesterman, Phyllis Louise
417 Travelsted, Connie L.
429 Turner, Scott Andrew
449 Toney, Rick
455 Thompson, Elizabeth L.
463 Taylor, Kirk E.
484 Trimble, George Ellison
485 Tooker, Cheryl L.
498 Tipps, Alma Faye
506 Turner, Dean Franklin, Jr.
507 Turner, Robert Paul
556 Thompson, Cathie Lynn
560 Terrell, Lonnie G.
571 Thomas, Kenneth L.
573 Thomas Patti Ann
2 Hester, Scott Andrew

- 72 Van Garder, Donald Vincent
130 Vaxce, Shirley A.
185 Vondersaar, Steven E.
238 Vandier, Mary Cathleen
292 Vaughn, Susan Paulette
384 Vieira, Deborah L.
405 Vapar, J. Curt
459 Undersager, Garland L.
465 Vogel, Jimmie L.
475 Van Zandt, George
2 Unable, Elizabeth Ann

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- 2 Ward, Kevin P.
- 8 Walters, Patricia Ann
- 19 Whippo, Gregory
- 22 West, Michael W.
- 37 Wolbertson, Deborah Ann
- 57 Walker, Victoria L.
- 60 Ware, Pamela
- 70 Wilson, L. Wayne
- 79 Wiles, Donald S.
- 79 Whitlow, Terri L.
- 80 Winkley, Hyman J.
- 82 Wilkinson, David
- 86 Woodward, Robin Lee
- 96 Wilson, Brian Scott
- 110 Waggoner, Thelma Louise
- 113 Wainwright, Dorrisie
- 122 Waddell, Glenda S.
- 138 Wright, Penny L.
- 139 Weddle, Byron
- 143 Wallen, Jini Leigh
- 140 Walkup, Steven J.
- 150 White, Tresa J.
- 154 Woods, Viki Lee
- 156 White, Debbie Kay
- 180 Waterman, Wayne E.
- 183 Waltermire, Rosalie
- 191 Wilson, James C.
- 200 Wilkerson, Kay E.
- 209 Watson, Vikki Lynn
- 222 Waldschmidt, Ellen Margaret
- 235 Willis, Garry Ralph
- 237 Winsted, Ronald Dale
- 237 Winsted, Velma Joyce
- 242 Williams, Vicki Lynn
- 281 Wing, Larry L.
- 289 Western, Deborah Gwen
- 306 Wix, Ricky L.
- 310 Walker, Julie B.
- 314 Wiseman, Joan L.
- 319 Wade, Charles H.
- 320 Whitis, Terrance Lynn
- 323 Willis Chris. E.
- 326 Workman, Patricia A.
- 328 Woods, Lewis Manning III
- 347 Wiles, Curtis E.
- 358 Woodall, Karen Sue
- 361 Welch, David K.
- 361 Wooley, Steven C.
- 375 Watson, Deborah J.
- 381 Williams, Tammy Ellen
- 392 Whitaker, Jerry Lynn, Jr.

- 382 Williams Don A
- 390 West, Jerry L.
- 393 Willard, Shy L.
- 411 Wiles, Michele Elaine
- 423 Wills, Nancy L.
- 461 Wooden, David Roy
- 464 Wiles, J. L. Suzanne
- 465 Walkers, Jennifer R.
- 480 Wehrman, Alan R.
- 500 Wright, Theresa Ann
- 501 Wolfe, Cheryl L.
- 506 Wood, Cynthia Ann
- 520 Webb, Melissa Ann
- 521 Zwonnell, Timothy J.
- 523 Wengler, Peter L.
- 528 Weaver, Ellis M.
- 531 White, Mary
- 545 Wolfe, Wendy
- 549 Watts, Ronald L.
- 553 Whippo, George J.
- 566 Wolfe, Brenda Kaye
- 570 Waggoner, Peggy Sue
- 573 Woody, Charles L.
- 579 Webb, Nettie Jane
- 583 Waldschmidt, Alan C.
- 583 Waldschmidt, Mary W.
- 598 Wagoner, Richard Joseph
- 1 Walls, Linda Lou

376 *Genes, Beth Ann*

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46 Zych, Tom. Victor
332 Zaleski, Raymond A. Jr.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 478
File Nov. 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. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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
Date of Birth Month Day Year
Place of Birth (State or foreign country)
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) Drivers License

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

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Renzel Dean Gudgel
Residence of father (if deceased so state): Fortville Ind.
Birthplace of father (State or foreign country): Hancock, Ind.
9. Full maiden name of mother: Ruth Ann Smith (Clements)
Residence of mother (if deceased so state):
Birthplace of mother (State or foreign country): Indiana

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

Signed: Ronald D. Gudgel
New Address: 402 E. Mulberry St. Kokomo, Ind.
Subscribed and sworn to before me this 11 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, } ss:
County of HENDRICKS }
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
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)

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

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 McMurray
Residence of father (if deceased so state): 1715 S. Smith Rd. Indianapolis, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Juanita Yvonne Lewis
Residence of mother (if deceased so state): Indiana
Birthplace of mother (State or foreign country): Indiana

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

Signed: Melia Lee McMurray
New Address: 402 E. Mulberry St. Kokomo, Ind.
Subscribed and sworn to before me this 11 day of Nov., 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, } ss:
County of HENDRICKS }
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day 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 16 day of Nov., 1978, authorizing the joining together as husband and wife

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

I, Leon L. Nichol森, hereby certify that on the 19 day of November, one thousand nine hundred and 78, at Fortville, Hancock County of Indiana, Groom: Ronald D. Gudgel, of _____ County, State of _____, and, Bride: Melia Lee McMurray, 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 _____ County. Dated this 19 day of November, 1978.

Signed: Leon L. Nichol森
Official Designation: Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of November, 1978.
Signed: Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 479
File 11-14-78
Date of Application

MALE
Medical Examination Report Dated 11-8-78
Name of Physician J. Thomas Vieira

FEMALE
Medical Examination Report Dated 11-8-78
Name of Physician J. Thomas Vieira

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Kevin P. Ward
Date of Birth 9 19 1956
Place of Birth (State or foreign country) England
Residence Address RR #1 Box 245 Clayton
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 F. Ward
Residence of father (if deceased so state) Stilesville, In
Birthplace of father (State or foreign country) Indianapolis, In
9. Full maiden name of mother Kathleen Egan
Residence of mother (if deceased so state) Stilesville, In
Birthplace of mother (State or foreign country) Ireland

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

Signed Kevin P. Ward

New Address Stilesville, 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, HENDRICKS } ss:
County of _____

Signed _____

Signed _____

Subscribed and sworn to before me this _____ day 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 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 21st day of November, 1978, authorizing the joining together as husband and wife of Kevin P. Ward and Cheryl L. Tresner.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Maurer, hereby certify that on the 24 day of November, 1978, at Danville, County of Hendricks, State of Indiana, one thousand nine hundred and 78, of Hendricks County, State of Indiana, and, Bride Cheryl L. Tresner were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County, State of Indiana.
Dated this 24 day of Nov, 1978.

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

Signed John C. Maurer
Official Designation Judge
Signed Allen M. Harvey, 1978.
Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Cheryl L. Tresner
Date of Birth 12 4 1957
Place of Birth (State or foreign country) Ill.
Residence Address RR #1 Box 245 Clayton, 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) _____

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

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Billie Tresner
Residence of father (if deceased so state) Clayton
Birthplace of father (State or foreign country) Hillsdale, In
9. Full maiden name of mother Telen Fox Byrd
Residence of mother (if deceased so state) Clayton
Birthplace of mother (State or foreign country) Indiana

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

Signed Cheryl Tresner

New Address Clayton, 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, HENDRICKS } ss:
County of _____

Signed _____

Signed _____

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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 480
File Nov. 14, 1978
Date of Application

MALE

Medical Examination Report Dated 11-7-78
Name of Physician Thomas Descale

FEMALE

Medical Examination Report Dated 11-7-78
Name of Physician Thomas Descale

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Herbert P. Smith
Date of Birth Sept. 18 1913
Place of Birth (State or foreign country) Ky
Residence Address 2422 Tansel Rd. Indpls County 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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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. Smith
Residence of father (if deceased so state) New Haven, Ky
Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Nannie Warren
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Ky

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

Signed Herbert P. Smith
New Address Rt 2, Box 154 Plainfield, Ind.

Subscribed and sworn to before me this 14 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, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Juanita M. Martin
Date of Birth Feb. 11 1923
Place of Birth (State or foreign country) Ind.
Residence Address Rt 2 Box 154 Plainfield County 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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father C. J. Davidson
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Maude Marsh
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Ind.

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

Signed Juanita Martin
New Address Rt 2, Box 154 Plainfield, Ind.

Subscribed and sworn to before me this 14 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, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 20 day of Nov., 1978, authorizing the joining together as husband and wife

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

I, C. Raymond Earle hereby certify that on the first day of December, one thousand nine hundred and 78 at Speedway, County of Marion, State of Indiana, Groom Herbert P. Smith of Marion County, State of Indiana, and, Bride Juanita M. 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 first day of December, 1978. Signed C. Raymond Earle

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of December, 1978.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 481
File 40
Date of Application 11-14-78

MALE
Medical Examination Report Dated 11-12-78
Name of Physician A. M. Scudder

FEMALE
Medical Examination Report Dated 11-12-78
Name of Physician A. M. Scudder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Larry C. Cline
Date of Birth October 12, 1959
Place of Birth (State or foreign country) Danville, In.
Residence Address 439 Midland
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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father L. C. Cline
439 Midland
Residence of father (if deceased so state) Danville, In.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mary Mabel Simpson
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Larry C. Cline
New Address 636 E Washington

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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 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 18th day of November, 1978, authorizing the joining together as husband and wife of Larry C. Cline and Jeanne L. Storm.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Sterling Prock, hereby certify that on the 18 day of November, 1978, at Lizton, Hendricks County, State of Indiana, one thousand nine hundred and 78, Larry C. Cline and Jeanne L. Storm were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 18 day of November, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of November, 1978.
Signed Rev. Sterling Prock Minister
Signed Allen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Jeanne L. Storm
Date of Birth February 16, 1961
Place of Birth (State or foreign country) Florida
Residence Address 639 E. Washington
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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Lee Storm
RR 6 Box 86
Residence of father (if deceased so state) Danville, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jean C. Smith
31 N. Denny
Residence of mother (if deceased so state) Indpls, In.
Birthplace of mother (State or foreign country) Indiana

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

Signed Jeanne L. Storm
New Address 636 E Washington

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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed Mrs. Joan C. Storm Mother

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

mother has custody

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 482
File Nov. 14, 1978
Date of Application

MALE

Medical Examination Report Dated 11-9-78
Name of Physician Irving Cohen

FEMALE

Medical Examination Report Dated 11-9-78
Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Scott Neil Rivers
Date of Birth March 15 1956
Place of Birth (State or foreign country) Ind.
Residence Address Rt. 1 Box 346 Plainfield 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Allan E. Rivers
Residence of father (if deceased so state): Plainfield, Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Lou Ann Knoll
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Ind.

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

Signed: Scott N. Rivers

New Address: Cartersburg

Subscribed and sworn to before me this 14 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, HENDRICKS } ss:
County of.

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 19.

Clerk

FEMALE APPLICANT

Name Dianna Lynn Hultsclaw
Date of Birth Dec 12 1957
Place of Birth (State or foreign country) Ind.
Residence Address 940 Ridgewood Dr. Plainfield 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Ernest Hultsclaw
Residence of father (if deceased so state): Plainfield, Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Betty Rosebaum
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Ind.

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

Signed: Dianna L. Hultsclaw

New Address: Cartersburg

Subscribed and sworn to before me this 14 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, HENDRICKS } ss:
County of.

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day 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 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 HENDRICKS Circuit Court of Indiana dated the 27th day of November, 1978, authorizing the joining together as husband and wife

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

1, G. Kent Allen hereby certify that on the 9 day of December, 1978, at Plainfield, HENDRICKS County, State of Indiana, Groom: Scott Neil Rivers and, Bride: Dianna Lynn Hultsclaw 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 Dec., 1978.

Signed: G. Kent Allen

Official Designation: Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of Dec., 1978.

Signed: Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 483

File 40

11-15-78

Date of Application

MALE

Medical Examination Report Dated 11-9-78

Name of Physician M. O. Scamahorn

FEMALE

Medical Examination Report Dated 11-9-78

Name of Physician

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 H. Last Best
Date of Birth Month February Day 23 Year 1960
Place of Birth (State or foreign country) Lebanon, Mo.
Residence Address Street or R. R. R#3 Box 700 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 G. Best
Residence of father (if deceased so state) Brownsburg, In.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Doris M. Adkins
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Kentucky

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

Signed Jeffrey Kent Best

New Address RR#1 Box 214m Pittsboro

Subscribed and sworn to before me this 15 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, HENDRICKS } ss:

Signed

Father

Signed

Mother

Subscribed and sworn to before me this day of 1978.
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 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 20 day of November, 1978, authorizing the joining together as husband and wife of Jeffrey H. Best and Michele E. Burnett. Be it further remembered, the following marriage certificate was filed in my office, to-wit: Sherman Essex one thousand nine hundred and 78 hereby certify that on the 25 day of Nov. at Pittsboro, County of Hendricks, State of Indiana, Groom Jeffrey H. Best and, Bride Michele E. 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, State of Indiana. Dated this 25 day of Nov., 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of Nov., 1978.

Signed Sherman Essex
Official Designation Minister

Signed Glen M. Harvey, 1978.
Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Michele Middle E. Last Burnett
Date of Birth Month December Day 31 Year 1961
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. R#1 Box 214M City Pittsboro 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Elmer Burnett
Residence of father (if deceased so state) Pittsboro, In.
Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Joyce Jean West
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Tennessee

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

Signed Michele E. Burnett

New Address RR#1 Box 214M Pittsboro

Subscribed and sworn to before me this 15 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, HENDRICKS } ss:

Signed

Father

Signed

Mother

Subscribed and sworn to before me this day of 1978.
Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 484

File

Nov. 15, 1978
Date of Application

MALE

Medical Examination Report Dated 11-12-78

Name of Physician Ronald Stegmiller

FEMALE

Medical Examination Report Dated 11-12-78

Name of Physician Ronald Stegmiller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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
Date of Birth Month Day Year
Place of Birth (State or foreign country)

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) Dr. License

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

Carol Mann
Thomas Mann

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Mann

Residence of father (if deceased so state) Bergman, Ind.

Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother: Mary Jane Findley

Residence of mother (if deceased so state) Bergman, Ind.

Birthplace of mother (State or foreign country) Ind.

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

Signed Larry E Mann

New Address 1310 Colonial Lane

Subscribed and sworn to before me this 15 day of Nov. 1978

Alex M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)

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)

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

Sandra Thompson
Denise Thompson

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Carlisle

Residence of father (if deceased so state) Terre Haute, Ind.

Birthplace of father (State or foreign country) Illinois

9. Full maiden name of mother: Laura Bowman

Residence of mother (if deceased so state) Terre Haute, Ind.

Birthplace of mother (State or foreign country) Ind.

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

Signed Cheryl D. Thompson

New Address 1310 Colonial Lane

Subscribed and sworn to before me this 15 day of Nov. 1978

Alex M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed Father

Signed Mother

Subscribed and sworn to before me this day 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

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 Nov. 1978, authorizing the joining together as husband and wife Larry E. Mann and Cheryl Denise Thompson

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

I, Joseph D. STump hereby certify that on the 20 day of November

one thousand nine hundred and 78 at Danville, County of Hendrick,

State of Indiana, Groom Larry E. Mann of Hendricks County, State of Indiana

and, Bride Cheryl Denise Thompson 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 November 78

day of 19

Signed Dr. Joseph D. STump

Official Designation Pastor

22 day of November 1978

Signed Alex M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 485

File
Date of Application Nov. 15, 1978

MALE
Medical Examination Report Dated 11-8-78
Name of Physician Lawrence A. Rutz M.D.

FEMALE
Medical Examination Report Dated 11-8-78
Name of Physician Lawrence A. Rutz M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name John Waters Reynolds
Date of Birth Jan. 25 1936
Place of Birth (State or foreign country) Pittsboro, In.
Residence Address 5200 W. 14th St. Indpls. 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) Driver's License #304-32-1365

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Claude Thomas Reynolds
Residence of father (if deceased so state) Pittsboro, In.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Mary Alice Walters
Residence of mother (if deceased so state) Pittsboro, In.

Birthplace of mother (State or foreign country) Pittsboro, In.

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

Signed John W. Reynolds
New Address 45 Connie Drive

Subscribed and sworn to before me this 15 day of November, 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____
_____ 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 _____
of Indiana dated the 15 day of November, 1978 _____
_____ Court

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____, _____, 19____, authorizing the joining together as husband and wife
John Walters Reynolds and Patricia Ann Walters
Roger L. Dean

one thousand nine hundred and 78 hereby certify that on the 18 day of November
State of Indiana, Groom John Walters Reynolds at Indianapolis
and, Bride Patricia Ann Walters of Marion County 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 _____
County, _____
County, State of Indiana

Dated this 18 day of November, 1978

Filed and recorded in accordance with the laws of the State of Indiana this _____

Signed Roger L. Dean
Official Designation Minister

Signed Glen M. Harvey, 1978

Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 486
File _____
Date of Application Nov. 15, 1978

MALE

Medical Examination Report Dated 11-3-78
Name of Physician David M. Hadley

FEMALE

Medical Examination Report Dated 11-3-78
Name of Physician David M. Hadley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Donnie Curtis Schawwker
Date of Birth April 3, 1949
Place of Birth (State or foreign country) Terre Haute, Ind.
Residence Address RR #3 Box 437
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 #1305-54-0168

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Gordon Mac Schawwker
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Terre Haute, Ind.
9. Full maiden name of mother Olitha May Craig
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Donnie Curtis Schawwker

New Address _____

Subscribed and sworn to before me this 15th day of November, 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, HENDRICKS } ss: _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Dee Ann Yant
Date of Birth June 10, 1957
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 245 North Vine Apt #4, Plfd.
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 #1314-64-2360

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Herbert Yant
Residence of father (if deceased so state) Indianapolis, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Maxine Bannon
Residence of mother (if deceased so state) Pittsboro, Ind.
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed Dee Ann Yant

New Address _____

Subscribed and sworn to before me this 15th day of November, 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, HENDRICKS } ss: _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 Nov, 1978, authorizing the joining together as husband and wife

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

I, Edwin J. Phillips hereby certify that on the 1st day of December, 1978, at Faith Baptist Church, Ind. County of Hendricks, State of Indiana, Groom Donnie Curtis Schawwker of Hendricks County, State of Indiana, and, Bride Dee Ann Yant 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 December, 1978.

Signed Rev. Edwin J. Phillips
Official Designation Pastor, Faith Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of December, 1978.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 487
File November 15, 1978
Date of Application

MALE
Medical Examination Report Dated 11-7-78
Name of Physician Glen Baker

FEMALE
Medical Examination Report Dated 11-7-78
Name of Physician Shirley Walker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Jan Austin Harlan
Date of Birth June 19 1935
Place of Birth (State or foreign country) Indianapolis
Residence Address R.R. #1 Box 407 Narrows 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
none

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Austin Harlan
Residence of father (if deceased so state) Narrows IN
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruth Hammond
Residence of mother (if deceased so state) Indianapolis IN
Birthplace of mother (State or foreign country) Indiana

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

Signed Jan Austin Harlan
New Address 628 School St. Brownsburg

Subscribed and sworn to before me this 15 day of November 19 78
Glen M. Harway Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ 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 _____ of Indiana dated the 20 day of November, 19 78, authorizing the joining together as husband and wife of Jan Austin Harlan and Augusta Jeanne Snodgrass.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Dennis R. Fulton, hereby certify that on the 23 day of November, one thousand nine hundred and 78, at Indianapolis, State of Indiana, Groom Jan Austin Harlan of Hendricks County, State of Indiana and, Bride Augusta Jeanne Snodgrass 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, State of _____
Dated this 23 day of November, 19 78

Filed and recorded in accordance with the laws of the State of Indiana this _____

FEMALE APPLICANT
Name Augusta Jeanne Snodgrass
Date of Birth January 31 1945
Place of Birth (State or foreign country) Indiana
Residence Address 628 School St. Brownsburg IN
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Henry John
Residence of father (if deceased so state) Indianapolis
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mc Walter Augusta Gordon
Residence of mother (if deceased so state) Indianapolis
Birthplace of mother (State or foreign country) Indiana

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

Signed Augusta Jeanne Snodgrass
New Address 628 School St.

Subscribed and sworn to before me this 15 day of November 19 78
Glen M. Harway Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

Signed Dennis R. Fulton
Official Designation _____
Signed Glen M. Harway day of November 19 78
Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 488
File Nov. 16, 1978
Date of Application

MALEMedical Examination Report Dated 11-13-78Name of Physician Ronald Stigmoller**FEMALE**Medical Examination Report Dated 11-13-78Name of Physician Ronald Stigmoller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Ronald Gene Stalcup, Jr.
Date of Birth Dec. 6, 1958
Place of Birth (State or foreign country) Ind.
Residence Address 133 Twin Bridges Rd Danville, 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) School Record

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Stalcup, Jr.
Residence of father (if deceased so state) Danville, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Deloris Stiffler
Residence of mother (if deceased so state) Brownsville, Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Ronald Gene Stalcup, Jr.New Address 133 Twin Bridges Rd

Subscribed and sworn to before me this 16 day of Nov., 1978.
Alex M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Verdeana Kay McFarlin
Date of Birth Oct 22, 1959
Place of Birth (State or foreign country) Ind.
Residence Address 133 Twin Bridges Rd Danville, 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) _____

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 V. McFarlin
Residence of father (if deceased so state) Danville, Ind.
Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Elaine Chalfant
Residence of mother (if deceased so state) Danville, Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Verdeana Kay McFarlinNew Address 133 Twin Bridges Rd

Subscribed and sworn to before me this 16th day of Nov., 1978.
Alex M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 Nov., 1978, authorizing the joining together as husband and wife of Ronald Gene Stalcup, Jr. and Verdeana Kay McFarlin

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

I, Rev. Kenneth E. Bitters hereby certify that on the 25 day of Nov. at Barlett Chapel United Methodist Church of Hendricks County, State of Indiana, one thousand nine hundred and 78 and Ronald Gene Stalcup, Jr. of Hendricks County, State of Indiana, and, Bride Verdeana Kay McFarlin 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 25 day of Nov., 1978.

Signed Rev. Kenneth E. Bitters
Official Designation Pastor, Barlett Chapel U. Meth.

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of Nov., 1978.

Signed Alex M. Harvey Clerk HENDRICKS Circuit Court

No. 489
File 40
11-16-78
Date of Application

MALE
Medical Examination Report Dated 11-13-78
Name of Physician R. N. Scudder

FEMALE
Medical Examination Report Dated 11-13-78
Name of Physician A. N. Scudder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry to any person shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

FEMALE APPLICANT

MALE APPLICANT

Name	First	Middle	Last
	Andrew	Thomas	Pease
Date of Birth	Month	Day	Year
	Dec.	26	1958
Place of Birth (State or foreign country)			
Indianapolis, Ind.			
Residence Address	Street or R. R.	City	County State
Oakhurst Mobile Home Park, Brownburg, IN			
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR			
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/>			
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Judicial Decree			

Name ^{First} Delorah ^{Middle} Kay ^{Last} Ramey

Date of Birth ^{Month} Sept ^{Day} 14 ^{Year} 1960

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

Residence Address Oakhurst Trailer Court, 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) 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.

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐

2. Are you afflicted with a transmissible disease? No ☒ Yes ☐

3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐

4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children _____

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes," it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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. Poole
Residence of father (if deceased so state): Brownsville, Ind.
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Martha Priscilla Byer
Residence of mother (if deceased so state): Brownsville
Birthplace of mother (State or foreign country): Indiana

8. Full name of father: Unknown
Residence of father (if deceased so state): _____
Birthplace of father (State or foreign country): _____

9. Full maiden name of mother: Gloria M. Hammons Barney
Residence of mother (if deceased so state): Deceased
Birthplace of mother (State or foreign country): Kentucky

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

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

Signed Andrew Thomas Bolz
New Address Cabernet M. H. P. Brownburg
Subscribed and sworn to before me this 16 day of Nov, 1978.
Ken M. Harvey Clerk HENDRICKS Circuit Court

Signed Deborah Kay Barney
New Address Oakhurst MHP Brownsburg
Subscribed and sworn to before me this 16 day of Nov, 1971
Allen M. Harnes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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
County of } 88 :

State of Indiana,
County of..... HENDRICKS

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

Signed..... Father
Signed..... Mother
Subscribed and sworn to before me this..... day 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 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 _____ November _____, 19 78, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ and _____ Deborah Kay Ramey

I, _____ Rev. Ray Cornett _____ hereby certify that on the _____ 13 _____ day of _____ November _____ one thousand nine hundred and _____ 78 _____ at _____ Martinsville _____ State of Indiana, Groom _____ Andrew T. Poole _____ and, Bride _____ Deborah K. Ramey _____ of _____ Hendricks _____ County 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, State of _____ Indiana _____

Dated this _____ 18 _____ day of _____ November _____, 19 78 _____ HENDRICKS _____

Filed and recorded in accordance with the laws of the State of Indiana this.

Signed Raymond Cornett
Official Designation Castor, House of Prayer
22 day of November, 19 78
Signed Glen M. Harvey
HENDRICKS Clerk
Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 490
File _____
Date of Application 11-16-78

MALE

Medical Examination Report Dated 11-7-78
Name of Physician Joseph Kerlin

FEMALE

Medical Examination Report Dated 11-7-78
Name of Physician Joseph Kerlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Harry Gene Glaze
Date of Birth Oct 12 1958
Place of Birth (State or foreign country) Ind.
Residence Address 106 S. Reichman Street or R. R. Ind. City Indpls 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) _____

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 J. Glaze
Residence of father (if deceased so state) Indpls. Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Florence E. Linder
Residence of mother (if deceased so state) Indpls.
Birthplace of mother (State or foreign country) Ind.

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

Signed Harry Glaze
New Address 4715 N. Moller Indpls.

Subscribed and sworn to before me this 16 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, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Virginia Ann Stephenson
Date of Birth Nov 13 1959
Place of Birth (State or foreign country) Ind.
Residence Address Cartersburg Street or R. R. Ind. City Cartersburg 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) _____

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 E. Stephenson
Residence of father (if deceased so state) Cartersburg, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Helen F. Snodgrass
Residence of mother (if deceased so state) Cartersburg, Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Virginia A. Stephenson
New Address 4715 Moller Rd. Indpls.

Subscribed and sworn to before me this 16 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, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana, dated the 20 day of Nov., 1978, authorizing the joining together as husband and wife of _____ and _____.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Edward A. Preathy hereby certify that on the 25 day of November, one thousand nine hundred and 78 at Cartersburg, County of Hendricks, State of Indiana, Groom Harry Gene Glaze of Marion County, State of Indiana, and, Bride Virginia Ann Stephenson 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 25 day of November, 1978.

Signed Edward A. Preathy
Official Designation Minister

day of December, 1978.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 491
File 40
Date of Application Nov 17, 1978

MALE
Medical Examination Report Dated 11-6-78
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 11-6-78
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Lee Last Tony
Date of Birth Month Nov Day 18 Year 1935
Place of Birth (State or foreign country) Warsaw, Indiana
Residence Address 147 S. Wayne St., Danville, Hen., 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 Ollie Harris Gregory

Residence of father (if deceased so state) Tennessee

Birthplace of father (State or foreign country) Tennessee

9. Full maiden name of mother Marguerite Adele Weldy

Residence of mother (if deceased so state) Plainfield, Indiana

Birthplace of mother (State or foreign country) Indiana

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

Signed Tony Lee Gregory

New Address Danville, Indiana

Subscribed and sworn to before me this 18 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, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 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 _____ of Indiana dated the 22nd day of Nov, 1978, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Dr. Joseph D. Stump and Patricia Ann Markey

I, Dr. Joseph D. Stump hereby certify that on the 25 day of November

one thousand nine hundred and 78 at Danville, County of Hendricks

State of Indiana, Groom Tony Lee Gregory of Hendricks County, State of Indiana

and, Bride Patricia Ann Markey 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, State of _____

Dated this 22nd day of Nov, 1978.

Signed Dr. Joseph D. Stump Official Designation Minister

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Nov, 1978.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 492

File _____

HENDRICKS

County

Date of Application _____

MALE

Medical Examination Report Dated 11-10-78

Name of Physician _____

FEMALE

Medical Examination Report Dated 11-10-78

Name of Physician _____

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Eddie Alvora Robinson
Date of Birth March 15 1952
Place of Birth (State or foreign country) Greencastle
Residence Address 892 Coatesville 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 w/ photo

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Allen Robinson
Residence of father (if deceased so state) R#2 Coatesville, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Barbara Jean Kelley
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Eddie A. Robinson

New Address R#2 Cloverdale, Ind.

Subscribed and sworn to before me this 20 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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Carla Sue Farthing
Date of Birth April 5 1961
Place of Birth (State or foreign country) Greencastle
Residence Address Box 125 Stilesville 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 w/ photo

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Oscar Paul Farthing
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Helen Louise Harris
Residence of mother (if deceased so state) Box 125 Stilesville, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Carla S. Farthing

New Address R#3 Cloverdale, Ind.

Subscribed and sworn to before me this 20 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, HENDRICKS } ss:

Signed _____ Father

Signed Helen L. Farthing Mother

Subscribed and sworn to before me this _____ day 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 _____ and filed in _____
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 Nov., 1978, authorizing the joining together as husband and wife

Eddie Alvora Robinson and Carla Sue Farthing
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. B. Kent Duke hereby certify that on the 25 day of Nov.,
one thousand nine hundred and 78 at Coatesville, County of Hendricks,
State of Indiana, Groom Eddie Alvora Robinson of Hendricks County, State of Indiana,
and, Bride Carla Sue Farthing 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 25 day of Nov., 1978.

Signed Rev. B. Kent Duke
Official Designation Pastor, Stilesville Baptist Ch.

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of Nov., 1978.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 493
File 40
11-20-78
Date of Application

MALE
Medical Examination Report Dated 11-17-78
Name of Physician Wm Edwards

FEMALE
Medical Examination Report Dated 11-14-78
Name of Physician Dr. Farmer

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Robert M. Firkins
Date of Birth March 4 1952
Place of Birth Glasgow, KY
Residence Address 11080 W. Washington, Indpls, 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) Armed Forces ID Card

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Firkins
Residence of father (if deceased so state) 11080 W. Washington, Indpls.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mary Eleanor England
Residence of mother (if deceased so state) 11080 W. Washington, Indpls.
Birthplace of mother (State or foreign country) Kentucky
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Robert M. Firkins

New Address 11080 W. WASHINGTON ST. INDPS

Subscribed and sworn to before me this 20 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, HENDRICKS } ss:
County of

Signed

Father

Signed

Mother

Subscribed and sworn to before me this day of 1978
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.

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 November 1978, authorizing the joining together as husband and wife
I, Robert M. Firkins and Debra A. Hishman
John C. Mowrer
one thousand nine hundred and 78 hereby certify that on the 20 day of November
State of Indiana, Groom Robert M. Firkins at Danville
and, Bride Debra A. Hishman 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, State of Indiana
Dated this 20 day of November 1978
HENDRICKS

Filed and recorded in accordance with the laws of the State of Indiana this

Signed John C. Mowrer
Official Designation Judge
20 day of November 1978
Signed Glen M. Harvey
HENDRICKS Clerk
Circuit Court

FEMALE APPLICANT
Name Debra A. Hishman
Date of Birth October 1 1956
Place of Birth Sunfield, Indiana
Residence Address P.O. Box 475, Elizabethtown, CO
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 ID Card

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Maurice Hishman
Residence of father (if deceased so state) P.O. Box 475, Elizabethtown, CO
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Maxine Lee
Residence of mother (if deceased so state) P.O. Box 475, Elizabethtown, CO
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Debra A. Hishman

New Address 11080 W. Washington St. INDPS

Subscribed and sworn to before me this 20 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, HENDRICKS } ss:
County of

Signed

Father

Signed

Mother

Subscribed and sworn to before me this day of 1978
Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 494

File

Nov. 20, 1978
Date of Application

MALE

Medical Examination Report Dated Nov. 20, 1978
Name of Physician Eric D. Clark, M.D.

FEMALE

Medical Examination Report Dated Nov. 20, 1978
Name of Physician Eric D. Clark, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Brett allan Miller
Date of Birth December 29 58
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 57 East Tilden, Brownsburg
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Allan Miller
Residence of father (if deceased so state) 2050 Fisher Ave., Indpls.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elizabeth Anne Kellenberger
Residence of mother (if deceased so state) 57 East Tilden, Brownsburg
Birthplace of mother (State or foreign country) Indiana

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

Signed Brett Allan Miller
New Address 57 East Tilden Brownsburg, IN

Subscribed and sworn to before me this 20th 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Cynthia Lorene Greer
Date of Birth April 26 1961
Place of Birth (State or foreign country) Crawfordsville, Indiana
Residence Address 1030 E. Edgewood, Brownsburg
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 male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Washington Greer, Jr.
Residence of father (if deceased so state) 1030 E. Edgewood, Brownsburg
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Delores Irene Edgewood
Residence of mother (if deceased so state) 1030 E. Edgewood, Brownsburg
Birthplace of mother (State or foreign country) Indiana

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

Signed Cynthia Lorene Greer
New Address 57 E. Tilden Brownsburg IN.

Subscribed and sworn to before me this 20th 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 24 day of Nov., 19 78, authorizing the joining together as husband and wife
Brett Allan Miller and Cynthia Lorene Greer

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 25 day of November,
one thousand nine hundred and 78 at Clermont, County of Marion,
State of Indiana, Groom Brett Allan Miller of Hendricks County, State of Indiana,
and, Bride Cynthia Lorene Greer 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 24 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 29 day of Nov., 19 78.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 494
File Nov. 20, 1978
Date of Application

MALE

Medical Examination Report Dated Nov. 20, 1978
Name of Physician Eric D. Clark, M.D.

FEMALE

Medical Examination Report Dated Nov. 20, 1978
Name of Physician Eric D. Clark, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Brett allan Miller
Date of Birth December 29 58
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 57 East Tilden, Brownsburg
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

FEMALE APPLICANT

Name Cynthia Lorene Greer
Date of Birth April 26 1961
Place of Birth (State or foreign country) Crawfordsville, Indiana
Residence Address 1030 E. Edgewood, Brownsburg
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

November 18, 1978

TO WHOM IT MAY CONCERN:

Cynthia Lorene Greer, daughter of Delores and George W. Greer, Jr.,
1030 E. Edgewood, Brownsburg, In., has our permission to marry
Brett A. Miller, 57 E. Tilden Dr., Brownsburg, In.

George W. Greer, Jr.
George W. Greer, Jr.

IN TESTIMONY WHEREOF, I, Vicky L. Styers, have hereunto set my hand
and official seal, this 19th day of Nov., 1978.

Vicky L. Styers, a NOTARY for
the county of Hendricks, State of Indiana

My commission expires: Oct. 29, 1982.

Delores J. Greer
Delores Greer

INTESTIMONY WHEREOF, I, Vicky L. Styers, have hereunto set my hand
and official seal, this 19th day of Nov., 1978.

Vicky L. Styers, a NOTARY for
the county of Hendricks, State of Indiana

My commission expires: Oct. 29, 1982.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 495

File

Nov. 20, 1978
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 11-15-78
Name of Physician Wm. Edwards M.D.

FEMALE
Medical Examination Report Dated 11-15-78
Name of Physician Wm. Edwards M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry 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
Earl Dee Carpenter
Date of Birth Month Day Year
July 4 1955
Place of Birth (State or foreign country)
Indpls. Ind
Residence Address Street or R. R. City County State
106 N. Green St. 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: Lloyd E. Carpenter
Residence of father (if deceased so state): Plainfield Ind.
Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Florence L. O'Neil
Residence of mother (if deceased so state): Plainfield Ind.
Birthplace of mother (State or foreign country): Illinois

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

Signed: Earl Dee Carpenter

New Address: 106 North Green St. Brownsburg

Subscribed and sworn to before me this 20 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, Hendricks } ss:
County of

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day 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 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 21 day of November 1978, authorizing the joining together as husband and wife
of Earl Dee Carpenter and Deborah Jane Yaden
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
one thousand nine hundred and 78, at Danville, County of Hendricks,
State of Indiana, Groom: Earl Dee Carpenter, and, Bride: Deborah Jane Yaden, 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, State of Indiana.
Dated this 11 day of December, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of December, 1978.

Signed: Glen M. Harvey
Official Designation: Clerk Hendricks Co.
Signed: Glen M. Harvey
HENDRICKS Circuit Court

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Abner Carter Sutherland
Residence of father (if deceased so state): Beaver Dam Ky.
Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Fannie Lee Bratcher
Residence of mother (if deceased so state): deceased
Birthplace of mother (State or foreign country): Kentucky

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

Signed: Deborah Jane Yaden

New Address: 106 N. Green St. Brownsburg

Subscribed and sworn to before me this 20 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, Hendricks } ss:
County of

Signed: _____ Father

Signed: _____ Mother

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

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 496

File

November 21, 1978
Date of Application

MALE

Medical Examination Report Dated 11-20-78

Name of Physician David B. Haggard, M.D.

FEMALE

Medical Examination Report Dated 11-20-78

Name of Physician David B. Haggard, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Gregory A. Whipps
Date of Birth January 14 1958
Place of Birth (State or foreign country) San Jose, California
Residence Address R.R. #1, Box 113, Amo, 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) driver's license with picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: unknown

Residence of father (if deceased so state): unknown

Birthplace of father (State or foreign country): unknown

9. Full maiden name of mother: unknown

Residence of mother (if deceased so state): 405 West Main, Rfd.

Birthplace of mother (State or foreign country): unknown

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

Signed Glen M. Harvey

New Address R.R. #1 Box 64A Coatesville

Subscribed and sworn to before me this 21st day of November, 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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Dianna L. Childers
Date of Birth January 22 1956
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address R.R. #1 Box 64A Coatesville

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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Oliver Douglas Finchum

Residence of father (if deceased so state): P.O. Box 113, Amo

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Goldie Marie Hiland

Residence of mother (if deceased so state): P.O. Box 113, Amo

Birthplace of mother (State or foreign country): Indiana

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

Signed Dianna L. Childers

New Address R.R. #1 Box 64A Coatesville

Subscribed and sworn to before me this 21st day of November, 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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 5-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 _____ of Indiana dated the 21st day of November, 1978, authorizing the joining together as husband and wife Gregory Whipps and Dianna Childers

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glen M. Harvey

hereby certify that on the 21 day of November

one thousand nine hundred and 78 at Danville, County of Hendricks

State of Indiana, Groom Gregory Whipps of Hendricks County, State of Indiana

and, Bride Dianna Childers 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 21 day of November, 1978

Signed Glen M. Harvey

Official Designation Clerk Hendricks Co.

21 day of November, 1978

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

No. 497

File 11-21-78
Date of Application

MALE
Medical Examination Report Dated 11-17-78
Name of Physician C.R. Kelly M.D.

FEMALE
Medical Examination Report Dated 11-17-78
Name of Physician C.R. Kelly M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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
Donald E. Millard
Date of Birth Month Day Year
November 21 1957
Place of Birth (State or foreign country)
Morgan Co. Ind.
Residence Address Street or R. R. City County State
200 E. Main St. Hendricks 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: Edgar E. Millard
Residence of father (if deceased so state): Indianapolis, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Maryjean Pearson
Residence of mother (if deceased so state): Indianapolis Ind.
Birthplace of mother (State or foreign country): Indiana

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

Signed Donald E. Millard

New Address 432 S. Holmes

Subscribed and sworn to before me this 21 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, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 _____ of Indiana dated the 21 day of Nov., 1978, authorizing the joining together as husband and wife of _____ and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Charlotte L. Hemmity, hereby certify that on the 25 day of Nov., 1978, at Indianapolis, County of Marion, State of Indiana, Groom Donald E. Millard and, Bride Karen L. Parrish, 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, State of Indiana.
Dated this 25 day of November, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of November, 1978.

FEMALE APPLICANT

Name First Middle Last
Karen L. Parrish
Date of Birth Month Day Year
January 26 1961
Place of Birth (State or foreign country)
Indianapolis Ind.
Residence Address Street or R. R. City County State
432 S. Holmes Marion 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: Charles L. Parrish
Residence of father (if deceased so state): Indianapolis Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Barbara A. Wright
Residence of mother (if deceased so state): Florida
Birthplace of mother (State or foreign country): Indiana

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

Signed Karen L. Parrish

New Address 432 S. Holmes

Subscribed and sworn to before me this 21 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, HENDRICKS } ss:
County of _____

Signed Charles L. Parrish Father

Signed _____ Mother

Subscribed and sworn to before me this 21 day of Nov., 1978
Glen M. Harvey Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 498

File

November 21, 1978
Date of Application

MALE

Medical Examination Report Dated 11-20-78

Name of Physician Walter M. Marris

FEMALE

Medical Examination Report Dated 11-20-78

Name of Physician Walter M. Marris

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Last Burns
Date of Birth Month 2 Day 4 Year 1941
Place of Birth (State or foreign country) Kentucky
Residence Address 5116 E Michigan St. City Indpls. State Indpls.
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 with picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Burns
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Lora Coley
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Kentucky

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

Signed Jack Burns

New Address 528 Weighast, Indpls

Subscribed and sworn to before me this 21st 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, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Rosalyn Middle Last Fields
Date of Birth Month 11 Day 16 Year 1939
Place of Birth (State or foreign country) Indiana
Residence Address 241 E 409 Clayton In. City Clayton In. State Indpls.
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 with picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Lee Lucas
Residence of father (if deceased so state) Indianapolis
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred Alice Carter
Residence of mother (if deceased so state) Indianapolis
Birthplace of mother (State or foreign country) Indiana

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

Signed Rosalyn Carol Fields

New Address 528 Weighast, Indpls

Subscribed and sworn to before me this 21st day of November, 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, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day 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 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 21 November 1978, authorizing the joining together as husband and wife of Indiana dated the 21 day of November, 1978, and Rosalyn Fields

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 21 November I, John C. Mowrer hereby certify that on the 21 day of November

one thousand nine hundred and 78 at Danville, County of Hendricks, State of Indiana, Groom Jack Burns of Hendricks, County, State of Indiana, and, Bride Rosalyn Fields 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 21 day of November, 1978

Signed John C. Mowrer Judge, Superior #2

Official Designation 21 day of 19

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of November, 1978

Signed Glen M. Harvey HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 499
File 40
11-27-78
Date of Application

MALE
Medical Examination Report Dated 11-22-78
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 11-22-78
Name of Physician Eric D. Clark

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 W. Last West
Date of Birth Month December Day 5 Year 1951
Place of Birth (State or foreign country) In
Residence Address Street or R. R. 64 N. High 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 License w/ photo

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 West, Jr.
Residence of father (if deceased so state) Coatesville, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lois Jean Wheakley
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed x Michael W. West
New Address 64 N. High Danville, INO

Subscribed and sworn to before me this 27 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, Hendricks } ss:
County of Hendricks

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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.

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 December 1978, authorizing the joining together as husband and wife of Michael W. West and Deborah Ann Buttler. 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 December 1978, at Danville, County of Hendricks, State of Indiana, Groom Michael W. West and, Bride Deborah A. Buttler, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana. Dated this 1st day of December, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1978.
Signed Glen M. Harvey
Official Designation Clerk Hendricks Co.
Signed Glen M. Harvey
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Deborah Middle A. Last Buttler
Date of Birth Month June Day 8 Year 1956
Place of Birth (State or foreign country) In
Residence Address Street or R. R. RR 1 Box 143A 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 License w/ photo

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Mack C. Buttler
Residence of father (if deceased so state) Coatesville, In.
Birthplace of father (State or foreign country) Oklahoma
9. Full maiden name of mother Juanita Gray
Residence of mother (if deceased so state) Stilwell, In.
Birthplace of mother (State or foreign country) Arkansas

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

Signed x Deborah A. Buttler
New Address 64 N. High St., Danville, IN

Subscribed and sworn to before me this 27 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, Hendricks } ss:
County of Hendricks

Signed _____ Father

Signed _____ Mother

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

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 500

File 40

11-27-78

Date of Application

MALE

Medical Examination Report Dated 11-14-78

Name of Physician Carl L. Heinlein

FEMALE

Medical Examination Report Dated 11-14-78

Name of Physician Carl L. Heinlein

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Jeffery Last Sawyer
Date of Birth Month July Day 9 Year 1960
Place of Birth (State or foreign country) Martinsville
Residence Address Street or R. R. RR1 Box 389 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) Drivers License w/ photo

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Sawyer
Residence of father (if deceased so state) Mooresville, In.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Rosella Irene Johnson
Residence of mother (if deceased so state) Traylor City, Wash. St. Indianapolis, In.
Birthplace of mother (State or foreign country) Indiana

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

Signed X James Jeffery Sawyer
New Address 11335 W Washington St and plz

Subscribed and sworn to before me this 27 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

FEMALE APPLICANT

Name First Lilly Middle Mae Last Gains
Date of Birth Month May Day 16 Year 1962
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. 11335 W. Washington City Indianapolis, 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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Gene Gains
Residence of father (if deceased so state) 11335 Wash. St. Indianapolis, In.
Birthplace of father (State or foreign country) West Virginia

9. Full maiden name of mother Beverly Sue Robinson
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed X Lilly M. Gains
New Address 11335 W Washington Indpls In.

Subscribed and sworn to before me this 27 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, HENDRICKS } ss:
County of

Signed X Thomas G. Gains Father

Signed X Beverly S. Robinson Mother

Subscribed and sworn to before me this _____ day 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 Age Requirement 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

We It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 1st day of December, 1978, authorizing the joining together as husband and wife of James Jeffery Sawyer and Lilly Mae Gains

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

I, John C. Maurer hereby certify that on the 2 day of December, 1978, at Danville, County of HENDRICKS, State of Indiana, Groom James Jeffery Sawyer of HENDRICKS County, State of Indiana, and, Bride Lilly Mae Gains 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 1st day of December, 1978.

Signed John C. Maurer
Official Designation Judge HENDRICKS Superior Ct 2
4 day of December, 1978.

Signed Glen M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 501
File Book 40
Nov 27, 1978
Date of Application

MALE
Medical Examination Report Dated 11-20-78
Name of Physician William L. Wagner, M.D.

FEMALE
Medical Examination Report Dated 11-20
Name of Physician William L. Wagner, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Wesley Middle David Last Finckum, Jr.
Date of Birth Month March Day 6 Year 1951
Place of Birth (State or foreign country) St. Vincent Hosp., Indpls., Marion Co., Ind.
Residence Address Street or R. R. 133 Spring Drive, Plainfield, Hendricks Co., Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: Birth Certificate ☒ Judicial Decree ☐ Cid # 2295

☐ Other (Specify)

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

Holly Ann Finckum
Wesley David Finckum III

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is 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 filed

8. Full name of father: Wesley David Finckum
Residence of father (if deceased so state): Deceased.

Birthplace of father (State or foreign country):

9. Full maiden name of mother: Frances Madeline Denzies

Residence of mother (if deceased so state): 467 S. Pine St., Indpls., Ind.

Birthplace of mother (State or foreign country): Kentucky.

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

Signed Wesley David Finckum, Jr.

New Address: 133 Spring Drive, Plainfield

Subscribed and sworn to before me this 27 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, Hendricks } ss:

Signed _____ Father

Signed _____ Mother

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

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ and _____, authorizing the joining together as husband and wife

I, John D. Downer, hereby certify that on the 1st day of December, 1978,

State of Indiana, Groom Wesley David Finckum, Jr. at Indianapolis, County of Marion

and, Bride Linda Anne Sembach, of Marion, County 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, State of Indiana.

Dated this 1st day of December, 1978.

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

Signed John Downer
Official Designation Judge, Municipal Ct.
5 day of December, 1978.

Signed Glen M. Harvey
HENDRICKS Clerk
Circuit Court

FEMALE APPLICANT

Name First Linda Middle Anne Last Sembach
Date of Birth Month April Day 23 Year 1956
Place of Birth (State or foreign country) Connersville, Fayette Co., Ind.
Residence Address Street or R. R. 133 Spring Drive, Plainfield, Hendricks Co., Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: Birth Certificate ☒ Judicial Decree ☐ Cid # 113-56-028167

☐ Other (Specify)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 Conpton Sembach

Residence of father (if deceased so state): California

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Shirley Anne Regan

Residence of mother (if deceased so state): Plainfield, Ind.

Birthplace of mother (State or foreign country): Indiana

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

Signed Linda Anne Sembach

New Address: 133 Spring Drive, Plainfield

Subscribed and sworn to before me this 27 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, Hendricks } ss:

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 502

File

Nov. 27, 1978
Date of Application

MALE

Medical Examination Report Dated 11-6-78
Name of Physician David B. Haggard

FEMALE

Medical Examination Report Dated 11-6-78
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Joe Last Smith
Date of Birth Month June Day 19 Year 1959
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Street or R. 605 West Linda Lane City 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Lawrence J. Smith
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) California
9. Full maiden name of mother Phyllis D. Miller
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed

Larry Joe Smith
New Address 2039 Rochester Drive Ind.

Subscribed and sworn to before me this 27 day of November, 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, HENDRICKS } ss:
County of

Signed

Father

Signed

Mother

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

Clerk

FEMALE APPLICANT

Name First Cathy Middle Lynn Last Cook
Date of Birth Month Oct Day 30 Year 1957
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Street or R. Rt #3 Box 314 City 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Cook
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alma Naviaup
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed

Cathy Cook
New Address 2039 Rochester Dr, Indpls.

Subscribed and sworn to before me this 27th day of November, 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, HENDRICKS } ss:
County of

Signed

Father

Signed

Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 December, 1978, authorizing the joining together as husband and wife

of Larry Joe Smith and Cathy Lynn Cook
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 December, 1978, at 5:00 P.M. at Avon, County of HENDRICKS, State of Indiana, one thousand nine hundred and 78, of Marion County, State of Indiana, and, Bride Cathy Lynn Cook 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 2nd day of December, 1978.
Signed John C. Maurer
Official Designation Judge, Hendricks Superior #2
day of December, 1978.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 503

File 40

Nov 28 1978
Date of Application

MALE
Medical Examination Report Dated 11-25-78
Name of Physician G. N. Sudder

FEMALE
Medical Examination Report Dated 11-25-78
Name of Physician G. N. Sudder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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
William Merle Crump
Date of Birth Month Day Year
December 9 1936
Place of Birth (State or foreign country)
Indianapolis, Indiana
Residence Address Street or R. R. City County State
RR 1 Box 220, Danville, Hendricks, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒ 2-1975-Boward
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Bryant Dean Crump
Residence of father (if deceased so state): Tampa, FL
Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Elizabeth N. Williams
Residence of mother (if deceased so state): Danville, Indiana
Birthplace of mother (State or foreign country): Indiana

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

Signed: William M. Crump

New Address: 311 N. Green St., Brownsburg, Ind.

Subscribed and sworn to before me this 28 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, HENDRICKS } ss:

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day 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 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 December, 1978, authorizing the joining together as husband and wife of William Merle Crump and Karen Marie Crumpler. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Richard E. Springsteen, hereby certify that on the 9 day of December, 1978, at Indianapolis, Indiana, County of Marion, State of Indiana, Groom William Merle Crump and, Bride Karen Marie Crumpler were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana. Dated this 9 day of December, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of Dec, 1978.

Signed: Richard E. Springsteen
Official Designation: Baptist Minister
12 day of Dec, 1978

Signed: Glen M. Harvey
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Karen Marie Crumpler
Date of Birth Month Day Year
April 1 1949
Place of Birth (State or foreign country)
Indianapolis, Indiana
Residence Address Street or R. R. City County State
311 N. Green, Brownsburg, Hendricks, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Once 1975-Mr. C.
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 J. Crumpler

Chad A. Crumpler

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Eugene Leonard Lovell

Residence of father (if deceased so state): Brownsburg, Ind.

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Doris Marie Nash

Residence of mother (if deceased so state): Brownsburg, Ind.

Birthplace of mother (State or foreign country): Indiana

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

Signed: Karen M. Crumpler

New Address: 311 N. Green St., Brownsburg

Subscribed and sworn to before me this 28 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, HENDRICKS } ss:

Signed: _____ Father

Signed: _____ Mother

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 504

File

Nov. 29, 1978
Date of Application

MALE

Medical Examination Report Dated 11-22-78

Name of Physician Mr. M. O. Scamaroni

FEMALE

Medical Examination Report Dated 11-22-78

Name of Physician M. O. Scamaroni

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Roger Middle Last Caswell
Date of Birth Month 10 Day 14 Year 1938
Place of Birth (State or foreign country) Minnesota
Residence Address 3390 N. Raceway Rd. City Clemont 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) Drivers License #469-38-2058

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Kimberly Sue Caswell - 14
Paul Edward Caswell - 10

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Caswell

Residence of father (if deceased so state) Deceased

Birthplace of father (State or foreign country) Minn.

9. Full maiden name of mother Norma Eleanor Damon

Residence of mother (if deceased so state) Arizona

Birthplace of mother (State or foreign country) Minn.

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

Signed R. Caswell

New Address 3390 N. Raceway Road Clemont

Subscribed and sworn to before me this 29th day of November, 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, 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 Last Kamin
Date of Birth Month 9 Day 5 Year 1954
Place of Birth (State or foreign country) Minnesota
Residence Address 3390 N. Raceway Rd. City Clemont 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) 122-54-0-13835

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Willis John Erdman

Residence of father (if deceased so state) California

Birthplace of father (State or foreign country) Minn.

9. Full maiden name of mother Shays West

Residence of mother (if deceased so state) Arizona

Birthplace of mother (State or foreign country) South Dakota

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

Signed Cheryl Kamin

New Address 3390 N. Raceway Rd.

Subscribed and sworn to before me this 29th day of November, 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 6th day of Dec., 1978, authorizing the joining together as husband and wife

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 10 day of December, 1978,

one thousand nine hundred and 78 at Indianapolis, County of Marion,

State of Indiana, Groom Roger Caswell of HENDRICKS County, State of Indiana,

and, Bride Cheryl Kamin 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 10 day of December, 1978. Signed James D. Clayton

Official Designation Pastor 12 day of Dec., 1978.

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

Signed Glen M. Harvey HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 505

File 40

11-30-78

Date of Application

MALE
Medical Examination Report Dated 11-27-78
Name of Physician James Black

FEMALE
Medical Examination Report Dated 11-27-78
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry 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 H. Middle Young Last
Date of Birth Month August Day 15 Year 1956
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 712 Poplar Street or R. R. City Plainfield, Ind. 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Leroy Young
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma Jean Rosa
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Robert H. Young
New Address 712 Poplar St. Plainfield, Ind.

Subscribed and sworn to before me this 30 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, Hendricks } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 by written order issued _____ and filed _____

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

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 December 1978, authorizing the joining together as husband and wife

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

I, Daniel E. Finch, hereby certify that on the 9th day of December 1978, at Plainfield, Ind., County of Hendricks, State of Indiana, Groom Robert H. Young and, Bride San Juanita Lopez 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, State of _____, Dated this 9th day of December, 1978.

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

Signed Daniel E. Finch
Official Designation Minister
Signed Glen M. Harvey
HENDRICKS Clerk Circuit Court

FEMALE APPLICANT

Name First San Middle Juanita Last Lopez
Date of Birth Month March Day 3 Year 1955
Place of Birth (State or foreign country) Brownsville, Texas
Residence Address 712 Poplar Street or R. R. City Plainfield, Ind. 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Salvador Lopez
Residence of father (if deceased so state) Indpls., Ind.
Birthplace of father (State or foreign country) Texas
9. Full maiden name of mother Esperanza Navarro
Residence of mother (if deceased so state) Marion, Ind.
Birthplace of mother (State or foreign country) Texas

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

Signed San Juanita Lopez
New Address 712 Poplar St. Plainfield, Ind.

Subscribed and sworn to before me this 30 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, Hendricks } ss:

Signed _____ Father
Signed _____ Mother

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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 506

File

Dec. 1, 1978
Date of Application

MALE

Medical Examination Report Dated Nov. 28, 1978
Name of Physician Thomas Walker, M.D.

FEMALE

Medical Examination Report Dated Nov. 28, 1978
Name of Physician Thomas Walker, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Oscar C. Rogers
Date of Birth Nov. 13, 1940
Place of Birth (State or foreign country) Kentucky
Residence Address R.R. #1 Box 58 Lexington, Ind.
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.
Anita Marie Rogers
Thomas Lee Rogers

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 J. Rogers
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Bertha Eppert
Residence of mother (if deceased so state) Corbin Kentucky
Birthplace of mother (State or foreign country) Kentucky

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

Signed Oscar C. Rogers

New Address

Subscribed and sworn to before me this 1st day of December, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Gale L. Roe
Date of Birth July 8, 1952
Place of Birth (State or foreign country) Kentucky
Residence Address R.R. #1 Box 58 Lexington, Ind.
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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Ewell Williams
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother C Evelyn Irene Hensley
Residence of mother (if deceased so state) Ladoga, Ind.
Birthplace of mother (State or foreign country) Kentucky

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

Signed Gale L. Roe

New Address

Subscribed and sworn to before me this 1st day of December, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 5th day of December, 19 78, authorizing the joining together as husband and wife of Oscar C. Rogers and Gale L. Roe

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Edwin Gwaltney hereby certify that on the 16 day of December, one thousand nine hundred and 78 at Ladoga, County of Montgomery, State of Indiana, Groom Oscar C. Rogers of Hendricks County, State of Indiana and, Bride Gale L. Roe of Montgomery 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 16 day of December, 19 78

Signed Edwin Gwaltney

Official Designation Rev. (Ordained Minister)
19 day of December, 19 78

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 507
File 40
Date of Application 12-1-78

MALE
Medical Examination Report Dated 11-20-78
Name of Physician L. H. Ellis

FEMALE
Medical Examination Report Dated 11-20-78
Name of Physician L. H. Ellis

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 John Last Nachazel
Date of Birth April 1 1956
Place of Birth (State or foreign country) Flint, Michigan
Residence Address R.R. #1 Box 128B North Salem, Hendricks, 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 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: Francis Joseph Nachazel
Residence of father (if deceased so state): Tawas City, Michigan
Birthplace of father (State or foreign country): Michigan

9. Full maiden name of mother: Joan Ona Taylor
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Massachusetts

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

Signed: Douglas John Matthew Nachazel

New Address: Dallas, Texas

Subscribed and sworn to before me this 15th day of Dec., 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, Hendricks } ss:

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day 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 _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

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 Dec., 1978, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. F. Stoner Clark, hereby certify that on the 16 day of December, 1978,
one thousand nine hundred and 78, at North Salem, County of Hendricks,
State of Indiana, Groom Douglas John Nachazel, of Marion County, State of Indiana,
and, Bride Teri Lynne Selzer, 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, State of Indiana.
Dated this 16 day of December, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of December, 1978.

Signed Rev. F. Stoner Clark
Official Designation Minister
Signed: Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Teri Middle Lynne Last Selzer
Date of Birth Aug 26 1959
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R.R. #1 Box 128B North Salem, Hendricks, 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 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: William Jacob Selzer
Residence of father (if deceased so state): R.R. #1 Box 128B, North Salem
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Norma Jean Jones
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Kentucky

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

Signed: Teri Lynne Selzer

New Address: Dallas, Texas

Subscribed and sworn to before me this 15th day of Dec., 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, Hendricks } ss:

Signed: _____ Father

Signed: _____ Mother

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

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 508

File 40

December 4, 1978
Date of Application

MALE

Medical Examination Report Dated 11-16-78

Name of Physician Irving Cohen, M.D.

FEMALE

Medical Examination Report Dated 11-16-78

Name of Physician Irving Cohen, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Kevin D. Ford
Date of Birth August 18 1956
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 313 Aven Avenue, Plainfield
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Ford
Residence of father (if deceased so state): 313 Aven Ave., Plfd.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Mildred Maude Myers
Residence of mother (if deceased so state): 313 Aven Ave., Plfd.
Birthplace of mother (State or foreign country): Indiana

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

Signed Kevin D. Ford

New Address Marion Indianapolis In

Subscribed and sworn to before me this 4th day of December, 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Barbara Sue Allen
Date of Birth August 5 1954
Place of Birth (State or foreign country) Marion County, Indiana
Residence Address 3555 East Bonta, 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Allen
Residence of father (if deceased so state): 3555 E. Bonta, Indpls.
Birthplace of father (State or foreign country): Ohio
9. Full maiden name of mother: Delora Broughton
Residence of mother (if deceased so state): 3555 E. Bonta, Indpls.
Birthplace of mother (State or foreign country): Kentucky

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

Signed Barbara Sue Allen

New Address Marion Indpls. IN

Subscribed and sworn to before me this 4th day of December, 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 December, 1978, authorizing the joining together as husband and wife

of Kevin D. Ford and Barbara Sue Allen

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

I, Donald A. Wallace hereby certify that on the 9 day of December, 1978, at Plainfield, County of Hendricks, State of Indiana, Groom Kevin D. Ford and, Bride Barbara 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 _____ County.

Dated this 9 day of December, 1978.

Signed Donald A. Wallace

Official Designation Pastor, Calvary Baptist Church

14 day of Dec., 1978

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 509
File 40
Date of Application 12-4-78

MALE
Medical Examination Report Dated 11-3-78
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 12-3-78
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Michael O. Alford
Date of Birth 28 1953
Place of Birth (State or foreign country) Indpls, Ind.
Residence Address 6113 Cheshire Rd, Apt. B, Indpls, Marion, 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 w/picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 O. Neal Alford
Residence of father (if deceased so state) R.R. 1 Box 96 Kirklint, Ind.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mildred Louise Tunn
Residence of mother (if deceased so state) same
Birthplace of mother (State or foreign country) Kentucky

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

Signed Michael O. Alford

New Address 6113 Cheshire Rd B, Indpls

Subscribed and sworn to before me this 4th day of Dec., 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ County _____ Court of Indiana dated the 7th day of Dec., 1978, authorizing the joining together as husband and wife of Michael O. Alford and Patricia Lynn Stevens.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Richard D. Groover, hereby certify that on the 7th day of December, 1978, at Danville, County of Hendricks, State of Indiana, Groom Michael O. Alford and, Bride Patricia Lynn Stevens 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, State of Indiana.
Dated this 7 day of December, 1978.

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

Signed Richard D. Groover
Official Designation Judge - Hendricks Circuit Ct.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Patricia Lynn Stevens
Date of Birth 24 1957
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address P.O. Box 17 Clayton Ind. 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 w/picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Stevens, Jr.
Residence of father (if deceased so state) P.O. Box 17, Clayton, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred Evelyn Thomas
Residence of mother (if deceased so state) same
Birthplace of mother (State or foreign country) Kentucky

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

Signed Patricia Lynn Stevens

New Address 6113 B Cheshire Rd Indpls.

Subscribed and sworn to before me this 4th day of Dec., 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 510
File 40
Date of Application 12-5-78

MALE

Medical Examination Report Dated 12-3-78
Name of Physician James Black

FEMALE

Medical Examination Report Dated 12-3-78
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Michael R. Kiger
Date of Birth 11 Month 15 Day 1944 Year
Place of Birth (State or foreign country) Greencastle, In.
Residence Address 114 Greenacre Dr. Brownsburg, 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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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. Kiger
Residence of father (if deceased so state) Fullmore, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Hazel Inogene Adder
Residence of mother (if deceased so state) Fullmore, In.
Birthplace of mother (State or foreign country) Indiana

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

Signed Michael R. Kiger

New Address 114 Green Acre Dr.

Subscribed and sworn to before me this 5th day of December, 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, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Cora Lynn Henson
Date of Birth 9 Month 15 Day 1951 Year
Place of Birth (State or foreign country) Covington, Ky.
Residence Address 114 Greenacre Dr. Brownsburg, 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) _____

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Owen W. Hammeyer
Residence of father (if deceased so state) Sumner, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Valora Violet Mobley
Residence of mother (if deceased so state) Sumner, In.
Birthplace of mother (State or foreign country) Kentucky

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

Signed Cora Lynn Henson

New Address 114 Green Acre Dr. Brownsburg

Subscribed and sworn to before me this 5th day of Dec., 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, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 9th day of December, 1978, authorizing the joining together as husband and wife

Michael R. Kiger and Cora Lynn Henson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Kenneth H. Greves, hereby certify that on the 10 day of December,

at Sumner, County of Ripley,

one thousand nine hundred and 78, County, State of Indiana

State of Indiana, Groom Michael R. Kiger of Ripley County, State of Indiana

and, Bride Cora Lynn Henson 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 _____ County.

Dated this 10 day of December, 1978. Signed Kenneth H. Greves

Official Designation minister

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

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 511
File 40
Dec. 5, 1978
Date of Application

MALE
Medical Examination Report Dated 12-5-78
Name of Physician Joseph Kerlin

FEMALE
Medical Examination Report Dated 12-5-78
Name of Physician Joseph Kerlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Robert Dewey Grubb
Date of Birth 11/01/1955
Place of Birth (State or foreign country) Ind.
Residence Address R#3 Box 65 Danville 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 Card

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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. Grubb
Residence of father (if deceased so state) Danville Ind.
Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Doris Agel
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Ind.

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

Signed Robert D. Grubb
New Address R#3 Box 65 Danville

Subscribed and sworn to before me this 5th day of Dec, 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, Hendricks } ss:
County of Hendricks
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day 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 _____ County _____ Court by written order issued _____ authorizes and directs the issuance of a marriage license to the above named parties.

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 December, 1978, authorizing the joining together as husband and wife of Robert Dewey Grubb and Dorothy Kay Colgan. Be it further remembered, the following marriage certificate was filed in my office, to-wit: 1, Aaron Coynter, one thousand nine hundred and 78, hereby certify that on the 9 day of December, State of Indiana, Groom Robert Dewey Grubb at Danville, County of Hendricks, and, Bride Dorothy Kay Colgan 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, State of Indiana. Dated this 9 day of December, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of Dec, 1978.

FEMALE APPLICANT

Name Dorothy Kay Colgan
Date of Birth 2/1/1952
Place of Birth (State or foreign country) Kansas
Residence Address 5410 White Horse Dr. Naples, 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) Dr. License

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

Kathina Colgan

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 Hunn
Residence of father (if deceased so state) Naples, Ind.
Birthplace of father (State or foreign country) Mo.
9. Full maiden name of mother Dorothy Miller
Residence of mother (if deceased so state) Naples, Ind.
Birthplace of mother (State or foreign country) Neb.

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

Signed Dorothy K. Colgan
New Address R#3 Box 65 Danville

Subscribed and sworn to before me this 5th day of Dec, 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, Hendricks } ss:
County of Hendricks
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

Signed Aaron Coynter
Official Designation Minister
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 512
File _____
Date of Application 12-5-78

MALE

Medical Examination Report Dated 12-4-78
Name of Physician J. Thomas Verris M.D.

FEMALE

Medical Examination Report Dated 11-28-78
Name of Physician J. Thomas Verris

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Darrell A. Lawson
Date of Birth 11 19 1960
Place of Birth (State or foreign country) Indianapolis, In
Residence Address R.R. #1 Box 169 Coatesville
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 14585

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Olis Alton Lawson
Residence of father (if deceased so state) R. #1 Box 169 Coatesville
Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Bonnie Darrell Wills
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Darrell A. Lawson
New Address Box 400 R.R. 2 Clayton
Subscribed and sworn to before me this 5th day of December, 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, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Abigail Harp
Date of Birth May 17 1961
Place of Birth (State or foreign country) Clinton, In
Residence Address Box 400 R.R. #2 Clayton
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # Box #1959-65 p 61

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 C. Harp
Residence of father (if deceased so state) _____
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Allie Taylor
Residence of mother (if deceased so state) Clayton, In
Birthplace of mother (State or foreign country) Kentucky

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

Signed Abigail Harp
New Address R. 2 Box 400 Clayton
Subscribed and sworn to before me this 5th day of December, 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, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed Allie Harp Mother
Subscribed and sworn to before me this 5th day of December, 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

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 December, 1978, authorizing the joining together as husband and wife Darrell A. Lawson and Abigail Harp

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 December, one thousand nine hundred and 78 at Amo, County of Hendricks, State of Indiana, Groom Darrell Lawson of Hendricks County, State of Indiana and, Bride Abigail 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 9th day of December, 1978.

Signed Howard Cupp
Official Designation Pastor, Hadley Friends Church
Filed and recorded in accordance with the laws of the State of Indiana this 18 day of December, 1978.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 513
File 40
Date of Application 11-5-78

MALE
Medical Examination Report Dated 11-22-78
Name of Physician James Black

FEMALE
Medical Examination Report Dated 11-22-78
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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
Bradley Q. Cooper
Date of Birth Month Day Year
2 12 1956
Place of Birth (State or foreign country)
Crawfordsville, Ind.
Residence Address Street or R. R. City County State
26 Burns Dr., 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Quinton Cooper
Residence of father (if deceased so state): 26 Burns Dr., Brownsburg
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Sylith Jean Britton
Residence of mother (if deceased so state): same
Birthplace of mother (State or foreign country): Indiana

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

Signed: [Signature]
New Address: 6140 Beech Dr. Apt. D, Indianapolis, Ind. 46224

Subscribed and sworn to before me this 5th day of Dec., 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, Hendricks } ss:

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day 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 by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

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 Dec., 1978, authorizing the joining together as husband and wife of _____ and _____

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

one thousand nine hundred and 78 hereby certify that on the 16 day of December
State of Indiana, Groom Bradley Q. Cooper at Brownsburg
and, Bride Sarah L. DeBard of Marion County 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, State of Indiana
Dated this 16 day of December, 1978

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of December, 1978
Signed: Jerry R. Nash
Official Designation: Minister
Signed: Glen M. Harvey
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Sarah L. DeBard
Date of Birth Month Day Year
3 16 1957
Place of Birth (State or foreign country)
Indianapolis, Ind.
Residence Address Street or R. R. City County State
52 Timber Lane, 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) Driver's License w/ picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 DeBard
Residence of father (if deceased so state): 52 Timber Lane, Brownsburg
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Margery Ann Porter
Residence of mother (if deceased so state): same
Birthplace of mother (State or foreign country): Indiana

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

Signed: [Signature]
New Address: 6140 Beech Dr. Apt. D, Indianapolis, Ind. 46224

Subscribed and sworn to before me this 5th day of Dec., 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, Hendricks } ss:

Signed: _____ Father

Signed: _____ Mother

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

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 514

File 40

Date of Application

MALE

Medical Examination Report Dated 12-4-78

Name of Physician James Black

FEMALE

Medical Examination Report Dated 12-4-78

Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Jones
Date of Birth Month July Day 13 Year 1957
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. 629 S. Jefferson City 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 W. Jones
Residence of father (if deceased so state) Brownsburg, In.
Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Thelma K. Silvers
Residence of mother (if deceased so state) Brownsburg, In.
Birthplace of mother (State or foreign country) Ky

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

Signed David W. Jones

New Address Speedway, Ind

Subscribed and sworn to before me this 6th day of Dec, 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, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

FEMALE APPLICANT

Name First Deborah Middle Ann Last Walverton
Date of Birth Month Aug Day 7 Year 1956
Place of Birth (State or foreign country) Maryland
Residence Address Street or R. R. 15 Burns Dr. City 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 Harry D. Walverton
Residence of father (if deceased so state) Brownsburg, In.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Rhonda J. Perrigo
Residence of mother (if deceased so state) Brownsburg, In.
Birthplace of mother (State or foreign country) New Mex.

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

Signed Deborah A. Walverton

New Address Speedway, IN

Subscribed and sworn to before me this 6th day of Dec, 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, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day 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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Circuit Court of Indiana dated the 6th day of December, 1978, authorizing the joining together as husband and wife

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 December, 1978, at Danville, County of Hendricks, State of Indiana, Groom David Wayne Jones and, Bride Deborah Ann Walverton 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 December, 1978.

Signed Glen M. Harvey

Official Designation Clerk Hendricks County

Subscribed and sworn to before me this 11 day of December, 1978.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of December, 1978.

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 515
File 40
Date of Application 12-6-78

MALE
Medical Examination Report Dated 11-27-78
Name of Physician David M. Hadley MD

FEMALE
Medical Examination Report Dated 11-27-78
Name of Physician David M. Hadley MD

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name John M. Church
Date of Birth 13 21 1951
Place of Birth (State or foreign country) Ill.
Residence Address 510 Hanley, Plf. 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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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, In.
Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Marjorie Ann Phipps
Residence of mother (if deceased so state) Plainfield, In.
Birthplace of mother (State or foreign country) Ill.

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

Signed John M. Church
New Address 510 Hanley Plainfield, 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, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day 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.

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 December, 1978, authorizing the joining together as husband and wife of John M. Church and Rhonda L. Dieckman.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, R. Kent Allen hereby certify that on the 16 day of December, 1978, at Plainfield, State of Indiana, Groom John M. Church and, Bride Rhonda Lee Dieckman 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, State of Indiana.
Dated this 16 day of December, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.
Signed R. Kent Allen Official Designation Minister
Signed Glen M. Harvey December 1978 Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT
Name Rhonda L. Dieckman
Date of Birth 7 13 1956
Place of Birth (State or foreign country) Ind.
Residence Address 203 Raines Plf. 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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Clarence Dieckman
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lillian Elaine Lewis
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Rhonda Lee Dieckman
New Address 510 Hanley Plf. 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, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 516
File
December 6, 1978
Date of Application

MALE
Medical Examination Report Dated 11/30/78
Name of Physician William V. Wolf Jr.

FEMALE
Medical Examination Report Dated 12/1/78
Name of Physician William V. Wolf Jr.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 L. Last Clark
Date of Birth Month February Day 19 Year 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 7028 E. Swadlow Rd. City Indianapolis 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.
Jerry L. Clark II
Jami Jean Clark

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Leo Clark
Residence of father (if deceased so state) Indianapolis, Ind.
Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Sarah Caroline Clements
Residence of mother (if deceased so state) Indianapolis, Ind.
Birthplace of mother (State or foreign country) Ky.

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

Signed Jerry L. Clark
New Address 2323 Nowling Ct

Subscribed and sworn to before me this 6 day of December, 1978
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, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Martha Middle Ann Last Cress
Date of Birth Month May Day 30 Year 1943
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 7751 Wickford Ct. City Indianapolis 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Ernest Martin
Residence of father (if deceased so state) Indianapolis, Ind.
Birthplace of father (State or foreign country) Ky.
Full maiden name of mother Jewel Burton
Residence of mother (if deceased so state) Indianapolis, Ind.
Birthplace of mother (State or foreign country) Ky.

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

Signed Martha Ann Cress
New Address 2323 Nowling Ct

Subscribed and sworn to before me this 6 day of December, 1978
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, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 15 day of December, 1978, authorizing the joining together as husband and wife of Jerry L. Clark and Martha Ann Cress

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Myron Barnard hereby certify that on the 30 day of December, 1978, at Indianapolis, County of Marion, State of Indiana, Groom Jerry L. Clark of Hendricks County, State of Indiana, and, Bride Martha Ann Cress 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 30 day of December, 1978.

Signed Myron Barnard Judge
Official Designation January, 1979
Signed Glen M. Harney Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of _____, 1979

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 517
File 12-8-78
Date of Application

MALE
Medical Examination Report Dated 12-6-78
Name of Physician R. Stephen Swin

FEMALE
Medical Examination Report Dated 12-6-78
Name of Physician R. Stephen Swin

ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Robert W. Leak
Date of Birth Oct 27 1937
Place of Birth (State or foreign country) Ind.
Residence Address 10012 Lakes of Pontchartrons Ct. S. Hendricks 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:
Grace Ann Leak - 1940
Susan Leak
Mary E. Leak

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 R. Leak
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Violet Soots
Residence of mother (if deceased so state): deceased
Birthplace of mother (State or foreign country): Ind.

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

Signed Robert W. Leak
New Address 10012 Lakes of Pontchartrons Ct. S. Hendricks Ind.

Subscribed and sworn to before me this 8th day of Dec. 1978.
Alex 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, Hendricks } ss:
County of:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 December 1978.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, R. D. McKinney, hereby certify that on the 16 day of December 1978, at Indianapolis, Indiana, Groom Robert W. Leak and, Bride Della M. Stidham, 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, State of Indiana.
Dated this 16 day of December, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of December 1978.
Signed Rev. R. D. McKinney Ordained Minister
Signed Alex M. Harney Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Della Mae Stidham
Date of Birth Mar 14 1954
Place of Birth (State or foreign country) Virginia
Residence Address 10012 Lakes of Pontchartrons Ct. S. Hendricks 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:
Harry Robt Stidham
Bradley Stidham
Michael James Stidham

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Brewer
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Va.
9. Full maiden name of mother: Bura Lawson
Residence of mother (if deceased so state): Elk Horn, Wisc.
Birthplace of mother (State or foreign country): Va.

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

Signed Della Mae Stidham
New Address 10012 Lakes of Pontchartrons Ct. S. Hendricks Ind.

Subscribed and sworn to before me this 8th day of Dec. 1978.
Alex 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, Hendricks } ss:
County of:

Signed _____ Father
Signed _____ Mother

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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 518
File 40
Date of Application 12-8-78

MALE

Medical Examination Report Dated 12-6-78

Name of Physician Justin Lane

FEMALE

Medical Examination Report Dated 12-6-78

Name of Physician Justin Lane

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name James First Thomas Middle Nelson Last
Date of Birth Aug. Month 8 Day 1947 Year
Place of Birth (State or foreign country) Muskogee, Oklahoma
Residence Address 9 Bruce Court, B'burg, Ind., 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 w/ picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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. Nelson
Residence of father (if deceased so state) Indianapolis, Ind.
Birthplace of father (State or foreign country) Oklahoma
9. Full maiden name of mother Gladys L. Cannon
Residence of mother (if deceased so state) same
Birthplace of mother (State or foreign country) Oklahoma

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

Signed James D. Nelson

New Address 9 Bruce Ct. Brownstown

Subscribed and sworn to before me this 8 day of Dec., 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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Joyce First Ann Middle Dreflak Last
Date of Birth Aug. Month 31 Day 1941 Year
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 9 Bruce Court, B'burg, Ind., 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) Vote's Reg. # 1275

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Pierson Maunt
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carrie S. Peice
Residence of mother (if deceased so state) Speedway, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Joyce A. Dreflak

New Address 9 Bruce Ct. Brownstown

Subscribed and sworn to before me this 8 day of Dec., 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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 14th day of December, 1978, authorizing the joining together as husband and wife
of James Thomas Nelson and Joyce Ann Dreflak

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

I, Glen M. Harvey hereby certify that on the 14 day of December,
one thousand nine hundred and 78 at Danville, County of Hendricks,

State of Indiana, Groom James Thomas Nelson of Hendricks County, State of Indiana,
and, Bride Joyce Ann Dreflak 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 14 day of Dec., 1978.

Signed Glen M. Harvey

Official Designation Clerk Hendricks Courts

15 day of December, 1978.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 519
File 40
Date of Application December 11, 1978

MALE
Medical Examination Report Dated 12-5-78
Name of Physician Marshall H. Seat, M.D.

FEMALE
Medical Examination Report Dated 12-5-78
Name of Physician R. Maschmeyer

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Richard Stout
Date of Birth October 13, 1949
Place of Birth (State or foreign country) Indiana
Residence Address 512 Meredith Washington, 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) driver's license (picture)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Davis
Residence of father (if deceased so state) unknown
Birthplace of father (State or foreign country) Louisiana
9. Full maiden name of mother Martha Jean Clearwater
Residence of mother (if deceased so state) Ind., Indiana
Birthplace of mother (State or foreign country) Indiana

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

Signed Richard Stout
New Address 512 Meredith Washington

Subscribed and sworn to before me this 11th day of December, 19 78.
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, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 by written order issued _____ in _____ authorizes and directs the issuance of a marriage license to the above named parties.

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 _____, 19 78.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. William P. Hendricks and Lisa A. Levy

one thousand nine hundred and 78 hereby certify that on the 16 day of December
State of Indiana, Groom T. Richard Stout at Washington Township County of Hendricks
and, Bride Lisa A. Levy of Daviess 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, State of Indiana

Dated this 15 day of December, 19 78.

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

Signed Rev. William P. Hendricks
Official Designation Pastor, Avon Christian Church
December 19 78

Signed Glenn M. Harvey
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Lisa Levy
Date of Birth December 2, 1956
Place of Birth (State or foreign country) Indiana
Residence Address 614 Hillcrest Drive, Rfd.
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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Kinger Levy
Residence of father (if deceased so state) 614 Hillcrest Drive, Rfd.
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Ramona Lee Hart
Residence of mother (if deceased so state) 614 Hillcrest Dr., Rfd.
Birthplace of mother (State or foreign country) Missouri

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

Signed Lisa A. Levy
New Address 512 Meredith Washington

Subscribed and sworn to before me this 11th day of December, 19 78.
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, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 520

File 40

12-11-78
Date of Application

MALE

Medical Examination Report Dated 12-6-78

Name of Physician Wm. Edwards

FEMALE

Medical Examination Report Dated

Name of Physician

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Leonard F. Baughman
Date of Birth May 12 1955
Place of Birth (State or foreign country) Sullivan
Residence Address 11225 W. Washington City Indianapolis 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 Lic. w/ photo

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 F. Baughman

Residence of father (if deceased so state) RD, Shelburn, Ind.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Beulah E. Reed

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Missouri

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

Signed X Leonard F. Baughman

New Address 11225 W. Washington St. Lot #36
INDIANAPOLIS, IND 46231

Subscribed and sworn to before me this 11 day of Dec., 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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

FEMALE APPLICANT

Name Ethel Lynn Morgan
Date of Birth February 29 1956
Place of Birth (State or foreign country) Talk Co. Florida
Residence Address 121142 N. 9th City Lafayette 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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. Morgan

Residence of father (if deceased so state) Huntsville, Ala.

Birthplace of father (State or foreign country) Washington

9. Full maiden name of mother Ethel Branman

Residence of mother (if deceased so state) Huntsville, Ala.

Birthplace of mother (State or foreign country) New York

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

Signed Ethel Lynn Morgan

New Address 11225 W. Washington St

Subscribed and sworn to before me this 15 day of Dec, 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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 15th day of Dec., 1978, authorizing the joining together as husband and wife of Leonard F. Baughman and Ethel Lynn Morgan.

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

I, Dale J. Sauer, hereby certify that on the 23 day of December, 1978, at Danville, County of Hendricks, one thousand nine hundred and 78, State of Indiana, Groom Leonard Baughman of Hendricks County, State of Indiana, and, Bride Ethel Lynn 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 _____ County.

Dated this 23 day of Dec., 1978.

Signed Dale J. Sauer

Official Designation Pastor 1st United Presbyterian
27 day of Dec., 1978.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 521

File 12-11-78

Date of Application

MALE
Medical Examination Report Dated 12-6-78
Name of Physician David Hedley

FEMALE
Medical Examination Report Dated 12-6-78
Name of Physician David Hedley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 L Last Harmon
Date of Birth Month 3 Day 7 Year 1950
Place of Birth (State or foreign country) Princeton, Ind.
Residence Address R #1 Box 229 Danville, 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: Frederick Allen Harmon
Residence of father (if deceased so state): Owensville, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Emily Low Williams
Residence of mother (if deceased so state): Owensville, Ind.
Birthplace of mother (State or foreign country): Indiana

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

Signed J. L. Harmon

New Address _____

Subscribed and sworn to before me this 11th day of December, 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, HENDRICKS ss: _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 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 15th day of Dec., 1978.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ and Valerie Kay Puckett, authorizing the joining together as husband and wife I, Walter Puckett

one thousand nine hundred and 78 hereby certify that on the 17th day of December

State of Indiana, Groom Jack L. Harmon at Indianapolis County of Marion

and, Bride Valerie Kay Puckett 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, State of Indiana.

Dated this 17th day of December, 1978.

Signed Walter Puckett

Official Designation Minister & father of the bride
20 day of December, 1978

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 522
File 40
Date of Application 12-13-78

MALE

Medical Examination Report Dated 12-6-78
Name of Physician David M. Haggard

FEMALE

Medical Examination Report Dated 12-1-78
Name of Physician Adrian M. Olick

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Julian First H. Middle Blackard Last
Date of Birth 1 Month 30 Day 1913 Year
Place of Birth (State or foreign country) Evansville, Indiana
Residence Address RR #1 Plainfield, Hend., 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) Driver's License w/picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 N. Blackard
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Cena C. Wade
Residence of mother (if deceased so state) Stanton Dr., Indpls, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Julian H. Blackard
New Address R.R. 1 Plainfield Ind.

Subscribed and sworn to before me this 13 day of Dec, 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Eleanor First E. Middle Blackard Last
Date of Birth 10 Month 11 Day 1915 Year
Place of Birth (State or foreign country) Frankton, Indiana
Residence Address 1148 Whitcomb Ave, Apt. A, Indpls, Marion, 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) Driver's license

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Earl Dickins
Residence of father (if deceased so state) Frankton, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nellie Edith Lineberry
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Illinois

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

Signed Eleanor E. Blackard
New Address R.R. 1 Plainfield

Subscribed and sworn to before me this 13 day of Dec, 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 18th day of Dec, 1978, authorizing the joining together as husband and wife
Julian H. Blackard and Eleanor E. Blackard

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glen M. Harvey hereby certify that on the 5th day of February,
79 at Danville, County of Hendricks,
one thousand nine hundred and _____ of Hendricks County, State of Indiana
State of Indiana, Groom Julian H. Blackard of Marion County, State of Indiana
and, Bride Eleanor E. Blackard 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 18th day of December, 1979.

Signed Glen M. Harvey
Official Designation Clerk
6 day of February, 1979

Filed and recorded in accordance with the laws of the State of Indiana this _____
Signed Glen M. Harvey HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 523

File 40

12-13-78

Date of Application

MALE

Medical Examination Report Dated 12-5-78

Name of Physician Fred Q. Brooks

FEMALE

Medical Examination Report Dated 12-5-78

Name of Physician Fred Q. Brooks

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Victor Last Zych
Date of Birth Month 12 Day 22 Year 1954
Place of Birth (State or foreign country) June 22 Ohio
Residence Address Martinsburg City Indpls State In.
2264 Nowling Lane

Previous Marital Status: Never Married ☒ ORLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree☒ Other (Specify) Drivers License

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Paul Zych

Residence of father (if deceased so state) Fairpoint, Ohio

Birthplace of father (State or foreign country) Ohio

9. Full maiden name of mother Irene Schiller

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Ohio

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

Signed x William V. Zych

New Address 2264 Nowling Lane Lot 104

Subscribed and sworn to before me this 13 day of Dec, 1978

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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 13 day of December, 1978, authorizing the joining together as husband and wife of William Victor Zych and Mona Lisa Halcomb. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Dennis Q. Fulton

one thousand nine hundred and 78 hereby certify that on the 16 day of December, 1978, at Indianapolis, County of Marion, State of Indiana, Groom William Victor Zych and, Bride Mona Lisa Halcomb 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, State of Indiana. Dated this 16 day of December, 1978.

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

Signed Dennis Q. Fulton
Official Designation Christian Minister
Signed Ellen M. Harvey
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Mona Middle Lisa Last Halcomb
Date of Birth Month 12 Day 31 Year 1957
Place of Birth (State or foreign country) Indianapolis
Residence Address 30 Murphy Ct. City Brownsburg State In.

Previous Marital Status: Never Married ☒ ORLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree☒ Other (Specify) Drivers License

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Morris Halcomb

Residence of father (if deceased so state) Brownsburg, In.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Lena Geraldine Rickett

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Kentucky

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

Signed x Mona Lisa Halcomb

New Address 2264 Nowling Lane Lot 104

Subscribed and sworn to before me this 13 day of December 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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 524

HENDRICKS County

File
Dec. 13, 1978
Date of Application

MALE

Medical Examination Report Dated 12-12-78
Name of Physician William Edwards

FEMALE

Medical Examination Report Dated 12-12-78
Name of Physician William Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-4 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

FEMALE APPLICANT
Name: Lori D. Dowell
Date of Birth: August 6 1960
Place of Birth: Madison County, Illinois
Residence Address: 11080 W. Washington St. #5, 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) drivers license (picture)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 P. Dowell
Residence of father (if deceased so state): 344 N.E. St., Plsd.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Nancy B. Dillman
Residence of mother (if deceased so state): 344 N.E. St., Plsd.
Birthplace of mother (State or foreign country): Indiana

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

Signed: Lori Dowell
New Address: 11080 W. Washington St. #5

Subscribed and sworn to before me this 13th day of December, 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, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

MALE APPLICANT
Name: Darrell W. Tyler
Date of Birth: December 17 1959
Place of Birth: Madison County, Illinois
Residence Address: 412 Linden Lane, Plsd.
Previous Marital Status: ☒ Never Married ☐ OR
Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Rollin Tyler
Residence of father (if deceased so state): 412 Linden Ln., Plsd.
Birthplace of father (State or foreign country): Illinois
9. Full maiden name of mother: Betty Jean Wright
Residence of mother (if deceased so state): 412 Linden Ln., Plsd.
Birthplace of mother (State or foreign country): Illinois

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

Signed: Darrell W. Tyler
New Address: 11080 W. Washington St. #5

Subscribed and sworn to before me this 13th day of December, 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, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 18 day of Dec., 1978, authorizing the joining together as husband and wife
of Darrell W. Tyler and Lori A. Dowell

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

I, Enoch S. Ralph, hereby certify that on the 20 day of December,
one thousand nine hundred and 78, at Clainfield, County of Hendricks,
State of Indiana, Groom Darrell W. Tyler of Hendricks County, State of Indiana,
and, Bride Lori B. Dowell 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 20 day of December, 1978.
Signed Enoch S. Ralph

Official Designation Minister, Church of the Nazarene
22 day of December, 1978

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

FEMALE
Medical Examination Report Dated 12-13-78
Name of Physician D. N. Scudder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a record shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

FEMALE APPLICANT

FEMALE APPLICANT

Name	First	Middle	Last
	<i>Ghyllis</i>	<i>J.</i>	<i>Summers</i>
Date of Birth	Month	Day	Year
	<i>June</i>	<i>24</i>	<i>1947</i>
Place of Birth (State or foreign country)	<i>Arkansas</i>		
Residence Address	Street or R. R.	City	County State
<i>12 Manor Dr.</i>		<i>Brownsville</i>	<i>Tx</i>
Previous Marital Status:	Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/>		
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/>		
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Judicial Decree		

<input type="checkbox"/> Other (Specify) _____		
1. Are you now or have you ever been adjudged to be of unsound mind? ⁹	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
If answer is "yes", has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
2. Are you afflicted with a transmissible disease?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
3. Are you related to the male applicant closer than second cousin?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
4. Are you now under the influence of intoxicating liquor?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
5. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

6. List the full names of any dependent children.

Gracey Summers
Scott Summers
Zachary Summers

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Gayton A. Marple

Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Arkansas

9. Full maiden name of mother: Maudie A. Whisenhunt
Residence of mother (if deceased, state): Deceased

Birthplace of mother (State or foreign country): Arkansas

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

Signed X Phyllis J. Summers
New Address 12 Manor Dr. Braintree

Subscribed and sworn to before me this 14 day of December, 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.

County of HENDRICKS } ss: _____

Signed..... Father

Signed..... Mother

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

_____ Clerk

A marriage license having been _____

by written order issued 3 day waiver and filed

ND MARRIAGE CERTIFICATE

78
....., 19....., authorizing the joining together of the said and wife

Phyllis J. Summers

I hereby certify that on the 15 day of December
Brownsburg, Hendricks County of Hendricks

Hendricks County, State of Indiana

County, State of Indiana,
purpose by the Clerk of the Circuit Court of HENDRICKS

Signed.....Rev. Dennis L. Dodson.....

18 day of December 1978

John M. Hendricks Clerk
HENDRICKS Circuit Court

..... Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 526

File

December 14, 1978
Date of Application

MALE

Medical Examination Report Dated 12-11-78

Name of Physician Larry D. Lovall

FEMALE

Medical Examination Report Dated 12-11-78

Name of Physician Larry D. Lovall

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

FEMALE APPLICANT

Name Billie Mae Todd
Date of Birth September 16 1957
Place of Birth (State or foreign country) Marion County, Indiana
Residence Address R #1, Box 298, Clayton, 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.
Jennifer Lynn Todd

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 B. Harris
Residence of father (if deceased so state) R. #4, Box 414, Clayton, IN
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Annette Mae Jones
Residence of mother (if deceased so state) R. #4, Box 414, Clayton, IN
Birthplace of mother (State or foreign country) Indiana

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

Signed Billie Mae Todd

New Address RR #1 Box 298 Clayton IN

Subscribed and sworn to before me this 14th day of December, 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

MALE APPLICANT

Name Thomas J. Dunagan
Date of Birth February 5 1958
Place of Birth (State or foreign country) Petersburg, Virginia
Residence Address R. R. #1, Box 298
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 Heram J. Dunagan
Residence of father (if deceased so state) 1166 Salem Rd., Mooresville
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Norma Jean Ellis
Residence of mother (if deceased so state) 1166 Salem Rd., Mooresville
Birthplace of mother (State or foreign country) Indpls., Indiana

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

Signed Thomas J. Dunagan

New Address RR #1 Box 298 Clayton

Subscribed and sworn to before me this 14th day of December, 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____, 1978, authorizing the joining together as husband and wife of Indiana dated the 14 day of December.

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

I, Glen M. Harvey hereby certify that on the 14 day of December,
one thousand nine hundred and 78, at Danville, County of Hendricks,
State of Indiana, Groom Thomas J. Dunagan of Hendricks County, State of Indiana,
and, Bride Billie Mae Todd 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 December, 1978.

Signed Glen M. Harvey

Official Designation Clerk Hendricks Co. Courts

14 day of December, 1978.

Signed Glen M. Harvey HENDRICKS Clerk
Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 527
File Dec 14 1978
Date of Application

MALE
Medical Examination Report Dated 12/14/78
Name of Physician David M. Hefley M.D.

FEMALE
Medical Examination Report Dated 12/14/78
Name of Physician David M. Hefley M.D.

ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry 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 Lee Last Hefley
Date of Birth Month December Day 10 Year 1957
Place of Birth (State or foreign country) Marion Co. Ind.
Residence Address Street or R. R. City County State
38 N. Washington St. Danville 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) School Record

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Orion Hefley
Residence of father (if deceased so state) Lizton Ind.
Birthplace of father (State or foreign country) Smith Bend Ind.
9. Full maiden name of mother Eva Anna Shields
Residence of mother (if deceased so state) Lizton Ind.
Birthplace of mother (State or foreign country) Mishawaka Ind.

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

Signed Eric Lee Hefley
New Address 38 N. Washington St. Danville Ind.

Subscribed and sworn to before me this 14 day of December 1978
Elen 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, Hendricks } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day 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 _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

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 Dec 1978.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Chanwick A. Roach
one thousand nine hundred and 78 hereby certify that on the 23 day of December
State of Indiana, Groom Eric Lee Hefley at Danville
and, Bride Pamela Kay Simpson 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, State of Indiana.
Dated this 23rd day of December, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of January 1979

Signed Chanwick Roach
Official Designation Pastor, Church of God, Danville
Signed Elen M. Harney Clerk Hendricks Circuit Court

FEMALE APPLICANT
Name First Pamela Middle Kay Last Simpson
Date of Birth Month April Day 19 Year 1955
Place of Birth (State or foreign country) Marion Co. Ind.
Residence Address Street or R. R. City County State
38 N. Washington St. Danville Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

Angelique Michelle Simpson

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 B. Morris
Residence of father (if deceased so state) Clayton Ind.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Ernestine Mae Jones
Residence of mother (if deceased so state) Clayton Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Pamela Kay Simpson
New Address 38 N. Washington St. Danville Ind.

Subscribed and sworn to before me this 14 day of December 1978
Elen 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, Hendricks } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 528
File 40
Date of Application 12-14-78

MALE

Medical Examination Report Dated 11-17-78
Name of Physician J. E. Gillespie

FEMALE

Medical Examination Report Dated 11-17-78
Name of Physician J. E. Gillespie

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Arnold P. Spears
Date of Birth 5 3 1934
Place of Birth (State or foreign country) Burkesville, Kentucky
Residence Address RR 8, Box 271 Indpls, 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 w/picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father C. J. Spears
Residence of father (if deceased so state) Burkesville, Kentucky
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Letha Elsie Wells
Residence of mother (if deceased so state) same
Birthplace of mother (State or foreign country) Kentucky

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

Signed Arnold P. Spears

New Address RR 8 Box 271 A1

Subscribed and sworn to before me this 14 day of Dec, 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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Zelma H. Spears
Date of Birth 5 28 1938
Place of Birth (State or foreign country) Burkesville, Kentucky
Residence Address 1922 N. Called Ave, Indpls, Marion, 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 w/picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 S. Long
Residence of father (if deceased so state) Burkesville, Kentucky
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Gladys Davidson
Residence of mother (if deceased so state) same
Birthplace of mother (State or foreign country) Kentucky

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

Signed Zelma H. Spears

New Address RR 8 Box 271 A1

Subscribed and sworn to before me this 14 day of Dec, 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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 26th day of Dec, 1978, 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 _____ 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
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 529
File 40
12-15-78
Date of Application

MALE
Medical Examination Report Dated 12-3-78
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 12-3-78
Name of Physician David Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 J Last Schuldt
Date of Birth Month Feb Day 7 Year 1958
Place of Birth (State or foreign country) Ind.
Residence Address Street or R. R. 3236 S. Six Pts. Rd. City Indianapolis 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: Claude J. Schuldt
Residence of father (if deceased so state): Bethany, OK.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Frances De Casterker
Residence of mother (if deceased so state): Plainfield, Ind.
Birthplace of mother (State or foreign country): Ill.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Gregory J. Schuldt

New Address 3236 S. Six Pts. Rd. Indianapolis, IN

Subscribed and sworn to before me this 15 day of Dec., 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 21 day of December, 1978, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William M. Walter

one thousand nine hundred and 78 hereby certify that on the 30 day of December
State of Indiana, Groom Gregory John Schuldt at Plainfield
and, Bride Debra Jo Merchant 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, State of Indiana

Dated this 30 day of December, 1978

Signed William M. Walter
Official Designation Presbyterian Minister
3 day of January, 1979

Signed Glen M. Harvey
HENDRICKS Clerk
Circuit Court

FEMALE APPLICANT

Name First Debra Middle J Last Merchant
Date of Birth Month Jan Day 10 Year 1960
Place of Birth (State or foreign country) Ind.
Residence Address Street or R. R. 183 Hillcrest Dr. City Mooresville 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 Merchant
Residence of father (if deceased so state): Mooresville, Ind.
Birthplace of father (State or foreign country): Ohio
9. Full maiden name of mother: Carolyn Scales
Residence of mother (if deceased so state): Mooresville, Ind.
Birthplace of mother (State or foreign country): Ind.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Debra Jo Merchant

New Address 3236 S. Six Pts. Rd. Indianapolis

Subscribed and sworn to before me this 15 day of Dec., 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 530File 4012-15-78

Date of Application

HENDRICKS

County

MALE

Medical Examination Report Dated 12-13-78Name of Physician Wm. L. Wagner

FEMALE

Medical Examination Report Dated 12-13-78Name of Physician Wm. L. Wagner

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name David L. Morpheu
Date of Birth June 23 1941
Place of Birth (State or foreign country) Plainfield
Residence Address 513 Linden Lane Plainfield 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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Alford Morpheu
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Alice Katherine Hunter
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed David L. MorpheuNew Address 513 LINDEN LA PLD.Subscribed and sworn to before me this 15 day of Dec., 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Rita M. Kanakis
Date of Birth July 19 1940
Place of Birth (State or foreign country) Cincinnati
Residence Address 513 Linden Lane Plainfield 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 Reg. # 11902

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Grand L. Eason
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Ohio

9. Full maiden name of mother Emily Marie King
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Kentucky

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

Signed Rita M. KanakisNew Address 513 Linden Lane Rfd. Ind.Subscribed and sworn to before me this 15 day of December, 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 19 day of Dec., 1978, authorizing the joining together as husband and wife

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

I, J. V. Bales hereby certify that on the 19 day of January,
one thousand nine hundred and 79 at Hendricks Courthouse County of Hendricks

State of Indiana, Groom David L. Morpheu of Hendricks County, State of Indiana
and, Bride Rita M. Kanakis 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 January, 1979.

Signed J. V. BalesOfficial Designation Judge 19 day of January, 1979.Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 531

File

12-15-78

Date of Application

MALE

Medical Examination Report Dated 12-11-78

Name of Physician Ronald Stegmoller

FEMALE

Medical Examination Report Dated 12-11-78

Name of Physician Ronald Stegmoller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Gary Raundor
Date of Birth June 30 1953
Place of Birth (State or foreign country) Ind.
Residence Address 510 Alpha 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) Dr. License

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐

6. List the full names of any dependent children
Christine Raundor

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Raundor
Residence of father (if deceased so state) Brownsburg, Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Vivian Watson
Residence of mother (if deceased so state) Brownsburg, Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Gary RaundorNew Address 510 Alpha Ave. BrownsburgSubscribed and sworn to before me this 15 day of Dec, 1978Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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

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 19th day of December, 1978, authorizing the joining together as husband and wife of Gary R. Raundor and Dorothy D. McLaughlin.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John Hesseldenz, hereby certify that on the 19 day of December, 1978, at Indianapolis, County of Marion, State of Indiana, Groom Gary R. Raundor and, Bride Dorothy D. McLaughlin 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, State of _____ Indiana.
Dated this 19 day of December, 1978.

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

Signed John Hesseldenz
Official Designation Judge
day of December, 1978
Signed Ellen M. Harvey
Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Dorothy McLaughlin
Date of Birth June 19 1951
Place of Birth (State or foreign country) Ind.
Residence Address 510 Alpha 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) Dr. License

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐

6. List the full names of any dependent children
La Monica Meng

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Schotter
Residence of father (if deceased so state) Morgantown, Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Dorothy Herring
Residence of mother (if deceased so state) Morgantown, Ind.
Birthplace of mother (State or foreign country) Ill.

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

Signed Dorothy D. McLaughlinNew Address 510 Alpha Ave BrownsburgSubscribed and sworn to before me this 15 day of Dec, 1978Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 532

File _____

Date of Application
12-15-78

HENDRICKS

County

MALE

Medical Examination Report Dated 12-12-78
Name of Physician Nelson D. Gaddy

FEMALE

Medical Examination Report Dated 12-12-78
Name of Physician Nelson D. Gaddy

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Christopher Alan Mayo
Date of Birth 6 7 1959
Place of Birth (State or foreign country) Indiana
Residence Address R #3 Box 686 Plainfield, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Christopher Mayo
Residence of father (if deceased so state): Indiana
Birthplace of father (State or foreign country): Tenn.
9. Full maiden name of mother: Norma Dean Despain
Residence of mother (if deceased so state): Indiana
Birthplace of mother (State or foreign country): Indiana

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

Signed Christopher Alan Mayo
New Address 1319 N. Alton Ave Indpls
Subscribed and sworn to before me this 15 day of December, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Belinda Gale Schaffer
Date of Birth 11 11 1968
Place of Birth (State or foreign country) Indiana
Residence Address 3036 Blue Bell Ln 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) Miss License
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Walter Schaffer
Residence of father (if deceased so state): Alabama
Birthplace of father (State or foreign country): Alabama
9. Full maiden name of mother: Betty Sue New
Residence of mother (if deceased so state): Indiana
Birthplace of mother (State or foreign country): Alabama

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

Signed Belinda Schaffer
New Address 1319 N. Alton Ave, 46168
Subscribed and sworn to before me this 15th day of December, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 _____ 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 19 day of Dec, 19 78, authorizing the joining together as husband and wife
of Christopher Alan Mayo and Belinda Gale Schaffer
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Larry Lilly hereby certify that on the 21 day of December,
one thousand nine hundred and 78, at Avon, County of Hendricks,
State of Indiana, Groom Christopher Alan Mayo of Hendricks County, State of Indiana,
and, Bride Belinda Gale Schaffer 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 21 day of December, 19 78.

Signed Larry Lilly
Official Designation Pastor
Subscribed and sworn to before me this 27 day of Dec, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 533
File 12-15-78
Date of Application

MALE
Medical Examination Report Dated 12-3-78
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 12-3-78
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Mark Alan Felty
Date of Birth January 28 1960
Place of Birth (State or foreign country) Heidelberg, Germany
Residence Address 6124 B Chubbie Rd., Marion County
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 H. J. Felty
Residence of father (if deceased so state) Hendricks County
Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Annie Ruth Higgins
Residence of mother (if deceased so state) Hendricks County
Birthplace of mother (State or foreign country) Tennessee

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

Signed Spud A. Felty
New Address Hendricks County

Subscribed and sworn to before me this 15th day of December, 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, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day 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 by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

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 December, 1978, authorizing the joining together as husband and wife of Mark Alan Felty and Vicki Joan Schuldt.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William M. Walter hereby certify that on the 30 day of December, 1978, at Plainfield, County of Hendricks, State of Indiana, Groom Mark Alan Felty and, Bride Vicki Joan Schuldt 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, State of Indiana.
Dated this 30 day of December, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of January, 1979.
Signed William M. Walter Official Designation Presbyterian Minister
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Vicki Joan Schuldt
Date of Birth July 10 1959
Place of Birth (State or foreign country) Illinois
Residence Address 160 Foreign Crest Dr., Hendricks County
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Claude Joseph Schuldt
Residence of father (if deceased so state) Oklahoma
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Frances Ann De Castaker
Residence of mother (if deceased so state) Hendricks County
Birthplace of mother (State or foreign country) Illinois

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

Signed Vicki J. Schuldt
New Address Hendricks County

Subscribed and sworn to before me this 15th day of December, 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, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 534

File

12-15-78
Date of Application

MALE

Medical Examination Report Dated 12-6-78

Name of Physician Larry D. Lovace

FEMALE

Medical Examination Report Dated 12-8-78

Name of Physician Larry D. Lovace

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Royce M. Bauer
Date of Birth October 19 1945
Place of Birth (State or foreign country) Nashville, Ind.
Residence Address 120 William St. Apt. D B'burg 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father LaVene Mitchell Bauer
Residence of father (if deceased so state) Nashville, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ellen Joyce Mc Nelly
Residence of mother (if deceased so state) Nashville, Ind.
Birthplace of mother (State or foreign country) Nashville, Ind.

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

Signed Royce M. Bauer
New Address 7301 Rockleigh Ave Apt. D.

Subscribed and sworn to before me this 15 day of December, 1978
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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Victoria L. Walker
Date of Birth March 22 1949
Place of Birth (State or foreign country) Nashville, Ind.
Residence Address 7301 Rockleigh Ave Apt. D B'burg 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) Picture Badge (company)

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

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Vernon Phillips
Residence of father (if deceased so state) Zionsville, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Jane Dexter
Residence of mother (if deceased so state) Florida
Birthplace of mother (State or foreign country) Indiana

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

Signed Victoria L. Walker
New Address 7301 Rockleigh Ave Apt D

Subscribed and sworn to before me this 15 day of December, 1978
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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 20 day of December, 1978, authorizing the joining together as husband and wife
of Royce M. Bauer and Victoria L. Walker

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Harry M. Henderson hereby certify that on the 30 day of December
at Your Prayer Chapel, County of Marion
of Hendricks County, State of Indiana
and, Bride Victoria L. Walker 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 30 day of December, 1978

Signed Harry M. Henderson Minister

Official Designation _____ January 1979

Signed Glen M. Harney Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 535
File 40
Dec 18, 1978
Date of Application

MALE
Medical Examination Report Dated 12-12-78
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated 12-12-78
Name of Physician M. O. Scamahorn

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Bryan First Dewayne Middle Mitchell Last
Date of Birth Oct. 19 1957
Place of Birth Beech Grove, Indiana
Residence Address P.O. Box 52, Amo, Hendricks, 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 J. Mitchell
Residence of father (if deceased so state) Indpls, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary M. McMill
Residence of mother (if deceased so state) Amo, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Bryan D Mitchell
New Address P.O. Box 52 Amo

Subscribed and sworn to before me this 18 day of Dec, 19 78.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 22 day of Dec, 19 78, authorizing the joining together as husband and wife of Bryan Dewayne Mitchell and Judith Joann Gemmel.
Be it further remembered, the following marriage certificate was filed in my office, to wit:
I, Dallas W. Blackburn, hereby certify that on the 22 day of December, 19 78, at Amo, County of Hendricks, State of Indiana, Groom Bryan Dewayne Mitchell and Bride Judith Joann Gemmel 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, State of Indiana.
Dated this 22 day of December, 19 78.

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

Signed Dallas W. Blackburn
Official Designation Pastor of Amo First Baptist Church
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 536

File

12-18-78
Date of Application

MALE

Medical Examination Report Dated 12-15-78

Name of Physician A. N. Scudder

FEMALE

Medical Examination Report Dated 12-15-78

Name of Physician A. N. Scudder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Clarence E. Francis
Date of Birth July 27 1941
Place of Birth (State or foreign country) Arkansas
Residence Address 17 W. College Ave. Brownsville, 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 #1425-78-5723

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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. Francis
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Arkansas

9. Full maiden name of mother: Frances Mildred Cooper
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Texas

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

Signed Clarence E. Francis
New Address 17 W. College B-Burg

Subscribed and sworn to before me this 18th day of December, 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, HENDRICKS } ss:
County of HENDRICKS

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

Clerk

FEMALE APPLICANT

Name Michelle R. Moore
Date of Birth 12 1952
Place of Birth (State or foreign country) Michigan
Residence Address 17 W. College Brownsville, 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 #M600-663-744932

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 C. Wood
Residence of father (if deceased so state) Michigan
Birthplace of father (State or foreign country) Michigan

9. Full maiden name of mother: Helen E. Blander
Residence of mother (if deceased so state) Michigan
Birthplace of mother (State or foreign country) Michigan

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

Signed Michelle R. Moore
New Address 17 W. College B-Burg

Subscribed and sworn to before me this 18th day of December, 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, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day 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 _____ 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 22 day of Dec, 1978, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph D. Wilson hereby certify that on the 25 day of December,
one thousand nine hundred and 78 at Brownsville County of Hendricks,
State of Indiana, Groom Clarence E. Francis of Hendricks County, State of Indiana,
and, Bride Michelle R. 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 _____
County, _____

Dated this 25 day of December, 1978.
Signed Joseph D. Wilson
Official Designation Minister
29 day of December, 1978.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 537
File 40
12-20-78
Date of Application

MALE
Medical Examination Report Dated 12-11-78
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 12-11-78
Name of Physician Wm. Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to 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 K. Johnson
Date of Birth May 5, 1955
Place of Birth (State or foreign country) Michigan
Residence Address 105 Todd Rd. Garden City, Mich. 48135

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 - photo

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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. Johnson
Residence of father (if deceased so state) Garden City, Mich.

Birthplace of father (State or foreign country) Michigan

9. Full maiden name of mother Lois S. Taylor
Residence of mother (if deceased so state) Garden City, Mich.

Birthplace of mother (State or foreign country) Illinois

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

Signed Walter K. Johnson

New Address 5432 B W. Vermont Indpls.

Subscribed and sworn to before me this 20 day of Dec, 1978

Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 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 _____ Circuit Court of Indiana dated the _____ day of _____, 1978.

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

one thousand nine hundred and 28 hereby certify that on the 26 day of Dec

State of Indiana, Groom Walter K. Johnson at Danville County of Hendricks

and, Bride Pamela Ware of Hendricks County, State of Ind

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, State of _____

Dated this 26 day of Dec, 1978

Signed Caron Paynter Official Designation Ministry

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of Dec, 1980

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Pamela S. Ware
Date of Birth October 5, 1954
Place of Birth (State or foreign country) California
Residence Address 5 Hedgewood Ln. Danville, 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 - photo

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

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 S. Marston
Residence of father (if deceased so state) Danville, Ind.

Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Carolyn Mae Hatch
Residence of mother (if deceased so state) Danville, Ind.

Birthplace of mother (State or foreign country) California

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

Signed Pamela S. Ware

New Address 5432 B W. Vermont Indpls.

Subscribed and sworn to before me this 20 day of Dec, 1978

Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

(Remarriage)
STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 538

File

12-20-78

Date of Application

MALE

Medical Examination Report Dated 12/11/78

Name of Physician Wm. Edwards

FEMALE

Medical Examination Report Dated 12/11/78

Name of Physician Wm. Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Jay Last Stewart
Date of Birth Month March Day 4 Year 1951
Place of Birth (State or foreign country) Shelbyville Ind.
Residence Address R.R. #1 Box 129 Coatsville Ind. City Coatsville 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's license (picture)
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.
Larry Stewart

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Franklin Stewart
Residence of father (if deceased so state) Lexington, Ky.
Birthplace of father (State or foreign country) Lexington, Ky.
9. Full maiden name of mother Betty Lucille Bennett
Residence of mother (if deceased so state) Lexington, Ky.
Birthplace of mother (State or foreign country) Martinsville, Ind.

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

Signed Mark Jay Stewart
New Address RR Box 129 Coatsville Ind.

Subscribed and sworn to before me this 20 day of December, 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, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Connie Middle Sue Last Stewart
Date of Birth Month May Day 10 Year 1950
Place of Birth (State or foreign country) Shelbyville Ind.
Residence Address R.R. #1 Box 129 Coatsville Ind. City Coatsville 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's license (picture)
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.
Larry Stewart

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Claude Cummings
Residence of father (if deceased so state) Aron, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margaret Elizabeth Cullis
Residence of mother (if deceased so state) Aron, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Connie S Stewart
New Address RR Box 129 Coatsville Ind

Subscribed and sworn to before me this 20 day of December, 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, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 office 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 20 day of December, 1978, authorizing the joining together as husband and wife of Mark Jay Stewart and Connie Sue Stewart

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

I, Glen M. Harvey, hereby certify that on the 20 day of December,
one thousand nine hundred and 78, at Shelbyville, County of Hendricks,

State of Indiana, Groom Mark Jay Stewart of Hendricks County, State of Indiana,
and, Bride Connie Sue 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 _____ HENDRICKS County.

Dated this 20 day of December, 1978.

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 December, 1978.

Signed Glen M. Harvey HENDRICKS Clerk
Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 539
File 12-21-78
Date of Application

MALE
Medical Examination Report Dated 12-20-78
Name of Physician Eric N. Clark M.D.

FEMALE
Medical Examination Report Dated 12-20-78
Name of Physician Eric N. Clark M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Richard Kent Shirley
Date of Birth August 14, 1956
Place of Birth (State or foreign country) Illinois
Residence Address 1119 W. Charles Champaign, 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Grosvenor Shirley
Residence of father (if deceased so state) Champaign, Ill.
Birthplace of father (State or foreign country) Nebraska, U.S.S.
9. Full maiden name of mother Heloise Julie Syde
Residence of mother (if deceased so state) Champaign, Ill.
Birthplace of mother (State or foreign country) Cambridge, Mass.

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

Signed Richard Kent Shirley
New Address 106 S. Adams Philo, Ill.

Subscribed and sworn to before me this 21 day of Dec, 1978
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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 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 26th day of Dec, 1978, authorizing the joining together as husband and wife of _____ and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ John P. Roof

one thousand nine hundred and 78 hereby certify that on the 30 day of December
State of Indiana, Groom Richard Kent Shirley at Danville Hendricks
and, Bride Kathy Elaine Caswell of Champaign County, State of Illinois
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, State of Indiana
Dated this 30 day of December, 1978

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of January, 1979
Signed John P. Roof
Official Designation Episcopal Priest
Signed Glen M. Harney
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Kathy Elaine Caswell
Date of Birth September 8, 1955
Place of Birth (State or foreign country) New York
Residence Address 5 Woodland Place, Danville, 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Glen Caswell
Residence of father (if deceased so state) Danville, Ill.
Birthplace of father (State or foreign country) Chicago, Ill.
9. Full maiden name of mother Margaret Davis
Residence of mother (if deceased so state) Danville, Ill.
Birthplace of mother (State or foreign country) Concord, New Hampshire

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

Signed Kathy Elaine Caswell
New Address 106 S. Adams Philo, Illinois

Subscribed and sworn to before me this 21 day of Dec, 1978
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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 540

File 40

12-22-78

Date of Application

MALE

Medical Examination Report Dated 11-27-78

Name of Physician M. O. Scamahorn

FEMALE

Medical Examination Report Dated 11-27-78

Name of Physician M. O. Scamahorn

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Philip Owen
Date of Birth June 10 1957
Place of Birth (State or foreign country) Lebanon
Residence Address Q. 1 North Salem, 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 Gerry Nathan Owen
Residence of father (if deceased so state) North Salem, In.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Lois Imogene Huckstep
Residence of mother (if deceased so state) N. Salem, In.
Birthplace of mother (State or foreign country) Indiana

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

Signed Philip A. Owen

New Address Box 135 Pine Village, IN 47975

Subscribed and sworn to before me this 22 day of Dec, 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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Nancy E. Leak
Date of Birth March 2 1957
Place of Birth (State or foreign country) Lebanon
Residence Address Q. 1 Bk 123A, Lexington, 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 Robert Leak
Residence of father (if deceased so state) Lexington, In.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Betty Ann Cof
Residence of mother (if deceased so state) Lexington, In.
Birthplace of mother (State or foreign country) Indiana

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

Signed Nancy E. Leak

New Address Box 135 Pine Village 47975

Subscribed and sworn to before me this 22 day of Dec, 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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 26 day of Dec, 1978, authorizing the joining together as husband and wife of Philip A. Owen and Nancy E. Leak

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John P. Puckett hereby certify that on the 30 day of December, one thousand nine hundred and 78 at Jamestown, County of Boone, State of Indiana, Groom Philip A. Owen of Warren County, State of Indiana and, Bride Nancy E. Leak 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 30 v day of December, 1978

Signed John P. Puckett

Official Designation Minister
January, 1979

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

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 541
File _____
12-22-78
Date of Application

MALE
Medical Examination Report Dated 12-18-78
Name of Physician Thomas Walken

FEMALE
Medical Examination Report Dated 12-18-78
Name of Physician Thomas Walken

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name George E. Stubbs
Date of Birth June 20 1919
Place of Birth (State or foreign country) Clinton, Ill.
Residence Address R #18 Box 127 Indpls. 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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Stubbs
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Elizabeth Davis
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Ill.

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

Signed George E. Stubbs

New Address Box 152 Lytton Ind

Subscribed and sworn to before me this 22 day of Dec., 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, HENDRICKS } ss:

Signed _____

Father

Signed _____

Mother

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

Clerk

FEMALE APPLICANT

Name Muriel M. Ingle
Date of Birth 9 1929
Place of Birth (State or foreign country) Michigan
Residence Address P.O. Box 152 Lytton 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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Crawford
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) _____
9. Full maiden name of mother Valerie Rapson
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) _____

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

Signed Muriel M. Ingle

New Address P.O. Box 152 Lytton Ind 46149

Subscribed and sworn to before me this 22 day of December, 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, HENDRICKS } ss:

Signed _____

Father

Signed _____

Mother

Subscribed and sworn to before me this _____ day 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 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 27th day of December, 1978, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Larry Lilly and Muriel M. Ingle

one thousand nine hundred and 78 hereby certify that on the 29 day of December

State of Indiana, Groom George E. Stubbs at Avon County of Hendricks

and, Bride Muriel M. Ingle 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, State of Indiana

Dated this 29 day of December, 1978

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of January, 1979
Signed Larry Lilly Official Designation Pastor
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 542

File

December 22, 1978

Date of Application

MALE

Medical Examination Report Dated 12-20-78

Name of Physician Glen W. Baker M.D.

FEMALE

Medical Examination Report Dated 12-20-78

Name of Physician Glen W. Baker M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name John W. Spencer
Date of Birth December 1, 1957
Place of Birth (State or foreign country) Indiana
Residence Address 3325 W. 33rd St. Apt. B, 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Edward Spencer
Residence of father (if deceased so state): R.R.#18 Box 124 W. Indpls.

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Wilma Mae Anderson
Residence of mother (if deceased so state): Indianapolis, Ind.

Birthplace of mother (State or foreign country): Indiana

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

Signed: John W. Spencer

New Address: 3325 W. 33rd Apt B

Subscribed and sworn to before me this 22 day of December, 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, HENDRICKS } ss:

Signed: _____ Father

Signed: _____ Mother

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

Clerk

FEMALE APPLICANT

Name Tracy L. Gamble
Date of Birth December 17, 1960
Place of Birth (State or foreign country) Indiana
Residence Address R.R.#4 Box 309 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Vincent Gamble
Residence of father (if deceased so state): Brownsburg Ind.

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Wanda Louise Scott
Residence of mother (if deceased so state): Brownsburg Ind.

Birthplace of mother (State or foreign country): Indiana

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

Signed: Tracy L. Gamble

New Address: 3325 W. 33rd Apt B

Subscribed and sworn to before me this 22 day of December, 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, HENDRICKS } ss:

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 24th day of Dec, 1978, authorizing the joining together as husband and wife John W. Spencer and Tracy L. Gamble

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glen M. Harvey hereby certify that on the 29 day of December,

one thousand nine hundred and 78 at Danville, County of Hendricks,

State of Indiana, Groom John W. Spencer of Marion County, State of Indiana,

and, Bride Tracy L. Gamble 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 29th day of December, 1978
Signed: Glen M. Harvey Clerk Hendricks County Courts

Official Designation: 29 day of December, 1978
Signed: Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 543
File 12-26-78
Date of Application

MALE
Medical Examination Report Dated 12-22-78
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 12-22-78
Name of Physician David Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Arnold R. Lunsford
Date of Birth Aug 6 1932
Place of Birth (State or foreign country) Ind.
Residence Address 2295 Maple Turn Rd. Martinsville, 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. Lunsford

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 J. Lunsford
Residence of father (if deceased so state) Batesville, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Edel Wienhismur
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Ohio

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

Signed Arnold R. Lunsford
New Address 2295 Maple Turn Rd. Martinsville, Ind.
Subscribed and sworn to before me this 26 day of Dec, 19 78
Alex M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day 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 _____ authorizes and directs the issuance of a marriage license to the above named parties.

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

I, John C. Maurer and Paula J. Johnson hereby certify that on the _____ day of _____, 19 _____, the following marriage certificate was filed in my office, to-wit:

one thousand nine hundred and 78 State of Indiana, Groom Arnold R. Lunsford at Danville _____ day of December _____
and, Bride Paula J. Johnson of Martinsville _____ County 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, State of Indiana
Dated this 26 day of December, 19 78.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19 _____
Signed John C. Maurer Official Designation Judge
Signed Alex M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Paula J. Johnson
Date of Birth Apr 18 1953
Place of Birth (State or foreign country) Texas
Residence Address 11315 W. Washington St. Indianapolis, 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. Lunsford

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

Carl E. Johnson, Jr.
Toni M. Johnson

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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. Davis
Residence of father (if deceased so state) Springfield, Ill.
Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Matilda Hall
Residence of mother (if deceased so state) Champaign, Ill.
Birthplace of mother (State or foreign country) Ark.

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

Signed Paula J. Johnson
New Address 2295 Maple Turn Rd. Martinsville, Ind.
Subscribed and sworn to before me this 26 day of Dec, 19 78
Alex M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS

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

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 544
File 12-26-78
Date of Application

MALE
Medical Examination Report Dated 12-21-78
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 12-18-78
Name of Physician Brenda Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Joseph P. Kiritsis
Date of Birth July 19 1959
Place of Birth (State or foreign country) Ind.
Residence Address 67 N. Kirk Dr. W. 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 Fred Richardson
Residence of father (if deceased so state) Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Jean High
Residence of mother (if deceased so state) Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Joseph P. Kiritsis
New Address 67 N. Kirk Dr. W.

Subscribed and sworn to before me this 26 day of Dec, 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Brenda L. Buzzard
Date of Birth March 24 1961
Place of Birth (State or foreign country) Ill.
Residence Address 37 Charles Dr. Plainfield 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 Dallas L. Buzzard
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Clarice Shadwell
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Ill.

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

Signed Brenda L. Buzzard
New Address 67 N. Kirk Dr. W.

Subscribed and sworn to before me this 26th day of Dec, 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, HENDRICKS } ss:
County of

Signed Dallas L. Buzzard Father

Signed _____ Mother

Subscribed and sworn to before me this 26th day of Dec, 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
HENDRICKS 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 _____, 1978, authorizing the joining together as husband and wife
of Indiana dated the 30 day of Dec,
Joseph P. Kiritsis and Brenda L. Buzzard

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, F. Stover Clark hereby certify that on the 30 day of December,
at Indianapolis, County of Marion,
one thousand nine hundred and 78 at Marion County, State of Indiana,
State of Indiana, Groom Joseph Kiritsis of Hendricks County, State of Indiana,
and, Bride Brenda Buzzard 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 30 day of December, 1978

Signed Rev. F. Stoner Clark Minister
Official Designation January, 1979

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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 545

File 12-26-78

Date of Application

MALE

Medical Examination Report Dated 12-22-78

Name of Physician C. J. O'Brien

FEMALE

Medical Examination Report Dated 12-22-78

Name of Physician C. J. O'Brien

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Kevin Eugene Comegys
Date of Birth June 5, 1956
Place of Birth (State or foreign country) Ind.
Residence Address 666 S. Tilden 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.

Lori Comegys7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 ComegysResidence of father (if deceased so state) Indpls. Ind.Birthplace of father (State or foreign country) Ind.9. Full maiden name of mother Marionne HueneckeResidence of mother (if deceased so state) Brownsburg, Ind.Birthplace of mother (State or foreign country) Ind.State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.Signed Kevin E. ComegysNew Address Sugar Grove, W. Va.Subscribed and sworn to before me this 26 day of Dec, 1978Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

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

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Kevin Eugene Comegys and Lisa Raye Baxyer I, Jerry R. Nash, hereby certify that on the 30th day of December, 1978, at Brownsburg, County of Hendricks, State of Indiana, Groom Kevin Eugene Comegys and, Bride Lisa Raye Baxter 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, State of Indiana.

Dated this 30th day of December, 1978.

Signed Jerry R. Nash Minister

Official Designation 2 day of January, 1979

Signed Glen M. Harvey Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ HENDRICKS Circuit Court

FEMALE APPLICANT

Name Lisa Raye Baxyer
Date of Birth June 4, 1959
Place of Birth (State or foreign country) Ind.
Residence Address 6532 Lupine 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 BaxterResidence of father (if deceased so state) Hoffman, State, Ind.Birthplace of father (State or foreign country) Mich.9. Full maiden name of mother Norma MarshallResidence of mother (if deceased so state) SameBirthplace of mother (State or foreign country) Mo.State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.Signed Lisa R. BaxterNew Address Sugar Grove, W. Va.Subscribed and sworn to before me this 26 day of Dec, 1978Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 546

File 40

12-27-78
Date of Application

MALE

Medical Examination Report Dated 12-26-78

Name of Physician Ronald Stegemoller

FEMALE

Medical Examination Report Dated 12-26-78

Name of Physician Ronald Stegemoller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 King
Date of Birth Month 1 Day 8 Year 31
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. 162 N. Indiana 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) Water Reg. # 1996

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 King
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Helen L. Sauer
Residence of mother (if deceased so state) Indpls. In.
Birthplace of mother (State or foreign country) Indiana

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

Signed Thomas J. King

New Address 160 N. Ind. Danville

Subscribed and sworn to before me this 27 day of Dec, 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, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Jo Middle Mary Last Sutherlin
Date of Birth Month October Day 20 Year 1941
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. 160 N. Indiana 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) 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.

Dennis Sutherlin Clint Sutherlin
Ly Sutherlin
Jayne Sutherlin

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Ray Smith
Residence of father (if deceased so state) Venice, Florida
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Ruth Viola McElroy
Residence of mother (if deceased so state) Venice, Florida
Birthplace of mother (State or foreign country) Indiana

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

Signed Jo Mary Sutherlin

New Address 160 N. Ind. St., Danville

Subscribed and sworn to before me this 27 day of Dec, 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, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 January, 1979, authorizing the joining together as husband and wife of Thomas J. King and Jo Mary Sutherlin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph D. Stump hereby certify that on the 8th day of January,
at Danville, County of Hendricks,
one thousand nine hundred and 79,
State of Indiana, Groom Thomas J. King of Hendricks County, State of Indiana
and, Bride Jo Mary Sutherlin 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 2nd day of January, 1979.

Signed Joseph D. Stump

Official Designation Pastor
9 day of JANUARY, 1979.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 547
File 40
12-27-78
Date of Application

MALE
Medical Examination Report Dated 12-6-78
Name of Physician O. Kaurany

FEMALE
Medical Examination Report Dated 12-6-78
Name of Physician O. Kaurany

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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
A. Wayne Wilson
Date of Birth Month Day Year
April 15 1957
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Street or R. R. City County State
2109 Stanley Rd. Mooresville, 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. # 5317-70-7392

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Wilson
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Sharlene Miller
Residence of mother (if deceased so state): Indianapolis, In.
Birthplace of mother (State or foreign country): Indiana
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of: Hendricks

Signed X Alton W. Wilson
New Address 2109 Stanley Road

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, Hendricks } ss:
County of: Hendricks
Signed: Father
Signed: Mother
Subscribed and sworn to before me this day 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.

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 December 1978, authorizing the joining together as husband and wife of A. Wayne Wilson and Patricia A. Stansbury. Be it further remembered, the following marriage certificate was filed in my office, to-wit: 1. Rev. James D. Clayton one thousand nine hundred and 78 hereby certify that on the 30 day of December 1978, at Indianapolis, County of Marion, State of Indiana, Groom A. Wayne Wilson and, Bride Patricia A. Stansbury 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, State of Indiana. Dated this 30 day of December 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of January 1979.

Signed Rev. James D. Clayton
Official Designation Pastor
Signed Glen M. Harvey
Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name First Middle Last
Patricia A. Stansbury
Date of Birth Month Day Year
October 21 1960
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. City County State
2109 Stanley Rd. Mooresville, 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. # 5307-78-6885

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Henry Stansbury
Residence of father (if deceased so state): Cartersburg, In.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Sandra Ann Hartwell
Residence of mother (if deceased so state): Cartersburg, In.
Birthplace of mother (State or foreign country): Indiana
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of: Hendricks

Signed X Patricia A. Stansbury
New Address 2109 Stanley Road

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 548

File

12-27-78
Date of Application

MALE

Medical Examination Report Dated 12-26-78

Name of Physician Malcolm C. Scarnahorn, M.D.

FEMALE

Medical Examination Report Dated 12-26-78

Name of Physician Malcolm C. Scarnahorn, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 W. Last Belford
Date of Birth Month July Day 20 Year 1953
Place of Birth (State or foreign country) Greengrove, Indiana
Residence Address Street or R. R. City State
Hixton, 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) driver's license (picture)

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

Angela Dawn Belford

Duane W. Belford, 11

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be 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 Joseph Belford

Residence of father (if deceased so state) Hixton, Indiana

Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Mary Lou Workon

Residence of mother (if deceased so state) Hixton, Indiana

Birthplace of mother (State or foreign country) Bloomington, IN

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

Signed Duane W. Belford

New Address Hixton, Ind.

Subscribed and sworn to before me this 27th day of December, 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, 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 Amend
Date of Birth Month July Day 22 Year 1958
Place of Birth (State or foreign country) Illinois
Residence Address Street or R. R. City State
Hixton

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)

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

April Dawn Parsons

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 Bruce Amend

Residence of father (if deceased so state) Kansas

Birthplace of father (State or foreign country) Kansas

9. Full maiden name of mother Mary Barbara Caldwell

Residence of mother (if deceased so state) Lebanon

Birthplace of mother (State or foreign country) Indiana

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

Signed Janet L. Amend

New Address Hixton, Ind.

Subscribed and sworn to before me this 27th day of December, 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, HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day 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 County Circuit Court, Indiana dated the 27th day of December, 1978, authorizing the joining together as husband and wife of Duane W. Belford and Janet L. Amend

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

I, hereby certify that on the 30 day of December, 1978, at Lebanon, County of Boone, State of Indiana, Groom Duane W. Belford and, Bride Janet L. Amend 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 December, 1978

Signed Fred Sharp

Official Designation Minister, Central Christian Church

3 day of 1978

Signed Glenn M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of 1978

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 549

File 40

12-29-78

Date of Application

MALE
Medical Examination Report Dated 12-26-78
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 12-26-78
Name of Physician A. N. Scudder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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
Donald Vincent Van Larder
Date of Birth Month Day Year
June 15 1956
Place of Birth (State or foreign country)
Oceanside California
Residence Address Street or R. R. City County State
208 Wildwood, Allen Collin Texas
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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Paul Van Larder
Residence of father (if deceased so state): Allen, Texas
Birthplace of father (State or foreign country): New York
9. Full maiden name of mother: Aphra Theresa Herold
Residence of mother (if deceased so state): Carlsbad, Calif.
Birthplace of mother (State or foreign country): New York
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed: [Signature]
New Address: 208 Wildwood Allen Texas
Subscribed and sworn to before me this 29 day of Dec, 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, Hendricks } ss:
County of
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day 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 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 9th day of January, 1979, authorizing the joining together as husband and wife of Donald Vincent Van Larder and Mary Alice Collins. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Joseph D. Wilson, hereby certify that on the 3rd day of February, 1979, at Brownsburg, County of Hendricks, State of Indiana, Groom Donald Vincent Van Larder of Allen, County, State of Texas, and, Bride Mary Alice Collins 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, State of Indiana. Dated this 3 day of February, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1979.

FEMALE APPLICANT
Name First Middle Last
Mary Alice Collins
Date of Birth Month Day Year
November 7 1956
Place of Birth (State or foreign country)
Indianapolis
Residence Address Street or R. R. City County State
211 W. Tilden 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) _____

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Verne La Marr Collins
Residence of father (if deceased so state):
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Helen Marie Mundy
Residence of mother (if deceased so state):
Birthplace of mother (State or foreign country): Indiana
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed: Mary A. Collins
New Address: 208 Wildwood Allen Texas
Subscribed and sworn to before me this 29 day of December 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, Hendricks } ss:
County of
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____, Clerk

Signed: Joseph D. Wilson
Official Designation: Minister
7 day of February, 1979.
Signed: Glen M. Harvey
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 550

File _____

HENDRICKS

County

Date of Application
12-29-78**MALE**Medical Examination Report Dated 12-28-78Name of Physician Dr. Harry D. Lovall**FEMALE**Medical Examination Report Dated 12-28-78Name of Physician Dr. Harry D. Lovall

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name John B. Carter
Date of Birth October 17 1955
Place of Birth (State or foreign country) Bloomington
Residence Address R.R. 1, Box 454, Pld., 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) drivers license

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Gaudus Carter
Residence of father (if deceased so state) R.R. 1, Box 454, Pld., IN
Birthplace of father (State or foreign country) Bloomington
9. Full maiden name of mother Katherine B. Adams
Residence of mother (if deceased so state) R.R. 1, Box 454, Pld., IN
Birthplace of mother (State or foreign country) Bloomington

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

Signed John CarterNew Address Plainfield

Subscribed and sworn to before me this 29th day of December, 1978.
Alex M. Hawey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Patricia Ann Coffey
Date of Birth April 23 1959
Place of Birth (State or foreign country) Marion County, Indiana
Residence Address 428 Southmore, Pld., 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) _____

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Alfred Coffey
Residence of father (if deceased so state) Morticello, Kentucky
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Norma Lee Rollian Blanchard
Residence of mother (if deceased so state) 428 Southmore, Pld., IN
Birthplace of mother (State or foreign country) Connecticut

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

Signed Patricia A. CoffeyNew Address Plainfield

Subscribed and sworn to before me this 29th day of December, 1978.
Alex M. Hawey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 8 day of January, 1979, 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 _____, _____ County of _____, _____

one thousand nine hundred and _____ at _____ County, State of _____

State of Indiana, Groom _____ of _____ County, State of _____

and, Bride _____ of _____ 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 _____ day of _____, 19____.

Signed _____

Official Designation _____ day of _____, 19____

Signed _____ Clerk

_____ HENDRICKS Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 1
File 40
Date of Application Jan 2, 1979

MALE
Medical Examination Report Dated 12-23-78
Name of Physician Joseph Kerlin

FEMALE
Medical Examination Report Dated 12-23-78
Name of Physician Joseph Kerlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Dwayne Middle Barfell Last
Date of Birth August 23 1960
Place of Birth Wyandot, Ohio
Residence Address R 6, Box 259, Danville, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Lee Barfell
Residence of father (if deceased so state): Deshler, Ohio
Birthplace of father (State or foreign country): Ohio
9. Full maiden name of mother: Dolene Marshall
Residence of mother (if deceased so state): Deceased Ind
Birthplace of mother (State or foreign country): Ohio

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

Signed: Dwayne L. Barfell
New Address: R 6 Box 259 Danville

Subscribed and sworn to before me this 2 day of Jan, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 _____ day of _____, 1979.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____, authorizing the joining together as husband and wife
Howard Cupp Nancy E. Bradford

one thousand nine hundred and 79 hereby certify that on the 6th day of January
State of Indiana, Groom Dwayne L. Barfell at Danville
and, Bride Nancy E. Bradford 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, State of INDIANA
Dated this 6 day of January, 1979 HENDRICKS

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1979
Signed: Howard Cupp
Official Designation: Pastor, Hadley Friends
Signed: Glen M. Harvey January 1979 Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Nancy Middle Bradford Last
Date of Birth March 27 1961
Place of Birth Los Angeles, California
Residence Address R 6 Box 259, Danville, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 D. Bradford
Residence of father (if deceased so state): Florida
Birthplace of father (State or foreign country): Illinois
9. Full maiden name of mother: Rosamond Lucille Narduty
Residence of mother (if deceased so state): Danville, Ind.
Birthplace of mother (State or foreign country): Illinois

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

Signed: Nancy Bradford
New Address: R 6 Box 259 Danville

Subscribed and sworn to before me this 2 day of Jan, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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: Rosamond Mark Mother

Subscribed and sworn to before me this 2 day of Jan, 1979

Glen M. Harvey Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 2
File 40
Date of Application 1-3-79

MALE

Medical Examination Report Dated 1-2-79

Name of Physician David M. Haggard

FEMALE

Medical Examination Report Dated 1-2-79

Name of Physician David M. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name James T. Rogers
Date of Birth August 14 1956
Place of Birth (State or foreign country) Memphis Tennessee
Residence Address 1201 7th St. Scott City Mo.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Mo. Drivers Lic. 2260909 + 489-62-3827

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Bryan Rogers, Jr.
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Wyoming
9. Full maiden name of mother Lillian Louise Gillespie
Residence of mother (if deceased so state) 1201 7th St. Scott City, Mo.
Birthplace of mother (State or foreign country) Tennessee

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

Signed James T. Rogers

New Address Box 79 Walnut Ridge, Ark.

Subscribed and sworn to before me this 3 day of Jan, 1979
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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Tina K. Stassin
Date of Birth September 20 1958
Place of Birth (State or foreign country) Lincoln Nebraska
Residence Address RR 3 Box 161 Plainfield 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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Edward Stassin
Residence of father (if deceased so state) Plainfield, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Kay Joslin
Residence of mother (if deceased so state) Plainfield, In.
Birthplace of mother (State or foreign country) Indiana

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

Signed Tina K. Stassin

New Address Box 79 Walnut Ridge, Ark.

Subscribed and sworn to before me this 3 day of Jan, 1979
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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ of Indiana dated the 3rd day of January, 1979, authorizing the joining together as husband and wife James T. Rogers and Tina K. Stassin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John A. Cooper hereby certify that on the 6 day of January, 1979, at Plainfield Baptist Church, County of Hendricks, one thousand nine hundred and 79 at Scott County, State of Missouri
State of Indiana, Groom James T. Rogers of Hendricks County, State of Indiana
and, Bride Tina K. Stassin 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 6 day of January, 1979

Signed Rev. John A. Cooper
Official Designation Minister of the Gospel (Ordained)
3 day of January, 1979

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed Ellen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 3

File Jan 3 1979
Date of Application

MALE
Medical Examination Report Dated 1-2-79
Name of Physician Joseph C. Kulin

FEMALE
Medical Examination Report Dated 1-2-79
Name of Physician Joseph C. Kulin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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
O. Michael Green
Date of Birth Month Day Year
7 30 1950
Place of Birth (State or foreign country)
Temple, Texas
Residence Address Street or R. R. City County State
301 West Main St. Danville, 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) Nurses License #465-96-7328

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Oatman M. Green
Residence of father (if deceased so state): Georgetown, Texas
Birthplace of father (State or foreign country): Texas

9. Full maiden name of mother: Katie Lee Brooks
Residence of mother (if deceased so state): Georgetown, Texas
Birthplace of mother (State or foreign country): Texas

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

Signed O. Michael Green
New Address 725 N. Calvert Muncie, Ind.

Subscribed and sworn to before me this 3rd day of January, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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

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 January, 1979.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____, authorizing the joining together as husband and wife of _____ and _____

one thousand nine hundred and 79 hereby certify that on the 3rd day of January, 1979, at Danville, State of Indiana, Groom D. Michael Green and, Bride Deborah Gater 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 _____ County, State of Indiana.
Dated this 3rd day of January, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of January, 1979.
Signed _____ H. Cliff Davis
Official Designation Pastor, Hillcrest Baptist Church
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Deborah Gater
Date of Birth Month Day Year
8 5 1955
Place of Birth (State or foreign country)
Brookhaven, Mississippi
Residence Address Street or R. R. City County State
301 West Main St. Danville, 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) School I.D. - 314-64-1034

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Archer Gater
Residence of father (if deceased so state): Danville, Ind.

Birthplace of father (State or foreign country): Mississippi

9. Full maiden name of mother: Bonnie Pearl Gater
Residence of mother (if deceased so state): Danville, Ind.

Birthplace of mother (State or foreign country): Okla.

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

Signed Deborah Gater
New Address 725 N. Calvert Muncie, Ind.

Subscribed and sworn to before me this 3rd day of January, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 4

File

1-3-78
Date of Application

MALE

Medical Examination Report Dated 1-28-78

Name of Physician W L Wagner

FEMALE

Medical Examination Report Dated 1-28-78

Name of Physician W L Wagner

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Reger
Date of Birth Month Jan Day 29 Year 1948
Place of Birth (State or foreign country) Ind.
Residence Address Street or R. R. 961 Valley View Dr. City Plainfield 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) 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 Raymond Reger
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Daisy Jackson
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Ind.

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

Signed David L. Reger
New Address 961 Valley View Dr., 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, Hendricks } ss:
County of

Signed Father

Signed Mother

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

FEMALE APPLICANT

Name First Cathy Middle I Last Fleming
Date of Birth Month Aug Day 21 Year 1952
Place of Birth (State or foreign country) Fla.
Residence Address Street or R. R. 416 Wabash City Plainfield 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) 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 James Reese
Residence of father (if deceased so state) Mace, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Terry
Residence of mother (if deceased so state) Mace
Birthplace of mother (State or foreign country) Ind.

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

Signed Cathy I. Fleming
New Address 961 Valley View Dr., 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, Hendricks } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day 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 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 8 day of January, 1978, authorizing the joining together as husband and wife of David L. Reger and Cathy I. Fleming
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. William M. Walter hereby certify that on the 12 day of January, 1978, at Plainfield, County of Hendricks, State of Indiana, Groom David L. Reger of Hendricks County, State of Indiana, and, Bride Cathy Irene Fleming 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...
Dated this 12 day of January, 1979.

Signed William M. Walter
Official Designation Presbyterian Minister
15 day of January, 1979.
Signed Glen M. Harney HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this...

No.

File

January 4 1979
Date of Application

MALE

Medical Examination Report Dated.

Name of Physician.

FEMALE

FEMALE
Examination Report Dated

Name of Physician.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "shall be fined in any sum not exceeding five hundred dollars (\$500.00)"

MALE APPLICANT

Name ^{First} *Walter* ^{Middle} *E.* ^{Last} *Hauk*

Date of Birth ^{Month} *March* ^{Day} *17* ^{Year} *1931*

Place of Birth (State or foreign country) *Ill.*

Residence Address ^{Street or R. R.} *Box 487* ^{City} *Brownsville* ^{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 Degree

☒ Other (Specify) driver license (picture)

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

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. *Al*

8. Full name of father: Russell William Paul
Residence of father (if deceased so state): deceased

Birthplace of father (State or foreign country) Tennessee

9. Full maiden name of mother Ella Littrell
Residence of mother (if deceased specify) Charlottesville, Va

Birthplace of mother (State or foreign country) Kentucky

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

Signed Delbert C. Zaulk

New Address BB8 Box 36/A

Subscribed and sworn to before me this 4 day of January, 1921.
Glenn M. Zerkow Clerk. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, }
County of _____ HENDRICKS } ss:

Signed..... Father

Signed.....

Subscribed and sworn to before me this day 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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
was filed in my office a marriage license issued

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the _____ day of _____

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

one thousand nine hundred and 79 hereby certify that on the 5 day of January, 1979

and, Bride Carolyn J. Reed of Hendricks County, State of Indiana
were by me united in marriage as follows: _____

County, _____ State of Indiana
Dated this 5 day of January, 1916 at _____
HENDRICKS

....., 1979

Filed and recorded in accordance with the laws of the State of Indiana this.

Signed James A. Jones
Official Designation Minister

Signed Glen M. [illegible], 1979.

.....*Harvey* Clerk
..... HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 6

File

January 8, 1979
Date of Application

MALE

Medical Examination Report Dated 1-5-79

Name of Physician

FEMALE

Medical Examination Report Dated 1-5-79

Name of Physician

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Wiles
Date of Birth Month July Day 5 Year 1959
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address Street or R. R. 435 Six Points City Indpls. 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's License w/ photo

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Wiles
170 Church
Residence of father (if deceased so state) Maersville, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Janice Clifford
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Indiana

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

Signed x Donald G. Wiles

New Address 4135 Six Points Rd.

Subscribed and sworn to before me this 8 day of Jan, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Terr Middle L Last Whitlow
Date of Birth Month August Day 31 Year 1962
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address Street or R. R. 4135 Six Points City Indpls. 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's License w/ photo

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Whitlow
1172 Hess, Plainfield, Ind.
Residence of father (if deceased so state) Arkansas
Birthplace of father (State or foreign country) Arkansas

9. Full maiden name of mother Sharon P. Pierson
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed x Teresa S. Whitlow

New Address 4135 Six Points Rd.

Subscribed and sworn to before me this 8 day of Jan, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS

We, the parents, of the above named applicants, state facts which

I, Joseph Whitlow, hereby give my consent for
my Daughter, Teresa Whitlow to
marry Donald Wiles.

State of Indiana, HENDRICKS
County of

Sign

Sign

Subscribed and sworn to

Subscribed and sworn to before me this 9 day of January, 1979.

1979.

COMPLETE IF MARRIAGE LICENSE ISSUED BY CLERK OF CIRCUIT COURT

in Clerk's

Be It

of Indiana dated the

Be it further remem

I, Don

one thousand nine hundred and

State of Indiana, Groom Donald G. Wiles

and, Bride Terr

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 12 day of January, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of January, 1979.

hereby certify that on the 13 day of January, at Plainfield, County of Hendricks,

of Marion County, State of Indiana,

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.

Signed Dillon Laffin

Official Designation Minister

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Joe E. Whitlow
9 day of January
Terry Verpelt
Commission Expires May 18, 1980
Notary Public

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 7

File 40

Date of Application 1-9-79

MALE
Medical Examination Report Dated 1-4-79

Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 1-4-79

Name of Physician Wm. Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Lyman Winkley
Date of Birth Oct 17 1956
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 473 E. Rd. 100 N. Danville, 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Lyman Maurice Winkley

Residence of father (if deceased so state) Indiana

Birthplace of father (State or foreign country) Illinois

9. Full maiden name of mother Lula P. Stewart

Residence of mother (if deceased so state) 473 E. Rd. 100 N. Danville, Ind.

Birthplace of mother (State or foreign country) Kentucky

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

Signed Lyman J. Winkley
New Address Plainfield
Subscribed and sworn to before me this 9th day of Jan., 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 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 15 day of January, 1979.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Lyman J. Winkley and Patricia A. Lombardo

I, John C. Maurer, hereby certify that on the 18 day of January, 1979, at Danville, County of Hendricks, State of Indiana, Groom Lyman J. Winkley and, Bride Patricia A. Lombardo 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

Dated this 18 day of January, 1979.

Signed John C. Maurer
Official Designation Judge Superior #2
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of January, 1979.

FEMALE APPLICANT

Name Patricia Lombardo
Date of Birth Nov. 27 1958
Place of Birth (State or foreign country) Cleveland, Ohio
Residence Address 470 Kimberly Lane, Pffld, 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) # 27443

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Michael James Lombardo

Residence of father (if deceased so state) 470 Kimberly Lane, Pffld, Ind.

Birthplace of father (State or foreign country) Ohio

9. Full maiden name of mother Rose Marie Kutay

Residence of mother (if deceased so state) same

Birthplace of mother (State or foreign country) Pennsylvania

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

Signed Patricia Lombardo
New Address Plainfield
Subscribed and sworn to before me this 9th day of Jan., 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 8

File 40

Date of Application Jan. 9, 1979

MALE

Medical Examination Report Dated 1-5-79

Name of Physician Thomas A. Ferrasa M.D.

FEMALE

Medical Examination Report Dated 1-5-79

Name of Physician Thomas A. Ferrasa

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Harris
Date of Birth Month 3 Day 11 Year 1958
Place of Birth (State or foreign country) Indianapolis IN
Residence Address Street or R.R. City County State
R.R. 2 Box 86A Brownsburg
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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Paul Harris
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Jean Clifton
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Richard Harris

New Address 526 Enderly Apt. 5

Subscribed and sworn to before me this 9 day of Jan, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Lisa Middle Jane Last Cooper
Date of Birth Month 11 Day 29 Year 1957
Place of Birth (State or foreign country) Indianapolis IN
Residence Address Street or R.R. City County State
1615 Spann Ave. 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) Ind University Card.

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Eugene Cooper
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Gayle Merlin Maltzburger
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Lisa J. Cooper

New Address 526 Enderly Apt. 5

Subscribed and sworn to before me this 9 day of Jan, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed Father

Signed Mother

Subscribed and sworn to before me this day 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 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 18 day of January, 1979, authorizing the joining together as husband and wife

Richard Alan Harris and Lisa J. Cooper

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

I, Clifford L. Carmichael hereby certify that on the 20 day of January,

one thousand nine hundred and 79 at Brownsburg, County of Hendricks,

State of Indiana, Groom Richard Alan Harris of Hendricks County, State of Indiana,

and, Bride Lisa Jane Cooper 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 18 day of January, 1979.

Signed Clifford L. Carmichael

Official Designation United Methodist Minister

23 day of January, 1979

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 9
File 40
Jan 10 1979
Date of Application

MALE
Medical Examination Report Dated Jan 5, 1979
Name of Physician M.D. Scarnathan

FEMALE
Medical Examination Report Dated Jan. 5, 1979
Name of Physician M.D. Scarnathan

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Last Wilkinson
Date of Birth Month April Day 12 Year 1951
Place of Birth (State or foreign country) Marion Co.
Residence Address Street or R. R. City County State
R.R. #18 Box 357, 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) 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
David 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 Gilbert Francis Wilkinson
Residence of father (if deceased so state) Indianapolis, In.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Alice Fay Samon
Residence of mother (if deceased so state) Indianapolis, In.
Birthplace of mother (State or foreign country) Indiana

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

Signed David Wilkinson

New Address R.R. 35-7 Indpls. Ind 46234

Subscribed and sworn to before me this 10 day of January, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 15th day of January, 1979, authorizing the joining together as husband and wife

1, David J. Van Curen and Cynthia Alexander, to-wit

one thousand nine hundred and 79 hereby certify that on the 27 day of January

State of Indiana, Groom David Lee Wilkinson at _____ County of Marion

and, Bride Cynthia Trent Alexander of _____ County 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, State of Indiana

Dated this 15 day of January, 1979.

Signed David J. Van Curen
Official Designation Minister

Signed Glen M. Harvey, 31 day of January, 1979, Clerk

HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Cynthia Middle Last Alexander
Date of Birth Month June Day 7 Year 1959
Place of Birth (State or foreign country) Lebanon In
Residence Address Street or R. R. City County State
R.R. #18 Box 357 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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) Indianapolis, In.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Margaret Ernestine Williamson
Residence of mother (if deceased so state) Indianapolis, In.
Birthplace of mother (State or foreign country) Indiana

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

Signed Cindy Alexander

New Address R.R. 35-7 Indpls, Ind

Subscribed and sworn to before me this 10th day of January, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 10
File _____
Date of Application 1-10-79

HENDRICKS
County

MALE
Medical Examination Report Dated 1-10-79
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 1-10-79
Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Robert Joseph Heiston
Date of Birth Nov 26 1954
Place of Birth (State or foreign country) Ind.
Residence Address Rt 3 Box 44 Danville Ind.
City Danville 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) Confidential Ins. Co. Policy

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Heiston
Residence of father (if deceased so state) Burg Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Hannah Walsh
Residence of mother (if deceased so state) Whitting, Cal.
Birthplace of mother (State or foreign country) Ind.

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

Signed Robert J. Heiston
New Address Rt 3 Box 44 Danville Ind.

Subscribed and sworn to before me this 10 day of Jan, 1979.
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, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Cynthia Sue Jordan
Date of Birth Aug 20 1957
Place of Birth (State or foreign country) Ind.
Residence Address Rt 3 Box 44 Danville Ind.
City Danville 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) _____

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Frick
Residence of father (if deceased so state) Plainfield Ind.
Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Hannah Abraham
Residence of mother (if deceased so state) Plainfield Ind.
Birthplace of mother (State or foreign country) Ill.

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

Signed Cynthia Sue Jordan
New Address Rt 3 Box 44 Danville Ind.

Subscribed and sworn to before me this 10 day of Jan, 1979.
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, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day 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

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 January, 1979, authorizing the joining together as husband and wife Robert Joseph Heiston and Cynthia Sue Jordan.

Be it further remembered the following marriage certificate was filed in my office, to-wit:
I, J. V. Boles hereby certify that on the 13 day of January,
one thousand nine hundred and 79 at Pittsburg County of Hendricks,
State of Indiana, Groom Robert Joseph Heiston of Hendricks County, State of Indiana,
and, Bride Cynthia Sue Jordan 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 January, 1979.

Signed J. V. Boles
Official Designation Judge
15 day of January, 1979.

Signed Glen M. Harney HENDRICKS Clerk
Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 11
File 11-79
Date of Application

MALE
Medical Examination Report Dated 1-8-79
Name of Physician James Mc Fadden

FEMALE
Medical Examination Report Dated 1-8-79
Name of Physician James Mc Fadden

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Frederick Paul Mondino
Date of Birth January 31 1953
Place of Birth (State or foreign country) Boston Mass
Residence Address 1012 Longfellow Ln. Plainfield, 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 (picture)
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

Stacy Ann Mondino

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be 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 John Mondino
Residence of father (if deceased so state): Columbia, Conn.

Birthplace of father (State or foreign country): Boston, Mass.

9. Full maiden name of mother: Mary Margaret Kennedy
Residence of mother (if deceased so state): Columbia, Conn.

Birthplace of mother (State or foreign country): Boston, Mass.

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

Signed: Frederick Paul Mondino

New Address: 1012 Longfellow Ln. Plainfield Ind 46168

Subscribed and sworn to before me this 11 day of January, 19 79

Elen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day 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 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 _____ Circuit Court of Indiana dated the 26 day of January, 19 79, authorizing the joining together as husband and wife

of Frederick Paul Mondino and Sharon Rae Ashworth

I, Rev. J. Philip Isgrigg, hereby certify that on the 24 day of February, 19 79, at Indianapolis, County of Marion, State of Indiana, Groom Frederick Paul Mondino and, Bride Sharon Rae Ashworth 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, State of _____

Dated this 26 day of January, 19 79.

Signed: Rev. J. Philip Isgrigg

Official Designation: United Methodist Minister

Signed: Elen M Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of February, 19 79.

_____, Clerk

_____, Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 12

File 40

1-12-79

Date of Application

MALE

Medical Examination Report Dated 1-12-79

Name of Physician Glenn W. Baker

FEMALE

Medical Examination Report Dated 1-12-79

Name of Physician Glenn W. Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 S. Last Birch
Date of Birth Month July Day 29 Year 1953
Place of Birth (State or foreign country) Wauson, Nee
Residence Address Street or R. R. 2234 Wauson Dr. City South Dekota 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) military I.D. 16783403

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Birch
Residence of father (if deceased so state) Waterbury, Conn.
Birthplace of father (State or foreign country) Connecticut

9. Full maiden name of mother Mary Ruth Adams
Residence of mother (if deceased so state) R1, Bp 203, Quincy, In.
Birthplace of mother (State or foreign country) S. Dekota

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

Signed X William S. Birch

New Address Swifton ARK

Subscribed and sworn to before me this 12 day of Jan, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Kimberly Middle J. Last Riddle
Date of Birth Month March Day 14 Year 1959
Place of Birth (State or foreign country) Lebanon
Residence Address Street or R. R. 2234 Wauson Dr. City In 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) Driver's License w/ photo

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Loren Riddle
Residence of father (if deceased so state) R5, 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) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed X Kimberly J. Riddle

New Address Swifton, Ark.

Subscribed and sworn to before me this 12 day of Jan, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 County Circuit Court of Indiana dated the 12 day of Jan, 1979, authorizing the joining together as husband and wife of William S. Birch and Kimberly J. Riddle.

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

I, John C. Mawer, hereby certify that on the 12 day of January, 1979, at Danville, County of Hendricks, State of Indiana, Groom William S. Birch, of Hendricks County, State of Indiana, and, Bride Kimberly J. Riddle, 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 January, 1979.

Signed John C. Mawer

Official Designation Judge, Hendricks Superior #2

15 day of January, 1979.

Signed Glen M. Harvey HENDRICKS

Clerk Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this.

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 13
File 40
Date of Application 1-15-79

MALE
Medical Examination Report Dated 1-7-79
Name of Physician R. W. Kirtley

FEMALE
Medical Examination Report Dated 1-7-79
Name of Physician R. W. Kirtley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Ray Last Davis
Date of Birth Month October Day 2 Year 1957
Place of Birth (State or foreign country) Kentucky
Residence Address Street or R. R. Monticello City Indpls. In. State Indpls. In.
1601 Draper
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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Parker Ray Davis
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Catherine Kraigher
Residence of mother (if deceased so state): Indianapolis, In.
Birthplace of mother (State or foreign country): Minnesota

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

Signed X Steven Ray Davis
New Address: 1601 Draper In. O.P.s.

Subscribed and sworn to before me this 15 day of Jan, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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.

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 January, 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, C. Raymond Rissler

one thousand nine hundred and 79 hereby certify that on the 20th day of January
State of Indiana, Groom Steven Ray Davis at New Winchester
and, Bride Robin Lee Woodward 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, State of Indiana
Dated this 20th day of January, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of January, 1979.
Signed C. Raymond Rissler
Official Designation Baptist Minister
Signed Glen M. Harvey
Hendricks Circuit Court

FEMALE APPLICANT

Name First Robin Middle Lee Last Woodward
Date of Birth Month March Day 15 Year 1961
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. 1 Bp 186 City North Salem 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 F. Woodward
Residence of father (if deceased so state): North Salem
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Wanda L. Skaggs
Residence of mother (if deceased so state): Deceased
Birthplace of mother (State or foreign country): Indianapolis

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

Signed X Robin Lee Woodward
New Address: 1601 Draper Indpls.

Subscribed and sworn to before me this 15 day of Jan, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Harold F. Woodward Father

Signed _____ Mother

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

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 14
File 40
Date of Application 1-15-79

HENDRICKS County

MALE
Medical Examination Report Dated 12-22-78
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 12-22-78
Name of Physician David M. Hadley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Robert Reed Reed
Date of Birth May 16 1945
Place of Birth (State or foreign country) Indianapolis
Residence Address 256 Avon Ave. Clainfield, 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

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

Larry Michael Reed
Douglas Edward Reed
Robert Mathew Reed

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. See Hendricks Co. Clerk

- Full name of father Marshall Reed

Residence of father (if deceased so state) R4, Box 309, Clayton In.

Birthplace of father (State or foreign country) Ohio

- Full maiden name of mother Katherine Jasper

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Michigan

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

Signed x Robert E Reed

New Address 256 Avon Avenue

Subscribed and sworn to before me this 15 day of Jan, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Diana Sorels Sorels
Date of Birth March 13 1952
Place of Birth (State or foreign country) Greencastle
Residence Address 256 Avon Ave. Clainfield, 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) _____

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

Lina Suzanne Sorels

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

- Full name of father Luther Pink Buchanan

Residence of father (if deceased so state) P.O. 153 Stillville, In.

Birthplace of father (State or foreign country) North Carolina

- Full maiden name of mother Clydia Alta Hampton

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) North Carolina

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

Signed x Diana S Sorels

New Address 256 Avon Ave. P.O. Box

Subscribed and sworn to before me this 15 day of Jan, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 _____ of Indiana dated the 19 day of _____, 1979, authorizing the joining together as husband and wife of Robert E Reed and Diana S Sorels.

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

I, David A. Sorels, Jr. hereby certify that on the 20 day of January, one thousand nine hundred and 79 at Clainfield, County of Hendricks, State of Indiana, Groom Robert Edward Reed of Hendricks County, State of Indiana, and, Bride Diana Sue Sorels 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 20 day of January, 1979.
Signed David A. Sorels, Jr.
Official Designation Chaplin, Natl. Chaplin Assoc.

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of January, 1979.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 15
File _____
Date of Application 1-15-79

MALE
Medical Examination Report Dated 1-10-79
Name of Physician Glen W. Baker

FEMALE
Medical Examination Report Dated 1-10-79
Name of Physician Glen W. Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Richard A. Dean
Date of Birth Nov. 1, 1955
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 4148 E. Detroit, Indpls. 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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Howard Dean
Residence of father (if deceased so state) Indianapolis, Ind.
Birthplace of father (State or foreign country) Indianapolis, Ind.
9. Full maiden name of mother Bessie Mae Smith
Residence of mother (if deceased so state) California
Birthplace of mother (State or foreign country) Indianapolis, Ind.
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Richard A. Dean
New Address Speedway Ind.

Subscribed and sworn to before me this 15 day of January, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Barbie M. Mayeup
Date of Birth April 12, 1960
Place of Birth (State or foreign country) Arizona
Residence Address 15 Jennifer Ln 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) _____

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Edwin Roy Mayeup
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Pasland, Texas
9. Full maiden name of mother Joye Marie Ayler
Residence of mother (if deceased so state) Brownsburg, Ind.
Birthplace of mother (State or foreign country) Orchard, Texas
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Barbie M. Mayeup
New Address Speedway Ind.

Subscribed and sworn to before me this 15 day of January, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 January, 1979, authorizing the joining together as husband and wife of Richard A. Dean and Barbie M. Mayeup.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Maurer, hereby certify that on the 20 day of January, 1979, at Danville, County of Hendricks, State of Indiana, Groom Richard A. Dean and, Bride Barbie M. Mayeup were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 20 day of January, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of January, 1979.
Signed John C. Maurer Official Designation Judge, Sup. Ct. #2
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 16
File 1-17-79
Date of Application

HENDRICKS
County

MALE
Medical Examination Report Dated 1-14-79
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 1-14-79
Name of Physician Glenn Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Louis E. Severe
Date of Birth Jan 1 1944
Place of Birth (State or foreign country) Kentucky
Residence Address Rt 1 Box 201 Pittsboro 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 Frank Severe
Residence of father (if deceased so state) Pittsboro, Ind.
Birthplace of father (State or foreign country) Okla.
9. Full maiden name of mother Inis Spears
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Ky.

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

Signed Louis E. Severe
New Address Rt 1 Pittsboro Ind.

Subscribed and sworn to before me this 17 day of Jan, 1979.
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, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Lynda B. Page
Date of Birth May 21 1950
Place of Birth (State or foreign country) Fla.
Residence Address Rt 1 Box 201 Pittsboro 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 Emil Page
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Fla.
9. Full maiden name of mother Beryl Redmond
Residence of mother (if deceased so state) Miami, Fla.
Birthplace of mother (State or foreign country) Ohio

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

Signed Lynda Page
New Address Rt 1 Pittsboro Ind.

Subscribed and sworn to before me this 17 day of Jan, 1979.
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, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ of Indiana dated the 23 day of Jan, 1979, authorizing the joining together as husband and wife Louis E. Severe and Lynda B. Page

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 28 day of January,
one thousand nine hundred and 79 at Corinth Church County of Hendricks,
State of Indiana, Groom Louis Severe of Hendricks County, State of Indiana
and, Bride Lynda B. Page 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 23rd day of January, 1979.

Signed Rev. Dennis L. Dodson Minister
Official Designation January 79
Signed Glenn M. Harvey HENDRICKS Clerk
Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of January, 1979.

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 17
File Jan. 17, 1979
Date of Application

MALE
Medical Examination Report Dated 1-15-79
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 1-15-79
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name William Agnew
Date of Birth Oct. 19, 1940
Place of Birth (State or foreign country) Marion Co. Indpls. In
Residence Address R.R. #8 Box 372 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) # 113-40-048440

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

Stephen
Stacy
Arthur

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 W. Agnew
Residence of father (if deceased so state) Jamestown, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phyllis M. Cunningham
Residence of mother (if deceased so state) Jamestown
Birthplace of mother (State or foreign country) Indiana

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

Signed William F. Agnew

New Address RR #8 Box 372 Indpls, Ind

Subscribed and sworn to before me this 17 day of January, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 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 _____ of Indiana dated the 17 day of January, 1979, authorizing the joining together as husband and wife of William Agnew and Cindy Marie Lucas.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Kenneth E. Betters, hereby certify that on the 20 day of January, 1979, at Home on Rural Route, County of Hendricks, State of Indiana, Groom William Agnew and Bride Cindy Marie Lucas were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 20 day of January, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1979.

Signed Rev. Kenneth E. Betters
Official Designation Pastor, Bartlett Chapel United Methodist
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Cindy Marie Lucas
Date of Birth January 19, 1958
Place of Birth (State or foreign country) Frankfordville, In
Residence Address RR #8 Box 372 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) # 113-58-225920

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 A. Smith
Residence of father (if deceased so state) New Mexico
Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Velma M. Poisel
Residence of mother (if deceased so state) New Mexico
Birthplace of mother (State or foreign country) Indiana

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

Signed Cindy M. Lucas

New Address RR #8 Box 372 Indpls, Ind

Subscribed and sworn to before me this 17 day of January, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 18
File _____
Date of Application January 17, 1979

HENDRICKS County

MALE
Medical Examination Report Dated 1-15-79
Name of Physician Thomas Walker, M.D.

FEMALE
Medical Examination Report Dated 1-15-79
Name of Physician Thomas Walker, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Jimmie L. Carlton
Date of Birth April 17, 1952
Place of Birth Liberty, Mo.
Residence Address RR # 3 Box 111 Danville, 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) Ordained Minister (picture)
- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children:
Angel Carlton
Nancy

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Ray Carlton
Residence of father (if deceased so state) Danville, IN
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mary Whitaker
Residence of mother (if deceased so state) Danville, IN
Birthplace of mother (State or foreign country) Kentucky

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

Signed Jimmie L. Carlton
New Address RR 3 Box 111 Danville

Subscribed and sworn to before me this 17 day of January, 1979
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Deborah K. Pounds
Date of Birth March 3, 1958
Place of Birth Liberty, Mo.
Residence Address RR # 1 Box 87 Danville, 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) Ordained Minister (picture)
- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children:

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Charles Pounds
Residence of father (if deceased so state) Ragsdale, IN
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Betty Maurine Wilkins
Residence of mother (if deceased so state) Ragsdale, IN
Birthplace of mother (State or foreign country) Kentucky

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

Signed Deborah K. Pounds
New Address RR 3 Box 111, Danville, IN 46122

Subscribed and sworn to before me this 17 day of January, 1979
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 24 day of January, 1979, authorizing the joining together as husband and wife
Jimmie L. Carlton and Deborah K. Pounds

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Merel L. Frost hereby certify that on the 27th day of January,
one thousand nine hundred and 79 at Plainfield, County of Hendricks,
State of Indiana, Groom Jimmie L. Carlton of Hendricks County, State of Indiana
and, Bride Deborah K. Pounds 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 24th day of January, 1979

Signed Merel L. Frost Official Designation Ordained Minister

Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of _____, 19____
Signed Glenn M. Harvey HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 19
File Jan. 22, 1979
Date of Application

MALE
Medical Examination Report Dated 1-8-79
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 1-8-79
Name of Physician David Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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
Michael Kevin Connell
Date of Birth Month Day Year
Aug. 16 1955
Place of Birth (State or foreign country) Ind.
Residence Address Street or R. R. City County State
147 Beachway Dr. Apt. A Indianapolis 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: Thomas E. Connell
Residence of father (if deceased so state): Indpls. Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Verna L. Hedges
Residence of mother (if deceased so state): Indpls. Ind.
Birthplace of mother (State or foreign country): Ind.

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

Signed Michael Connell

New Address 147 Beachway Dr. Apt. A

Subscribed and sworn to before me this 22 day of Jan, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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

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 Jan, 1979.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William P. Hendricks

hereby certify that on the 27 day of January, 1979, at Washington Township, County of Hendricks, State of Indiana, Groom Michael Kevin Connell and, Bride Kimberly Sue 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, State of Indiana.

Dated this 26 day of January, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1979.

Signed Rev. William P. Hendricks
Official Designation Pastor, Avon Christian Church
13 day of February, 1979
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 20

File

Date of Application Jan. 23, 1979

MALE Medical Examination Report Dated 1-18-79

Name of Physician D. Kourany

FEMALE

Medical Examination Report Dated 1-18-79

Name of Physician D. Kourany

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-4 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Rodrick L. Mahan
Date of Birth 10 4 1947
Place of Birth (State or foreign country) Ala.

Residence Address RR 3 Box 58 Plainfield Ind.
City County State

Previous Marital Status: Never Married ☐ ORLast Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree☒ Other (Specify) Dept of Corrections I.D.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children.
Melissa K. Mahan

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be 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. Mahan
Residence of father (if deceased so state) Big Sandy, W. Va.

Birthplace of father (State or foreign country) Ala.

9. Full maiden name of mother Elizabeth Fathner
Residence of mother (if deceased so state) Indpls. Ind.

Birthplace of mother (State or foreign country) Ala.

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

Signed Rodrick L. MahanNew Address RR 3 Box 58

Subscribed and sworn to before me this 23 day of Jan, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Glenda Lee Travis
Date of Birth July 24 1955
Place of Birth (State or foreign country) Ind.

Residence Address 7710 Renaldas Rd. Camby Ind.
Street or R. R. City County State

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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children.
Crystal Dawn Travis
Shawn Bryan Travis

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐

If answer is "yes", it is required that this Application be 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. L. Hammer
Residence of father (if deceased so state) Camby, Ind.

Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Lucille Eckert
Residence of mother (if deceased so state) Camby, Ind.

Birthplace of mother (State or foreign country) Ind.

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

Signed Glenda L. TravisNew Address RR 3 Box 58

Subscribed and sworn to before me this 23 day of Jan, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
HENDRICKS 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 26th day of January, 1979, authorizing the joining together as husband and wife
Rodrick L. Mahan and Glenda Lee Travis

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 February,
Plainfield County of Hendricks

one thousand nine hundred and 79 at Hendricks County, State of Indiana

State of Indiana, Groom Rodrick L. Mahan of Marion County, State of Indiana

and, Bride Glenda L. Travis 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 3rd day of February, 1979.
Signed R. Kent Allen Minister
Official Designation February, 1979

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of _____, 19____.
Signed Glen M. Harvey Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 21

File Jan. 25 1979
Date of Application

MALE
Medical Examination Report Dated 1-22-79
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 1-22-79
Name of Physician David Hadley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Johnny Wayne Jones
Date of Birth May 26 1957
Place of Birth (State or foreign country) Kentucky
Residence Address 209 1/2 Harlan St. Plainfield 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 R. L. Jones
Residence of father (if deceased so state) Corbin, Ky.
Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Ruth Sharpe
Residence of mother (if deceased so state) Corbin, Ky.
Birthplace of mother (State or foreign country) Ky.

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

Signed Johnny W. Jones
New Address 209 1/2 Harlan St. Plainfield Ind.
Subscribed and sworn to before me this 25 day of Jan, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
in Clerk's Office _____ 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 _____
of Indiana dated the 25 day of January, 1979, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Johnny Wayne Jones and Ruth Ann Black
one thousand nine hundred and 79 hereby certify that on the 27 day of January,
State of Indiana, Groom Johnny Wayne Jones at Danville, County of Hendricks
and, Bride Ruth Ann Black 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, State of Indiana.
Dated this 27 day of January, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____

Signed Glen M. Harvey
Official Designation Minister
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Ruth Ann Black
Date of Birth Feb. 18 1954
Place of Birth (State or foreign country) Ind.
Residence Address 209 1/2 Harlan St. Plainfield 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 Estel Roach
Residence of father (if deceased so state) Indpls.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Thomas
Residence of mother (if deceased so state) Indpls. Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Ruth Ann Black
New Address 209 1/2 Harlan St. Plainfield Ind.
Subscribed and sworn to before me this 25 day of Jan, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 22

File 40

Date of Application 1-26-79

MALE

Medical Examination Report Dated 1-25-79

Name of Physician James Black

FEMALE

Medical Examination Report Dated 1-25-79

Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Norwood Middle R. Last Hughes, Jr.
Date of Birth Month 1 Day 22 Year 42
Place of Birth (State or foreign country) Hattiesburg, Miss.
Residence Address Street or R. R. 6547 S. Raceway Rd. City Camby 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) Allison's I.D. with picture

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

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Norwood R. Hughes
Residence of father (if deceased so state): Thro Beach, Florida
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Eva Bredlove
Residence of mother (if deceased so state): same
Birthplace of mother (State or foreign country): Indiana

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

Signed: Norwood R. Hughes Jr.New Address 6547 S. Raceway Rd. Camby, Ind.Subscribed and sworn to before me this 26 day of Jan., 19 79.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Jonell Middle Marie Last Relf
Date of Birth Month 3 Day 22 Year 47
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. 129 Williams Drive City B'burg County Shad. 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

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

Kevin Russell

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Sedwell
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Raynelle Irene Brinkman
Residence of mother (if deceased so state): 442, Danville, Ind.
Birthplace of mother (State or foreign country): Indiana

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

Signed: Jonell Marie RelfNew Address 6547 S. Raceway Rd.Subscribed and sworn to before me this 26 day of Jan., 19 79.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 _____ 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 January, 19 79, authorizing the joining together as husband and wife
of Norwood R. Hughes, Jr. and Jonell Marie Relf

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Thomas W. Kinser hereby certify that on the 17th day of February,
one thousand nine hundred and 79 at Camby, County of Marion,
State of Indiana, Groom Norwood R. Hughes, Jr. of Marion County, State of Indiana
and, Bride Jonell Marie Relf, Jr. 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 17 day of February, 19 79.
Signed Rev. Thomas W. Kinser
Official Designation Minister
21 day of February, 19 79
Signed Glen M. Harvey HENDRICKS Circuit Court

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

MALE
Medical Examination Report Dated 1-12-79
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 1-12-79
Name of Physician Larry D. Lowell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

FEMALE APPLICANT

MALE APPLICANT

Name	^{First} <i>Brian</i>	^{Middle} <i>Scott</i>	^{Last} <i>Wilson</i>
Date of Birth	Month <i>12</i>	Day <i>4</i>	Year <i>61</i>
Place of Birth (State or foreign country)	<i>Columbia Missouri</i>		
Residence Address	Street or R. R.	City	County State
<i>39 W. Rodridge Dr. Springfield, Mo.</i>			
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR		
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/>		
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Judicial Decree		

FEMALE APPLICANT

Name	First <i>Jami</i>	Middle <i>Diane</i>	Last <i>Blumcan</i>
Date of Birth	Month <i>July</i>	Day <i>30</i>	Year <i>1961</i>
Place of Birth (State or foreign country)	<i>Indianapolis, In.</i>		
Residence Address	Street or R.F.D. <i>431 Gibbs Rd.</i>	City <i>Danville</i>	County <i>In.</i>
State			
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR		
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/>		
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> 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.

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?

2. Are you afflicted with a transmissible disease?

3. Are you related to the male applicant closer than second cousin?

4. Are you now under the influence of intoxicating liquor?

5. Are you now under the influence of a narcotic drug?

6. List the full names of any dependent children.

No ☒ Yes ☐
No ☐ Yes ☐
No ☒ Yes ☐
No ☒ Yes ☐
No ☒ Yes ☐
No ☒ Yes ☐

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

compliance with any court order or orders issued for their support.

8. Full name of father: *Donald Lee Wilson*
Residence of father (if deceased so state): *Plainfield, Ind*
Birthplace of father (State or foreign country): *Missouri*

9. Full maiden name of mother: *Nancy Carol Beeler*
Residence of mother (if deceased so state): *Plainfield, Ind*
Birthplace of mother (State or foreign country): *Missouri*

8. Full name of father Shirley R. Duncan
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Shirley A. Duke
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

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

Signed William Wilson
New Address 431 G. B. S. Road

Signed Jami Duncan
New Address 431 Gibbs Rd.

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

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.

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 }

State of Indiana, HENDRICKS)

Signed: Donald L. Wilson Father
Signed: Maney C. Wilson Mother

County of..... HENDRICKS ss:
Signed. *Ralph Duncan* Father

Subscribed and sworn to before me this 26 day of January, 197
Glen M. Harvey Clerk

Signed, William A. Duncan Mother

Subscribed and sworn to before me this 26 day of January 1977

effen on Subscribed

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
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license and marriage certificate of Indiana dated the 31st day of January 1914 at 10 o'clock of the forenoon by the clerk of the HENDRICKS Circuit Court.

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

one thousand nine hundred and 79 hereby certify that on the 3rd day of February
State of Indiana, Groom Brian Scott Wilson at Indianapolis,
and, Bride Tami Diane Duncan of Hendricks, County 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 _____ County, State of _____ Indiana
County. _____
Dated this 31st day of _____, 19____, _____ Hendricks

....., 19 19

Signed Charles R. Gibson
Official Designation Minister
6

Signed. Glenn M. Harveey, day of Feb., 19 79.
HENDRICKS Clerk
Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 24

File 40

1-26-79

Date of Application

MALE

Medical Examination Report Dated 1-17-79

Name of Physician A. N. Scudder

FEMALE

Medical Examination Report Dated 1-17-79

Name of Physician A. N. Scudder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 M. Last Bumgarner
Date of Birth Month June Day 9 Year 1947
Place of Birth (State or foreign country) Indianapolis
Residence Address 120 Sheffield Street or R. R. City Danville, In. 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Edwin Bumgarner
Residence of father (if deceased so state) 5124 Beech Dr., Indpls. In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elizabeth Louise Crossland
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed X James M. Bumgarner
New Address 120 Sheffield Dr. Danville, Ind.

Subscribed and sworn to before me this 26 day of Jan, 1979.
Glen M. Harveef Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Mary Middle Ann Last Plummer
Date of Birth Month June Day 27 Year 1950
Place of Birth (State or foreign country) Indiana
Residence Address RR#1 Street or R. R. City Danville, In. 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)

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

Christina Anne Plummer

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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. Neal
Residence of father (if deceased so state) 2 James Ct., B'burg, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Louise Ryler
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed X Maryann Plummer
New Address 120 Sheffield Dr. Danville, Ind.

Subscribed and sworn to before me this 26 day of Jan, 1979.
Glen M. Harveef Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 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 County, Indiana dated the 30 day of Jan, 1979, authorizing the joining together as husband and wife of James M. Bumgarner and Mary Ann Plummer.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Richard E. Hamilton hereby certify that on the 7 day of February, 1979, at Indianapolis, County of Marion, State of Indiana, Groom James M. Bumgarner of Hendricks County, State of Indiana and, Bride Mary Ann Plummer 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 February, 1979.
Signed Richard E. Hamilton
Official Designation Minister
14 day of February, 1979.
Signed Glen M. Harveef Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 25
File
Jan 29, 1979
Date of Application

MALE

Medical Examination Report Dated Jan. 22, 1979
Name of Physician William L. Wagner

FEMALE

Medical Examination Report Dated Jan. 22, 1979
Name of Physician William L. Wagner M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 W. Last Hutcherson
Date of Birth Month Aug Day 29 Year 1956
Place of Birth (State or foreign country) Indianapolis, In
Residence Address 303 Green St. Plainfield, 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Warren Hutcherson
Residence of father (if deceased so state): Greenwood, In.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Esther Ann Edmondson
Residence of mother (if deceased so state): Plainfield, In.
Birthplace of mother (State or foreign country): Indiana

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

Signed: [Signature] New Address:

Subscribed and sworn to before me this 29 day of January, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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

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 February, 1979, authorizing the joining together as husband and wife of Chris W. Hutcherson and Cynthia A. Horner. Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John D. Wylie

one thousand nine hundred and 79 hereby certify that on the 10 day of February State of Indiana, Groom Chris Warren Hutcherson at Clayton Christian Church Hendricks County, State of Indiana and, Bride Cynthia Ann Horner 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, State of Indiana. Dated this 10 day of February, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of February, 1979
Signed John D. Wylie Official Designation Minister
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Cynthia Middle C. Last Horner
Date of Birth Month Aug Day 16 Year 1959
Place of Birth (State or foreign country) Indianapolis, In
Residence Address P.O. Box 237 Clayton, 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Harley Horner
Residence of father (if deceased so state): Clayton, In.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Betty Lou Phillips
Residence of mother (if deceased so state): Clayton, In.
Birthplace of mother (State or foreign country): Indiana

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

Signed: Cynthia A. Horner New Address:

Subscribed and sworn to before me this 29 day of January, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 26

HENDRICKS

County

File

Jan. 30, 1979
Date of Application

MALE

Medical Examination Report Dated 1-17-79

Name of Physician Larry Louale

FEMALE

Medical Examination Report Dated 1-17-79

Name of Physician Larry Louale

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Ricky R. Lehr
Date of Birth July 15, 1957
Place of Birth (State or foreign country) Ind.
Residence Address 645 Simmons Street or R. R. Clayton City Ind. County Hendricks 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 Arthur Wm. Lehr
Residence of father (if deceased so state) Martinsville, Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Anita Poe
Residence of mother (if deceased so state) Martinsville, Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Ricky R. Lehr
New Address 645 Simmons St.
Subscribed and sworn to before me this 30 day of Jan, 1979.
Alex 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, HENDRICKS } ss:

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

Clerk

FEMALE APPLICANT

Name Janette Caroline Pruitt
Date of Birth April 14, 1957
Place of Birth (State or foreign country) Ind.
Residence Address RT2 Box 354 Street or R. R. Clayton City Ind. County Hendricks 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 Halcomb
Residence of father (if deceased so state) Clayton, Ind.
Birthplace of father (State or foreign country) Ala.

9. Full maiden name of mother Hazel Rankin
Residence of mother (if deceased so state) Ind., Clayton
Birthplace of mother (State or foreign country) Ind.

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

Signed Janette C. Pruitt
New Address 645 Simmons St.
Subscribed and sworn to before me this 30 day of Jan, 1979.
Alex 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, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day 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 _____ 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 6th day of February, 1979, authorizing the joining together as husband and wife
of Ricky R. Lehr and Janette Caroline Pruitt
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 February,
one thousand nine hundred and 79 at Danville, County of Hendricks,
State of Indiana, Groom Ricky R. Lehr of Hendricks County, State of Indiana,
and, Bride Janette Caroline Pruitt 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 14 day of February, 1979.
Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of February, 1979.
Signed Alex M. Harney Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

No. 27
File Jan 31, 1979
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 1-30-79
Name of Physician J. Thomas Vieira MD.

FEMALE
Medical Examination Report Dated 1-30-79
Name of Physician J. Thomas Vieira MD.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Larry Eugene Shaw
Date of Birth November 28, 1956
Place of Birth (State or foreign country) Putnam Co. Ind.
Residence Address 226 S. Milton, Coatesville 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 Lic. (picture)
- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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. Shaw
Residence of father (if deceased so state) Coatesville, Ind.
Birthplace of father (State or foreign country) Putnam Co. Ind.
9. Full maiden name of mother Mildred McCloud
Residence of mother (if deceased so state) Coatesville, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Larry Eugene Shaw
New Address Coatesville Ind.

Subscribed and sworn to before me this 31 day of January, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Kathy Jean Spurlock
Date of Birth November 14, 1958
Place of Birth (State or foreign country) Putnam Co. Ind.
Residence Address R.R. #1 Coatesville 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) Hospital ID Card
- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 David Spurlock
Residence of father (if deceased so state) Coatesville, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janet Rose Baker
Residence of mother (if deceased so state) Coatesville, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Kathy Jean Spurlock
New Address Coatesville Ind.

Subscribed and sworn to before me this 31 day of January, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 31st day of January, 1979, authorizing the joining together as husband and wife of Larry Eugene Shaw and Kathy Jean Spurlock.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James E. Taylor, hereby certify that on the 4 day of February, 1979, at Danville, County of Hendricks, State of Indiana, Groom Larry Eugene Shaw and, Bride Kathy Jean Spurlock 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 February, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1979.

Signed James E. Taylor
Official Designation Minister
Signed Glen M. Harvey
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 28

File

Feb. 2, 1979
Date of Application

MALE

Medical Examination Report Dated 1-30-79
Name of Physician Carl Hinlein

FEMALE

Medical Examination Report Dated 1-30-79
Name of Physician Carl Hinlein

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 D. Last Stephens
Date of Birth Month June Day 21 Year 1955
Place of Birth (State or foreign country) Arizona
Residence Address Street or R. R. 542 W. Main City Danville 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) Dr. License

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Conrad D. Stephens
Residence of father (if deceased so state) Danville Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Velma White
Residence of mother (if deceased so state) Danville Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Kevin D. Stephens

New Address 542 W. MAIN ST. DANVILLE IN

Subscribed and sworn to before me this 2 day of Feb., 1979.

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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

FEMALE APPLICANT

Name First Almina Middle L. Last Tharp
Date of Birth Month April Day 4 Year 1960
Place of Birth (State or foreign country) Ind.
Residence Address Street or R. R. Box 38 City Cartersburg 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) Dr. License

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Tharp
Residence of father (if deceased so state) Cartersburg, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Elizabeth Beaver
Residence of mother (if deceased so state) Germany
Birthplace of mother (State or foreign country) Ind.

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

Signed Almina Lou Tharp

New Address 542 W. MAIN ST. DANVILLE IN

Subscribed and sworn to before me this 2 day of Feb., 1979.

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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the _____ day of February, 1979.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 10 day of February, 1979.
I, Charles F. Nelson hereby certify that on the _____ day of _____, 1979, at Cartersburg, County of Indiana, State of Indiana, Groom Kevin D. Stephens of Hendricks County, State of Indiana, and, Bride Almina L. Tharp 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 6 day of February, 1979.
Signed Charles F. Nelson Minister
Official Designation 13 day of February, 1979.
Signed Glen M. Harney Clerk
HENDRICKS Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 29
File 2-2-79
Date of Application

MALE
Medical Examination Report Dated 2-2-79
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 2-2-79
Name of Physician Eric Clark

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Earl H. Story
Date of Birth Oct 20 1922
Place of Birth (State or foreign country) Colorado
Residence Address 3603 Clark Creek Rd Lot 83 Indpls. 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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Story
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Coray Livingston
Residence of mother (if deceased so state) Denver Colo.
Birthplace of mother (State or foreign country) Ill.

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

Signed Earl H. Story

New Address 3603 Clark Creek Rd 83

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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 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 _____ Circuit Court of Indiana dated the 2nd day of February, 1979, authorizing the joining together as husband and wife of Earl H. Story and Martha D. Coy.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glen M. Harvey, hereby certify that on the 2 day of February, 1979, at Danville, County of Hendricks, State of Indiana, one thousand nine hundred and 79, Groom Earl H. Story and, Bride Martha D. Coy 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, State of Indiana.
Dated this 2 day of February, 1979.

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

Signed Glen M. Harvey
Official Designation Clerk Circuit Court
Signed Glen M. Harvey
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Martha D. Coy
Date of Birth July 7 1940
Place of Birth (State or foreign country) Ohio
Residence Address 3603 Clark Creek Rd Lot 83 Indpls. 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) _____

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

Donald Armpriester
Ricci Armpriester

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 White
Residence of father (if deceased so state) Clinton, Ind.
Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Martha B. Duncan
Residence of mother (if deceased so state) Duggan, Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Martha D. Coy

New Address 3603 Clark Creek Rd Lot 83

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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 30

File

2-2-79
Date of Application

MALE
Medical Examination Report Dated 1-18-79
Name of Physician Paul Stanley Lewis MD

FEMALE
Medical Examination Report Dated 1-18-79
Name of Physician Paul Stanley Lewis MD

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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
Date of Birth Month Day Year
Place of Birth (State or foreign country)
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)
Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
Are you afflicted with a transmissible disease? No ☒ Yes ☐
Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
Are you now under the influence of a narcotic drug? No ☒ Yes ☐
List the full names of any dependent children.

has custody of children
Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

Full name of father Carl Conner Jr.
Residence of father (if deceased so state) Huntington West Virg.
Birthplace of father (State or foreign country) Huntington West Virg.
Full maiden name of mother Helen Elizabeth Ross
Residence of mother (if deceased so state) Madison, Ill.

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
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) 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 William R. Garsert
Residence of father (if deceased so state) Indpls. Ind.
Birthplace of father (State or foreign country) Connorsville, Ind.
9. Full maiden name of mother Frances Ward
Residence of mother (if deceased so state) deceased
Connorsville, Ind.

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

Jo Taylor
William R. Garsert Jr.
day of Feb, 1979
Clerk HENDRICKS Circuit Court

IAN
Consent for this marriage. If only one parent
other parent unnecessary

Father
Mother
day of 19
Clerk

and to the above named parties, the
and filed
ties.

HENDRICKS Circuit Court

GLEN M. HARVEY

CLERK

HENDRICKS CIRCUIT AND SUPERIOR COURTS

January 17, 1979

P. O. BOX 66
DANVILLE, INDIANA 46122

On the above date the following action was taken:

Call of the docket heard, it appearing to the court that this matter should have been shown as a dismissed matter. The Clerk is hereby directed to correct their records and show that the above cause is disposed.

On the 9th day of Feb, 1979, there was filed in my office a marriage license issued by the clerk of the Indiana dated the 9th day of Feb, 1979, authorizing the joining together as husband and wife Larry Joe Conner and Patricia Jo Taylor

it further remembered, the following marriage certificate was filed in my office, to-wit:
Jerry R. Nash hereby certify that on the 9th day of February, at Brownsburg, County of Hendricks, State of Indiana, Groom Larry Joe Conner, of Hendricks County, State of Indiana, and Bride Patricia Jo 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, Indiana.

Signed Jerry R. Nash Minister
Official Designation 13 day of Feb, 1979
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

and recorded in accordance with the laws of the State of Indiana this 13 day of Feb, 1979

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 32

File

2-5-79

Date of Application

MALE

Medical Examination Report Dated 1-31-79

Name of Physician Jim Greist

FEMALE

Medical Examination Report Dated 1/31/79

Name of Physician Jim Greist

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Roy Last Massingale II
Date of Birth Month 10 Day 2 Year 1961
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 429 Stuart Dr. City Brownsburg, 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Roy Massingale Jr.
Residence of father (if deceased so state): Brownsburg, In.

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Barbara Jane Bryant
Residence of mother (if deceased so state): Brownsburg, In.

Birthplace of mother (State or foreign country): Kentucky

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

Signed: Russell R. Massingale II

FEMALE APPLICANT

Name First Susan Middle Theresa Last Fanning
Date of Birth Month Aug Day 23 Year 1961
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 437 Clatham Dr. City Brownsburg, 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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. Fanning
Residence of father (if deceased so state): Brownsburg, In.

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Zelda J. Kramer
Residence of mother (if deceased so state): Brownsburg, In.

Birthplace of mother (State or foreign country): Indiana

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

Signed: Susan T. Fanning

Subscribed and sworn

CONSENT OF PARENTS

We, the parents, of
signs, state facts w

* Mr. and Mrs. Robert E. Fanning, hereby give our consent for our daughter, Susan Theresa Fanning to marry Russell R. Massingale II

Robert E. Fanning
Zelda T. Fanning

Subscribed and sworn to before me this 28 day of March

1979.

Notary Public

State of Indiana,
County of

Subscribed and sworn

COMPLETE IF
HENDRICKS

in

Be of Indiana dated the 30 day of March 1979, authorizing the joining together as husband and wife
Russell Roy Massingale and Susan Theresa Fanning
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 May 1979, at St. Malachy Church, Brownsburg, Hendricks County, State of Indiana, Groom Russell Roy Massingale II of Hendricks County, State of Indiana, and, Bride Susan Theresa Fanning 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 May, 1979.
Signed: Robert J. Gilday
Official Designation: Associate Pastor - S. Malachy
May 15th day of 1979
Signed: Glen M. Harvey HENDRICKS Clerk
Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 33
File _____
Date of Application 2-7-79

MALE
Medical Examination Report Dated 1-30-79
Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated 1-22-79
Name of Physician Michael Neely

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Jeffrey Chastain
Date of Birth April 4 1956
Place of Birth (State or foreign country) Ind.
Residence Address 305 McNeely N. Salem 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) Draft card

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 C. Chastain
Residence of father (if deceased so state) N. Salem, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Dorothy Hoffman
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Ind.

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

Signed Jeffrey C. Chastain
New Address 449 S. Tenn. Danville, Ind.

Subscribed and sworn to before me this 7 day of Feb., 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 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 _____ Circuit Court of Indiana dated the 14th day of Feb., 1979, authorizing the joining together as husband and wife of Jeffrey C. Chastain and Yvonne S. McRoberts.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Salvage Haggard, hereby certify that on the 17 day of February, 1979, at Danville, County of Hendricks, State of Indiana, Groom Jeffrey C. Chastain and, Bride Yvonne S. McRoberts 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, State of Indiana.
Dated this 17 day of February, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1979.

Signed Salvage Haggard
Official Designation Minister
Signed Glen M. Harvey
Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Yvonne McRoberts
Date of Birth July 4 1955
Place of Birth (State or foreign country) Ind.
Residence Address 449 S. Tennessee Danville 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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 McRoberts
Residence of father (if deceased so state) Danville, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Marilyn Schulz
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Mich.

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

Signed Yvonne S. McRoberts
New Address 449 South Tennessee

Subscribed and sworn to before me this 7th day of Feb., 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father
Signed _____ Mother

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

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 34

File 40

2-8-79

Date of Application

MALE

Medical Examination Report Dated 2-6-79

Name of Physician

FEMALE

Medical Examination Report Dated

Name of Physician

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Harold W. Franks
Date of Birth November 8 1935
Place of Birth (State or foreign country) Lafayette
Residence Address 1007 Valleyview Dr. Plainfield 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.
Arlene Franks
Alan Franks

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be 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 A. Franks
Residence of father (if deceased so state) 3009 Rossmuth Lafayette, Ind.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Lola M. Harnbeck
Residence of mother (if deceased so state) Lafayette, Ind.

Birthplace of mother (State or foreign country) Indiana

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

Signed Harold W. Franks
New Address 1007 Valleyview Dr. Apt. 2
Plainfield, Ind.

Subscribed and sworn to before me this 8 day of Feb., 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Mary E. Buis
Date of Birth September 13 1937
Place of Birth (State or foreign country) Greencastle
Residence Address 1007 Valleyview Dr. Plainfield 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 Miller
Residence of father (if deceased so state) Deceased

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Flay Smith
Residence of mother (if deceased so state) Deceased

Birthplace of mother (State or foreign country) Indiana

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

Signed Mary E. Buis
New Address 1007 Valleyview Dr. Plainfield Apt. 2

Subscribed and sworn to before me this 8 day of Feb., 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 8th day of February, 1979, authorizing the joining together as husband and wife of Indiana dated the 8th day of February, 1979.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Harold W. Franks and Mary E. Buis

I, Elder Arvine Howard Tolle hereby certify that on the 10th day of February, 1979, at Plainfield, County of Hendricks, State of Indiana.

one thousand nine hundred and 79 at Plainfield, County of Hendricks, State of Indiana, Groom Harold W. Franks of Hendricks County, State of Indiana, and, Bride Mary E. Buis 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 8th day of February, 1979.
Signed Elder Arvine H. Tolle

Official Designation Minister
13 day of February, 1979

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 35
File 40
Date of Application 2-8-79

MALE
Medical Examination Report Dated 2-8-79
Name of Physician Larry D. Lovall

FEMALE
Medical Examination Report Dated 2-8-79
Name of Physician Larry D. Lovall

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name George F. Leamson
Date of Birth Jan. 26 1922
Place of Birth (State or foreign country) Indiana
Residence Address RR 2 Box 61B Danville, 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

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Robert Leamson
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Louise Caroline Pess
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed George F. Leamson
New Address P.O. Box 61-B, Danville, Ind.

Subscribed and sworn to before me this 8 day of Feb., 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day 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 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 February, 1979, authorizing the joining together as husband and wife of George F. Leamson and Margaret D. Cop.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Dale J. Laner, hereby certify that on the 14th day of February, 1979, at Danville, County of Hendricks, State of Indiana, Groom George F. Leamson and, Bride Margaret D. Cop were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 14th day of February, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1979.

FEMALE APPLICANT
Name Margaret D. Cop
Date of Birth Oct. 26 1930
Place of Birth (State or foreign country) Montezuma, Ind.
Residence Address RR 2 Box 61B Danville, 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

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Austin Cummins
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alice Irene Wells
Residence of mother (if deceased so state) Montezuma, Ind.
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Margaret D. Cop
New Address P.O. Box 61B-Danville, Ind.

Subscribed and sworn to before me this 8 day of Feb., 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

Signed Dale J. Laner
Official Designation Pastor, 1st U. Presbyterian
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 36
File 40
Date of Application 2-9-79

MALE
Medical Examination Report Dated 2-5-79
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 2-5-79
Name of Physician Larry D. Lovell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Thomas Allen Spencer
Date of Birth 6 6 1936
Place of Birth (State or foreign country) Indiana
Residence Address 68 West Main St. Danville, 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) Armed Forces

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

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Edward Spencer
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother May-Bell Crawley
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Thomas A. Spencer

New Address 3433 Woodfield St. W. Lafayette, IN

Subscribed and sworn to before me this 9th day of Feb., 1979.
Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name LaVerne Cecilia Stirdivant
Date of Birth July 29 1931
Place of Birth (State or foreign country) Wisconsin
Residence Address 8195 Old Farm Lane, Indpls, Marion, 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) _____

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

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Bernard W. Morrow
Residence of father (if deceased so state) Kewanee, Wisconsin
Birthplace of father (State or foreign country) Wisconsin
9. Full maiden name of mother Mable Windrichs
Residence of mother (if deceased so state) Kewanee, Wisconsin
Birthplace of mother (State or foreign country) Wisconsin

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

Signed LaVerne C. Stirdivant

New Address 3433 Woodfield St. W. Lafayette, IN

Subscribed and sworn to before me this 9th day of Feb., 1979.
Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 13 day of Feb., La Verne Cecilia Stirdivant

Thomas Allen Spencer and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Theodore W. Mikolon hereby certify that on the 18th day of February

one thousand nine hundred and 79 at Indianapolis, County of Marion
State of Indiana, Groom Thomas Allen Spencer of Hendricks County, State of Indiana
and, Bride LaVerne Cecilia Stirdivant 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 18th day of February, 1979.

Signed Theodore W. Mikolon
Official Designation Minister of the Gospel
21 day of February, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____
Signed Glen M. Hawley HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 38

File 40

Date of Application 2-13-79

MALE

Medical Examination Report Dated 2-6-79

Name of Physician Joseph C. Kerlin

FEMALE

Medical Examination Report Dated 2-6-79

Name of Physician Joseph C. Kerlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 D. Last Melton
Date of Birth Month July Day 5 Year 1958
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. RR6 Box 163 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)

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

- Are you required by any court order or orders to support the above dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. No ☐ Yes ☐

8. Full name of father: Walter Wright Melton
Liady Rd.
Residence of father (if deceased so state): Bloomington, In.
Birthplace of father (State or foreign country): Oklahoma

9. Full maiden name of mother: Dorothy Marie Coale
Shuman Dr.
Residence of mother (if deceased so state): Indianapolis, In.
Birthplace of mother (State or foreign country): Indiana

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

Signed: X Joseph D. Melton

New Address: RR6 Box 163 Danville

Subscribed and sworn to before me this 13 day of Feb., 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Rebecca Middle D. Last Ragan
Date of Birth Month July Day 5 Year 1961
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. RR6 Box 163 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)

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

- Are you required by any court order or orders to support the above dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. No ☐ Yes ☐

8. Full name of father: Charles C. Ragan
RR6
Residence of father (if deceased so state): Danville, In.
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Wanda R. Johnson
Same
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Indiana

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

Signed: X Rebecca Ragan

New Address: RR6 Box 163 Danville

Subscribed and sworn to before me this 13 day of Feb., 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 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 County Court of Indiana dated the 17th day of February, 1979, authorizing the joining together as husband and wife

Joseph D. Melton

and Rebecca A. Ragan

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

I, Elder Wayne D. Shoulders

hereby certify that on the 18th day of February

Danville

County of Hendricks

one thousand nine hundred and 79

State of Indiana, Groom Joseph D. Melton

and, Bride Rebecca A. Ragan

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 18th day of February, 1979

Signed Wayne Shoulders

Official Designation: Baptist Minister

21

day of February, 1979

Signed: Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 39
File 40
Date of Application 2-13-79

MALE
Medical Examination Report Dated 2-12-79
Name of Physician James Black

FEMALE
Medical Examination Report Dated 2-12-79
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name John Wayne Cook
Date of Birth 10-23-37
Place of Birth (State or foreign country) Batesville, Indiana
Residence Address 10640 Monterey Rd, Indpls, Marion, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1976
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drives license

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

John Wayne Cook II
Thomas Paul Cook
Derald M. Cook Laurence Cook

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
- If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Loisain C. Cook
Residence of father (if deceased so state) R 1, Batesville, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Ruth Alplanalp
Residence of mother (if deceased so state) R 1 Batesville, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed John Wayne Cook

New Address RR #4 Box 305 Brownsburg, Ind.

Subscribed and sworn to before me this 13 day of Feb, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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.

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 Feb, 1979.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glen M. Harvey, hereby certify that on the 21 day of Feb, 1979, authorizing the joining together as husband and wife
one thousand nine hundred and 79 State of Indiana, Groom John Wayne Cook at Danville, County of Hendricks
and, Bride Sharon Rose Misik 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, State of Indiana
Dated this 17 day of February, 1979.
Signed Glen M. Harvey
Official Designation Clerk, Hendricks Circuit Ct.
Signed Glen M. Harvey, 1979.
Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.
Signed Glen M. Harvey
Official Designation Clerk, Hendricks Circuit Ct.
Signed Glen M. Harvey, 1979.
Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Sharon Rose Misik
Date of Birth 4-12-47
Place of Birth (State or foreign country) Parkersburg, West Virginia
Residence Address RR #4 Box 305, 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) Drives license

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
- If answer is "yes", it is required that this Application be 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 Joseph Misik
Residence of father (if deceased so state) RR #4, Box 305, Brownsburg
Birthplace of father (State or foreign country) Illinois

9. Full maiden name of mother Welma Belle Shuman
Residence of mother (if deceased so state) RR #4, Box 305, Brownsburg
Birthplace of mother (State or foreign country) West Virginia

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

Signed Sharon Rose Misik

New Address RR #4 Box 305 Brownsburg, Ind.

Subscribed and sworn to before me this 13 day of Feb, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 40

File

2-13-79
Date of Application

MALE

Medical Examination Report Dated 2-11-79

Name of Physician David Haggard

FEMALE

Medical Examination Report Dated 2-11-79

Name of Physician David Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Robert L. Barnett
Date of Birth March 7 1943
Place of Birth (State or foreign country) Ind.
Residence Address 1626 Section A Plainfield 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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Barnett
Residence of father (if deceased so state) Cedar Rapids, Iowa
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Bessie Lee
Residence of mother (if deceased so state) Bridgport, Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Robert BarnettNew Address 1214 Bitterroot Ct
INDPS 46224

Subscribed and sworn to before me this 13 day of Feb, 19 79
Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Dorrisie L. Wainscott
Date of Birth Aug 10 1945
Place of Birth (State or foreign country) Ky
Residence Address 1214 Bitterroot Ct
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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Wheeler Taylor
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Verda Capps
Residence of mother (if deceased so state) Burkeville, Ky
Birthplace of mother (State or foreign country) Ky

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

Signed Dorrisie L. WainscottNew Address 1214 Bitterroot Ct
INDPS 46224

Subscribed and sworn to before me this 13 day of Feb, 19 79
Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 Feb, 19 79, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James J. Collman hereby certify that on the 24 day of February,
one thousand nine hundred and 79 at Indianapolis, County of Marton,
State of Indiana, Groom Robert L. Barnett of Hendricks County, State of Indiana,
and, Bride Dorrisie L. Wainscott of Marton 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, HENDRICKS

Dated this 24 day of February, 19 79.
Signed James J. Collman
Official Designation Christian Minister
27 day of February, 19 79

Signed Allen M. Harvey HENDRICKS Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 41

File 40

2-13-79

Date of Application

MALE

Medical Examination Report Dated 2-7-79

Name of Physician Wm. Wagner

FEMALE

Medical Examination Report Dated 2-7-79

Name of Physician Wm. Wagner

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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
Date of Birth Month Day Year
Place of Birth (State or foreign country)
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) Drivers License

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

Scott Allen King

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be 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 Chester King
Residence of father (if deceased so state) RR1 Bldg 605 Plainfield, Ind.

Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Alma Bernadine Callis

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Indiana

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

Signed Larry E. King

New Address 890 Ridgewood Dr. Apt. 202-C Plainfield

Subscribed and sworn to before me this 13 day of Feb, 1979.

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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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.

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 Feb., 1979.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ and _____, 1979, authorizing the joining together as husband and wife I, _____ Thomas S. Moncrief _____

one thousand nine hundred and 79 hereby certify that on the 17 day of February

State of Indiana, Groom Larry E King at Indianapolis, _____ County of Hendricks

and, Bride Debbie A. Hodge 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, State of Indiana

Dated this 17 day of February, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ Official Designation _____ 21 _____ day of February, 1979.

Signed _____ Thomas S. Moncrief Minister
Signed _____ Glen M. Harney Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
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) Drivers License

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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. C. Hodge
Residence of father (if deceased so state) 210 S. Shiloh Indpls, Ind.

Birthplace of father (State or foreign country) Tennessee

9. Full maiden name of mother Mildred Jean Day

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Kentucky

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

Signed Deborah Ann Hodge

New Address 890 Ridgewood Dr. Apt 202-C Plainfield

Subscribed and sworn to before me this 13 day of Feb, 1979.

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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 42

File

2-15-79

Date of Application

MALE

Medical Examination Report Dated 2-1-79
Name of Physician Carl L. Thirion MD

FEMALE

Medical Examination Report Dated 2-1-79
Name of Physician Carl L. Thirion MD

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Lynn Last Switzer
Date of Birth Month 9 Day 8 Year 1954
Place of Birth (State or foreign country) Crawfordsville, In.
Residence Address R.R. #2 Box 173 Coatsville, In.
City Coatsville 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 with picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 James Switzer
Residence of father (if deceased so state): Danville, In.
Birthplace of father (State or foreign country): Crawfordsville, In.
9. Full maiden name of mother: Marietta Duke
Residence of mother (if deceased so state): Danville, In.
Birthplace of mother (State or foreign country): Indiana

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

Signed David Lynn Switzer

New Address R#2 Box 173 Coatsville In 46121

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, HENDRICKS } ss:
County of

Signed Father

Signed Mother

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

FEMALE APPLICANT

Name First Sandra Middle Sue Last Mendez
Date of Birth Month 12 Day 3 Year 1951
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 1002 West Main Apt #3 Danville, In.
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) # 12485

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Mendez
Residence of father (if deceased so state): Indianapolis, In.
Birthplace of father (State or foreign country): Idaho
9. Full maiden name of mother: Theresa Michael Mendez
Residence of mother (if deceased so state): Indpls, In.
Birthplace of mother (State or foreign country): Kansas

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

Signed Sandra Sue Mendez

New Address R#2 Box 173 Coatsville In 46121

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, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day 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 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 20th day of February, 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: David Lynn Switzer and Sandra Sue Mendez

I, George W. Clifton hereby certify that on the 24 day of February, 1979, at Danville, County of Hendricks

one thousand nine hundred and 79 at Putnam County, State of Indiana

State of Indiana, Groom David Lynn Switzer of Hendricks County, State of Indiana, and, Bride Sandra Sue Mendez 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 24 day of February, 1979.

Signed George W. Clifton

Official Designation Catholic Priest

28 day of February, 1979

Signed Glen M. Harney Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 43

File
February 15, 1979
Date of Application

MALE
Medical Examination Report Dated 2-13-79
Name of Physician Paul Stanley Lewis MD

FEMALE
Medical Examination Report Dated 2-13-79
Name of Physician Paul Stanley Lewis MD

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name David Lee Carney
Date of Birth 20 1948
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address R.R.#6 Box 135A Nashville, 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) *Drains License (picture)*

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Egbert Martin
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Indpls. Ind.

9. Full maiden name of mother: Elizabeth Marie West
Residence of mother (if deceased so state): deceased
Birthplace of mother (State or foreign country): Indpls. Ind.

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

County of: HENDRICKS

Signed: David Lee Carney
New Address: R.R. 6 Box 135A

Subscribed and sworn to before me this 15 day of February, 1979.

Shirley M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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: HENDRICKS

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day 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 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 February, 1979.

Be it further remembered, the following marriage certificate was filed in my office, to wit: David Lee Carney and Judith Diane McMahon

I, E. David Frazier hereby certify that on the 22 day of February, 1979, at Indianapolis, County of Marion, State of Indiana, Groom David Lee Carney and Bride Judith Diane McMahon 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, State of Indiana.

Dated this 22 day of February, 1979.

Signed: E. David Frazier
Official Designation: Minister

Signed: Shirley M. Harvey
Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of March, 1979.

Signed: Shirley M. Harvey
Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 44

File 40

2-16-79

Date of Application

MALE

Medical Examination Report Dated 2-15-79

Name of Physician James E. Southard

FEMALE

Medical Examination Report Dated 2-15-79

Name of Physician James E. Southard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Mc Gonigal
Date of Birth Month October Day 31 Year 1959
Place of Birth (State or foreign country) Danville, Ind.
Residence Address Street or R. R. 301 E. Broadway City Danville 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) _____

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Leon Mc Gonigal
Residence of father (if deceased so state) Danville, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Joanne Marie Grinnewald
55 N. Jefferson
Residence of mother (if deceased so state) Danville, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed

James D. Mc Gonigal

New Address

301 E. Broadway Danville

Subscribed and sworn to before me this 16 day of Feb, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Carrie Middle F Last Morris
Date of Birth Month March Day 8 Year 1960
Place of Birth (State or foreign country) Danville, Ind.
Residence Address Street or R. R. 301 E. Broadway City Danville 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) _____

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father E. Harold Morris
210 Chestnut
Residence of father (if deceased so state) Danville, Ind.
Birthplace of father (State or foreign country) W. Virginia

9. Full maiden name of mother Mary Eloise Label
Same
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) W. Virginia

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

Signed

Carrie F. Morris

New Address

301 E. Broadway Danville

Subscribed and sworn to before me this 16 day of Feb, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 20th day of Feb.

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

I, Rev. Richard O. Midkiff, hereby certify that on the 23 day of Feb. at Danville, County of Hendricks, State of Indiana, Groom James D. Mc Gonigal of Hendricks County, State of Indiana, and, Bride Carrie F. Morris 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 23 day of February, 1979.

Signed

Rev. Richard O. Midkiff

Official Designation

Minister

1st day of

March, 1979.

Signed

Glen M. Harvey

HENDRICKS

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 45

File Feb. 21, 1979
Date of Application

MALE
Medical Examination Report Dated 2-20-79
Name of Physician L. H. Ellis

FEMALE
Medical Examination Report Dated 2-20-79
Name of Physician L. H. Ellis

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry 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 Last Cosler
Date of Birth Month 15 Day 15 Year 1916
Place of Birth (State or foreign country) Canton, Ill.
Residence Address Street or R. R. City County State
1101 N. East Lebanon, 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: Jacob Cosler
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Canton, Ill.
9. Full maiden name of mother: Ina Victoria Williams
Residence of mother (if deceased so state): deceased
Birthplace of mother (State or foreign country): Canton, Ill.

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

Signed: Keith R. Cosler
New Address: 1101 N. East St. Lebanon, Ind.

Subscribed and sworn to before me this 21 day of February 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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

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 Feb., 1979, authorizing the joining together as husband and wife of _____ Keith R. Cosler and _____ Sallie A. Kohr. I, _____ George W. Huff, hereby certify that on the 26 day of February, 1979, at Lebanon, County of Boone, State of Indiana, Groom Keith R. Cosler and, Bride Sallie A. Kohr were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County, State of Indiana. Dated this 26 day of February, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of February, 1979.

Signed: Rev. George W. Huff
Official Designation: Freedom Christian Church
Signed: Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Sallie Middle Last Kohr
Date of Birth Month May Day 24 Year 1933
Place of Birth (State or foreign country) Brownsburg, Ind.
Residence Address Street or R. R. City County State
Box 71 Pittsboro, 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 C. Burnell
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Sallie J. Burnell
Residence of mother (if deceased so state): deceased
Birthplace of mother (State or foreign country): Kentucky

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

Signed: Sallie A. Kohr
New Address: 1101 N. East St. Lebanon, Ind.

Subscribed and sworn to before me this 21 day of February 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 46

File

Date of Application

Feb. 22, 1979

MALE

Medical Examination Report Dated 2-13-79

Name of Physician Thomas Walker

FEMALE

Medical Examination Report Dated 2-13-79

Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Melvin Pete Janson
Date of Birth Dec 12 1947
Place of Birth (State or foreign country) Ind.
Residence Address 2929 S. Roena Indpls Marion 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children.
Melvin Pete Janson II
Reed Alan Janson
Charles Barton Janson

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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. Darr Johnson
Residence of father (if deceased so state) Indpls. Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Virginia Harrison
Residence of mother (if deceased so state) Indpls. Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed

New Address 2929 So. Roena St. Indianapolis

Subscribed and sworn to before me this 22 day of Feb., 1979.
Alan M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Leshie Ann Bainbridge
Date of Birth June 2 1954
Place of Birth (State or foreign country) Ind.
Residence Address 518 Locust Lane 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children.
Jan Kyle Bainbridge
Emmanda 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 Bobbie B. Martin
Residence of father (if deceased so state) Brownsburg, Ind.
Birthplace of father (State or foreign country) Va.

9. Full maiden name of mother Carol Ann Miller
Residence of mother (if deceased so state) Brownsburg, Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed

New Address 2929 S. Roena St. Indianapolis

Subscribed and sworn to before me this 22 day of Feb., 1979.
Alan M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 _____ 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____, authorizing the joining together as husband and wife of Indiana dated the _____ day of _____, and _____

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

I, _____ hereby certify that on the _____ day of _____, County of _____, at _____ County, State of _____, one thousand nine hundred and _____ 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 _____ County.

Dated this _____ day of _____, 19____. Signed _____

Official Designation _____, 19____.

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
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 47
File 40
Date of Application 2-23-79

MALE
Medical Examination Report Dated 2-13-79
Name of Physician John Ellett, Jr.

FEMALE
Medical Examination Report Dated 2-13-79
Name of Physician John Ellett, Jr.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name James B. Ellett
Date of Birth September 15, 1958
Place of Birth (State or foreign country) Ind.
Residence Address RR 2 Coatesville, 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) _____

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Oral Brice Ellett
Residence of father (if deceased so state) Coatesville, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elsie Garnett Robinson
Residence of mother (if deceased so state) Coatesville, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed X James Brice Ellett

New Address RR #2 Coatesville, Indiana

Subscribed and sworn to before me this 23 day of Feb., 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 Feb., 1979, authorizing the joining together as husband and wife of James B. Ellett and Lynn E. Allee.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. H. Phillip Ingrigg, hereby certify that on the 2nd day of March, one thousand nine hundred and 79, at Coatesville, County of Hendricks, State of Indiana, and, Bride Lynn E. Allee 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, State of Indiana.
Dated this 28 day of February, 1979.

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

Signed Rev. H. Phillip Ingrigg
Official Designation United Methodist Minister
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Lynn E. Allee
Date of Birth September 15, 1957
Place of Birth (State or foreign country) Ind.
Residence Address RR 1 Box 355 Coatesville, 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) _____

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Merrill Allee
Residence of father (if deceased so state) Coatesville, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Pella Agnes Wallace
Residence of mother (if deceased so state) Coatesville, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed X Lynn Ellen Allee

New Address RR 2 Coatesville, Ind.

Subscribed and sworn to before me this 23 day of Feb., 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 48

File 40

2-26-79
Date of Application

MALE

Medical Examination Report Dated 2-19-79

Name of Physician William Edwards

FEMALE

Medical Examination Report Dated 2-19-79

Name of Physician William Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Barry Wilson Sipes
Date of Birth 10 27 1942
Place of Birth (State or foreign country) Indiana
Residence Address 3455 E. Main St., Danville, 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) Driver's license 315-40-2019

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Chester Ray Sipes
Residence of father (if deceased so state): Bedford, Indiana
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Virginia Ruth Snodder
Residence of mother (if deceased so state): Bedford, Indiana
Birthplace of mother (State or foreign country): Indiana

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

Signed Barry Wilson Sipes
New Address 890 Ridgewood Dr. Apt. 105A Plainfield
Subscribed and sworn to before me this 26 day of Feb., 1979.
Glen M. Hawey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Mary Catherine Sipes
Date of Birth 1 16 1942
Place of Birth (State or foreign country) Indiana
Residence Address 890 Ridgewood Dr. Apt. 105A, Plainfield, 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) #47-31

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

Shannon Sipes

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Chester Roach
Residence of father (if deceased so state): Bedford, Indiana
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Mary Fern Brooking
Residence of mother (if deceased so state): Bedford, Indiana
Birthplace of mother (State or foreign country): Indiana

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

Signed Mary Catherine Sipes
New Address 890 Ridgewood Dr. Apt. 105A, Plainfield
Subscribed and sworn to before me this 26 day of Feb., 1979.
Glen M. Hawey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day 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 before 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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 26 day of Feb. and Barry Wilson Sipes and Mary Catherine Sipes.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Maurer hereby certify that on the 27 day of February,
one thousand nine hundred and 79 at Danville, County of Hendricks,
State of Indiana, Groom Barry Wilson Sipes of Hendricks County, State of Indiana,
and, Bride Mary Catherine Sipes 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 27 day of February, 1979.

Signed John C. Maurer
Official Designation Judge
1st day of March, 1979.
Signed Glen M. Hawey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

No. 49
File Feb 27, 1979
Date of Application

MALE
Medical Examination Report Dated 2/22/79
Name of Physician L. H. Ellis

FEMALE
Medical Examination Report Dated 2/22/79
Name of Physician L. H. Ellis

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Jack N. Simpson
Date of Birth March 19 1950
Place of Birth (State or foreign country) Indianapolis
Residence Address Box 182 Roachdale
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Clon Edward Simpson
Residence of father (if deceased so state) Roachdale, In
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Chris Ella Myers
Residence of mother (if deceased so state) Roachdale, In
Birthplace of mother (State or foreign country) Indiana

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

Signed Jack N. Simpson
New Address Box 182 Roachdale 46172

Subscribed and sworn to before me this 27 day of February, 1979.
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, HENDRICKS ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day 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 by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

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 March, 1979, authorizing the joining together as husband and wife of Jack N. Simpson and Glenda S. Waddell.
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 3 day of March, 1979, at Linton, County of Hendricks, State of Indiana, Groom Jack N. Simpson and Bride Glenda S. Waddell 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, State of _____ Indiana.
Dated this 3 day of March, 1979.

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

FEMALE APPLICANT

Name Glenda S. Waddell
Date of Birth March 3 1961
Place of Birth (State or foreign country) Indianapolis
Residence Address RR #1 Box 218 Linton 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) Brian Lee (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 Thomas Waddell
Residence of father (if deceased so state) Linton, In
Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Gladys Edna
Residence of mother (if deceased so state) Linton, In
Birthplace of mother (State or foreign country) Indiana

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

Signed Glenda S. Waddell
New Address Roachdale, In

Subscribed and sworn to before me this 27 day of February, 1979.
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, HENDRICKS ss:
Signed Thomas Waddell Father
Signed Glenda Waddell Mother
Subscribed and sworn to before me this 27 day of February, 1979.
Glen M. Harney Clerk

Signed Dr. Joseph D. Stump
Official Designation minister
Signed Glen M. Harney Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1937

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 50

File 40

2-21-79

Date of Application

MALE

Medical Examination Report Dated 2-21-79

Name of Physician J. Thomas Vieira

FEMALE

Medical Examination Report Dated 2-21-79

Name of Physician J. Thomas Vieira

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Sawyer D. Smith
Date of Birth November 28 1959
Place of Birth (State or foreign country) Greencastle
Residence Address Coatesville Ind.

Previous Marital Status: Never Married ☒ ORLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree☒ Other (Specify) Drivers Lic.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Sawyer B. Smith
Residence of father (if deceased so state): Coatesville, Ind.

Birthplace of father (State or foreign country): Kentucky

9. Full maiden name of mother: Ruby N. Senters
Residence of mother (if deceased so state): Coatesville, Ind.

Birthplace of mother (State or foreign country): Kentucky

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

Signed: X Sawyer D. Smith
New Address: Clayton Ind.

Subscribed and sworn to before me this 27 day of Feb., 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Patricia A. Kempf
Date of Birth May 12 1961
Place of Birth (State or foreign country) Indianapolis
Residence Address Cartersburg Ind.

Previous Marital Status: Never Married ☒ ORLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree☒ Other (Specify) Drivers Lic.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Joseph Kempf
Residence of father (if deceased so state): Clayton, Ind.

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Merita Katherine Gress
Residence of mother (if deceased so state): Cartersburg, Ind.

Birthplace of mother (State or foreign country): Indiana

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

Signed: X Patricia A. Kempf
New Address: Clayton, Ind.

Subscribed and sworn to before me this 27 day of Feb., 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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, HENDRICKS } ss:
County of

Signed: _____ Father

Signed: Mrs. Merita Gress Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 3 day of March, 19 79, authorizing the joining together as husband and wife

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

I, Marc S. Hays, hereby certify that on the 3 day of March, 19 79, at Clayton, County of Hendricks, State of Indiana, Groom Sawyer Danny Smith of Hendricks County, State of Indiana, and, Bride Patricia Ann Kempf 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 3 day of March, 19 79. Signed: Marc S. Hays
Official Designation: Pastor, 19 79.

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of March, 19 79.
Signed: Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 51
File _____
Date of Application 2-28-79

MALE
Medical Examination Report Dated 2-26-79
Name of Physician J. Thomas Vinnia

FEMALE
Medical Examination Report Dated 2-26-79
Name of Physician J. Thomas Vinnia

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Richard J. Gaucher
Date of Birth Oct 1935
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Rt 1 Box 38 Coatesville, In.
Previous Marital Status: Never Married ☐ OR 2 time
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree # 3979

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
- If answer is "yes", it is required that this Application be 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 Wanda Gaucher
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Thelma Ratkiff
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Indiana

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

Signed Richard J. Gaucher

New Address _____

Subscribed and sworn to before me this 28th day of February, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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: _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 Clerk's Office County Superior 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 _____
of Indiana dated the 28th day of February, 1979, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, J. V. Bales _____

one thousand nine hundred and 79 hereby certify that on the 4 day of March
State of Indiana, Groom Richard Jack Gaucher at Coatesville, County of Hendricks
and, Bride Marian Lee Hubble 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, State of Indiana
Dated this 4 day of March, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____

Signed J. V. Bales
Official Designation Circuit Judge
Said day of March, 1979
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Marian L. Hubble
Date of Birth Nov 24 1939
Place of Birth (State or foreign country) East Chicago, In.
Residence Address Box 118 Coatesville, In.
Previous Marital Status: Never Married ☐ OR 2 time
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree # 431

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
- If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Burl Earl Barrick
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Wyle Louise Gaucher
Residence of mother (if deceased so state) Coatesville
Birthplace of mother (State or foreign country) Ill.

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

Signed Marian L. Hubble

New Address Rt Coatesville

Subscribed and sworn to before me this 28 day of February, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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: _____

Signed _____ Father

Signed _____ Mother

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

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 52

File

Feb. 28, 1979
Date of Application

MALE

Medical Examination Report Dated 2-27-79

Name of Physician Irving Cohen

FEMALE

Medical Examination Report Dated 2-21-79

Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Lester Last Crider
Date of Birth Month Oct. Day 3 Year 1954
Place of Birth (State or foreign country) Ind.
Residence Address Street or R. R. 385 Weber Circle City Austell County Ga. State Ga.
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 J. Crider
Residence of father (if deceased so state) Atlanta, Ga.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Nancy Lewellen
Residence of mother (if deceased so state) Atlanta, Ga.
Birthplace of mother (State or foreign country) Ind.

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

Signed

New Address 385 WEBER CIRCLE AUSTELL GA.

Subscribed and sworn to before me this 28 day of Feb., 1979.

John 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Elizabeth Middle Ann Last Toon
Date of Birth Month Jan Day 16 Year 1957
Place of Birth (State or foreign country) Ind.
Residence Address Street or R. R. 64 Pike City Plainfield 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) 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 Harold G. Toon, Jr.
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Dorothy Jose
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed

New Address 385 Weber Circle, Austell, Ga.

Subscribed and sworn to before me this 28 day of Feb., 1979.

John 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____
of Indiana dated the 28 day of Feb., 1979, authorizing the joining together as husband and wife

of John Lester Crider and Elizabeth Ann Toon
Be it further remembered, the following marriage certificate was filed in my office, to-wit

I, Jeffery L. Treese hereby certify that on the 3 day of March, 1979,
one thousand nine hundred and 79 at Plainfield, County of Hendricks,
State of Indiana, Groom John Lester Crider of Ind. County, State of Georgia,
and, Bride Elizabeth Ann Toon 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 3 day of March, 1979.

Signed Rev. Jeffery L. Treese

Official Designation Minister, U. M. Church

6 day of March, 1979.

Signed John M. Harney Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

No. 53
File March 2, 1979
Date of Application

MALE
Medical Examination Report Dated 2-27-79
Name of Physician M.D. Scambray M.D.

FEMALE
Medical Examination Report Dated 2-27-79
Name of Physician M.D. Scambray M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Glen First T. Middle Garrett Last
Date of Birth June Month 24 Day 1954 Year
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 3155 Winton Street or R. R. Duplex City 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. Scambray (Picture)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Garrett
Residence of father (if deceased so state): Indianapolis, Ind.
Birthplace of father (State or foreign country): St. Louis, Mo.
9. Full maiden name of mother: Rita Marie Seitz
Residence of mother (if deceased so state): Indianapolis, Ind.
Birthplace of mother (State or foreign country): St. Louis, Mo.

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

Signed Glen T. Garrett

New Address P.O. Box 251 Pitt Ind

Subscribed and sworn to before me this 2 day of March, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 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 10 day of March, 19 79, authorizing the joining together as husband and wife

of Glen T. Garrett and Jeannine L. Yant
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Emmitt Sebastian

one thousand nine hundred and 79 hereby certify that on the 10 day of March
State of Indiana, Groom Glen Thomas Garrett at Pittsboro County of Hendricks
and, Bride Jeannine Yant 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, State of _____
Dated this 10 day of March, 19 79

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

Signed Emmitt Sebastian
Official Designation Baptist Minister
_____, day of March, 19 79

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Jeannine First L. Middle Yant Last
Date of Birth June Month 13 Day 1958 Year
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Pittsboro Street or R. R. Ind. City 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) _____

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Herbert Yant
Residence of father (if deceased so state): Indianapolis, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Mary Marie Pearson
Residence of mother (if deceased so state): Pittsboro, Ind.
Birthplace of mother (State or foreign country): Indiana

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

Signed Jeannine L. Yant

New Address P.O. Box 251 Pittsboro Ind.

Subscribed and sworn to before me this 2 day of March, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 54
File March 5 1979
Date of Application

MALE
Medical Examination Report Dated March 4, 1979
Name of Physician P. S. Wisker

FEMALE
Medical Examination Report Dated March 4, 1979
Name of Physician P. S. Wisker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Thomas King
Date of Birth January 23 1966
Place of Birth (State or foreign country) Germany
Residence Address 218 Wabash 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 L. King
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Ann Sawyer
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Thomas King
New Address 218 Wabash

Subscribed and sworn to before me this 5 day of March, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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: _____

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Jeanine Sawyer
Date of Birth Aug 4 1962
Place of Birth (State or foreign country) Marionville, Mo.
Residence Address 328 North Carr Rd. 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 L. Sawyer
Residence of father (if deceased so state) 328 N. Carr Rd. Ind.
Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Elizabeth L. Wood
Residence of mother (if deceased so state) 328 N. Carr Rd. Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Jeanine Sawyer
New Address 328 N. Carr Rd.

Subscribed and sworn to before me this 5th day of March, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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: _____

Signed _____ Father
Signed Mrs. Elizabeth L. Wood Mother

Subscribed and sworn to before me this 5th day of March, 1979.
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 _____ 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 _____ Circuit Court of Indiana dated the 9th day of March, 1979, authorizing the joining together as husband and wife of _____ and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Hubert Greer hereby certify that on the 11 day of March, _____, County of Hendricks, State of Indiana, Groom Thomas King of Hendricks County, State of Indiana, and, Bride Jeanine Marie Sawyer 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 11 day of March, 1979.
Signed Hubert Greer Pastor

Official Designation _____
Signed Glen M. Harvey Clerk
Filed and recorded in accordance with the laws of the State of Indiana this 14 day of March, 1979.
HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

No. 55
File March 5, 1979
Date of Application

MALE
Medical Examination Report Dated 2/27/79
Name of Physician Lloyd Terry, M.D.

FEMALE
Medical Examination Report Dated 2/27/79
Name of Physician Lloyd Terry, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Ronald James Pitcock
Date of Birth August 5, 1957
Place of Birth (State or foreign country) Madison, IN
Residence Address 263 N. Jefferson City Madison 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) drugs (picture)
- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Earl Pitcock
Residence of father (if deceased so state) Madison, IN
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Shirley Ann Hawkins
Residence of mother (if deceased so state) Madison, IN
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed Ronald James Pitcock
New Address 809 Broken Bow Trail #323

Subscribed and sworn to before me this 5 day of March, 1979.
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, HENDRICKS ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ County _____ Circuit Court of Indiana dated the 9 day of March, 1979, authorizing the joining together as husband and wife of Ronald James Pitcock and Victoria Lynn Miles.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Gary C. Black,
one thousand nine hundred and 79 hereby certify that on the 17 day of March,
State of Indiana, Groom Ronald J. Pitcock at Indianapolis,
and, Bride Vicki L. Miles of Hendricks County of Marion 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, State of _____
Dated this 17 day of March, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.
Signed Gary C. Black Minister
Official Designation 21 day of March, 1979
Signed Glen M. Harney Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT
Name Victoria Lynn Miles
Date of Birth January 9, 1958
Place of Birth (State or foreign country) Indianapolis, IN
Residence Address 9901 Perimeter Pike City Indianapolis 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) drugs (picture)
- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Leo Miles
Residence of father (if deceased so state) Greenfield, IN
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Judith Ann Wood
Residence of mother (if deceased so state) Indianapolis, IN
Birthplace of mother (State or foreign country) Marion Co. Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed Victoria Lynn Miles
New Address 809 Broken Bow Trail #323

Subscribed and sworn to before me this 5th day of March, 1979.
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, HENDRICKS ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 56

File

3-6-79

Date of Application

MALE

Medical Examination Report Dated 2-26-79

Name of Physician Larry D. Loral, M.D.

FEMALE

Medical Examination Report Dated 2-28-79

Name of Physician Larry D. Loral, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Troy Middle Thomas Last Fender
Date of Birth Month June Day 11 Year 1960
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. 147 S. Wayne 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) 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 Stanley Jackson Fender

Residence of father (if deceased so state) Indpls. Indiana

Birthplace of father (State or foreign country) Ohio

9. Full maiden name of mother Fauline Jinsley

Residence of mother (if deceased so state) Indiana

Birthplace of mother (State or foreign country) West Virginia

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

Signed Troy J. Fender

New Address 147 S. WAYNE ST.

Subscribed and sworn to before me this 6th day of March, 1979.

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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

FEMALE APPLICANT

Name First Mary Middle Catherine Last Rinehart
Date of Birth Month Jan. Day 08 Year 1960
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. 147 S. Wayne St. Apt 5 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 #00271

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Archie Lee Rinehart

Residence of father (if deceased so state) Indiana

Birthplace of father (State or foreign country) Illinois

9. Full maiden name of mother Elizabeth Eugenia Livers

Residence of mother (if deceased so state) Indiana

Birthplace of mother (State or foreign country) Indiana

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

Signed Mary C. Rinehart

New Address 147 S. WAYNE Apt 1

Subscribed and sworn to before me this 6th day of March, 1979.

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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 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 _____ of Indiana dated the 6th day of March, 1979, authorizing the joining together as husband and wife Troy Thomas Fender and Mary Catherine Rinehart

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

I, John P. Roof hereby certify that on the 9th day of March,

one thousand nine hundred and 79 at Danville, County of Hendricks,

State of Indiana, Groom Troy Thomas Fender of Hendricks County, State of Indiana

and, Bride Mary Catherine Rinehart 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 9th day of March, 1979.

Signed John P. Roof Episcopal Priest

Official Designation March, 1979.

Signed Glen M. Harney Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of _____, 19____.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

HENDRICKS County

No. 57

File March 7, 1979
Date of Application

MALE
Medical Examination Report Dated 3-6-79
Name of Physician Dr. Michael J. Whelan

FEMALE
Medical Examination Report Dated 3-6-79
Name of Physician Dr. Michael J. Whelan

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 H Last Smith
Date of Birth Month 28 Day 28 Year 1926
Place of Birth (State or foreign country) Michigan
Residence Address 625 Brookside, Plainfield, 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: William Smith
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Detroit, Mich.
9. Full maiden name of mother: Marie Boston
Residence of mother (if deceased so state): Plainfield, Ind.
Birthplace of mother (State or foreign country): Detroit, Mich.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed: William Smith
New Address: 625 Brookside

Subscribed and sworn to before me this 7 day of March, 1979.
Clerk: HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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: _____

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 _____ 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 7 day of March, 1979, authorizing the joining together as husband and wife. Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, George D. Silas, hereby certify that on the 7 day of March, 1979, at Plainfield, County of Hendricks, State of Indiana, Groom William H. Smith and, Bride Shirley A. Vance were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 9 day of March, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of March, 1979.
Signed: Rev. George D. Silas
Official Designation: Pastor Christ Faith Lutheran Ch.
Signed: M. Harvey
Clerk: HENDRICKS Circuit Court

FEMALE APPLICANT
Name First Shirley Middle A Last Vance
Date of Birth Month 3 Day 3 Year 1939
Place of Birth (State or foreign country) Indiana
Residence Address 3676 Glen Arm Rd. Plainfield, 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 Lee (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: Harold Owen Lawson
Residence of father (if deceased so state): Buddleton, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Mildred Richards
Residence of mother (if deceased so state): Buddleton, Ind.
Birthplace of mother (State or foreign country): Tennessee
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed: Shirley A. Vance
New Address: 3676 Brookside Plainfield

Subscribed and sworn to before me this 7 day of March, 1979.
Clerk: HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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: _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 58
File 3-6-79
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 3-5-79
Name of Physician D. Meade

FEMALE
Medical Examination Report Dated 3-5-79
Name of Physician D. Meade

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Thomas Edward Miller
Date of Birth Aug 10 1954
Place of Birth (State or foreign country) Ind.
Residence Address 5868 Magdalene Dr. Indianapolis, 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) _____

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 J. Miller
Residence of father (if deceased so state) Lafayette, Ind.
Birthplace of father (State or foreign country) Unknown (Ill?)
9. Full maiden name of mother Lorraine Kendrick
Residence of mother (if deceased so state) Lafayette, Ind.
Birthplace of mother (State or foreign country) Ill.

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

Signed Thomas E. Miller
New Address 5868 MAGDALENE

Subscribed and sworn to before me this 7 day of Mar, 1979.
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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Debra Jean Allen
Date of Birth Nov 26 1956
Place of Birth (State or foreign country) Ind.
Residence Address 1276 Moon Rd. Mooresville, 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) _____

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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. Allen
Residence of father (if deceased so state) Mooresville
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Norma J. Brock
Residence of mother (if deceased so state) Mooresville
Birthplace of mother (State or foreign country) Ind.

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

Signed Debra J. Allen
New Address 5868 Magdalene

Subscribed and sworn to before me this 7 day of Mar, 1979.
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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____
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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 12 day of March
Thomas Edward Miller and Debra Jean Allen

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Michael T. Jacobs hereby certify that on the 16 day of March,
one thousand nine hundred and 79 at Indianapolis County of Marion
State of Indiana, Groom Thomas E. Miller of Marion County, State of Indiana
and, Bride Debra Jean Allen 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. 16 March 79
Dated this _____ day of _____, 19____.

Signed Dr. Michael T. Jacobs Ordained Minister
Official Designation March, 1979

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of _____, 19____.
Signed Glen M. Harney HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 59
File 40
Date of Application 3-8-79

MALE
Medical Examination Report Dated 2-26-79
Name of Physician Glen W. Baker

FEMALE
Medical Examination Report Dated 2-26-79
Name of Physician Glen W. Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Irl Huffly Orr III
Date of Birth April 11 1958
Place of Birth (State or foreign country) Indianapolis
Residence Address Rakhurst MHP Lot 103 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) Drivers Lic. w/ photo

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Irl Huffly Orr, Jr.
Residence of father (if deceased so state): RR 1 Box 2700 Brownsburg Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Barbara Ellen Thieson
Residence of mother (if deceased so state): Franklin, Ind.
Birthplace of mother (State or foreign country): Indiana

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

Signed X Irl H. Orr III

New Address: Rakhurst MHP Lot 103 Brownsburg

Subscribed and sworn to before me this 8 day of Feb., 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

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 March, 1979, authorizing the joining together as husband and wife

I, Rev. Dennis L. Dodson and Dawn Louise McCellan
one thousand nine hundred and 79 hereby certify that on the 17th day of March

State of Indiana, Groom Irl Huffly Orr III at Brownsburg, County of Hendricks
and, Bride Dawn Louise McCellan 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, State of _____
Dated this 13th day of March, 1979

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1979

Sign Rev. Dennis L. Dodson
Official Designation Minister, Corinth Church
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Dawn Louise McCellan
Date of Birth April 30 1959
Place of Birth (State or foreign country) Indianapolis
Residence Address RR 5 Box 133 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) Drivers Lic. w/ photo

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Eugene McCellan
Residence of father (if deceased so state): RR 5 Box 133 Brownsburg Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Nancy Ann Settle
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Indiana

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

Signed X Dawn L. McCellan

New Address: Rakhurst MHP Lot 103 Brownsburg

Subscribed and sworn to before me this 8 day of Feb., 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 60

HENDRICKS County

File March 8, 1979
Date of Application

MALE
Medical Examination Report Dated 3-5-79
Name of Physician Joseph C. Kerlin M.D.

FEMALE
Medical Examination Report Dated 3-1-79
Name of Physician Ronald Stegemoller, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Morris Kerlin Fatch
Date of Birth November 19 1956
Place of Birth (State or foreign country) Brazil
Residence Address 6123 Gregory Dr. Dupls In
Previous Marital Status Never Married
Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license (picture)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Karlisi Gilbert Fatch
Residence of father (if deceased so state) Indianapolis In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Anna Marie Youngblood
Residence of mother (if deceased so state) Indianapolis In.
Birthplace of mother (State or foreign country) Indiana

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

Signed Morris Kerlin Fatch
New Address 309 N. Tennessee St.
Subscribed and sworn to before me this 8th day of March, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

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

Clerk

FEMALE APPLICANT

Name Dennis Mishel Smith
Date of Birth January 13 1966
Place of Birth (State or foreign country) Indpls. Marion In.
Residence Address 247 W. Broadway Danville In
Previous Marital Status Never Married
Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license (picture)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Kerhart Smith
Residence of father (if deceased so state) Danville In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia Ann Trent
Residence of mother (if deceased so state) Danville In.
Birthplace of mother (State or foreign country) Indiana

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

Signed Dennis Mishel Smith
New Address 309 N. Tennessee St.
Subscribed and sworn to before me this 8th day of March, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day 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 _____
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 12 day of Mar., 1979, authorizing the joining together as husband and wife of Morris Kerlin Fatch and Dennis Mishel Smith
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James E. Taylor hereby certify that on the 23 day of March,
one thousand nine hundred and 79 at Danville County of Hendricks,
State of Indiana, Groom Morris Kerlin Fatch of Marion County, State of Indiana,
and, Bride Dennis Mishel 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 23 day of March, 1979.

Signed James E. Taylor
Official Designation Minister
March, 1979
Signed Glen M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of _____, 1979

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 61
File _____
Date of Application March 9 1979

MALE
Medical Examination Report Dated March 3, 1979
Name of Physician L. H. Ellis

FEMALE
Medical Examination Report Dated 3-3-79
Name of Physician L. H. Ellis

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Paul R. Lockard
Date of Birth 8 11 1934
Place of Birth (State or foreign country) Indianapolis, In
Residence Address R.R. #1 Box 95 Lexington, 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. 13154
- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 George Lockard
Residence of father (if deceased so state) Jonestown Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Maude E. Thompson
Residence of mother (if deceased so state) Indianapolis, In
Birthplace of mother (State or foreign country) Indiana

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

Signed Paul R. Lockard
New Address R.R. 1 Box 95 Lexington 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, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____ Circuit Court

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the _____ day of _____, 19____, authorizing the joining together as husband and wife of Paul R. Lockard and Shirley Carver.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glen M. Harvey

one thousand nine hundred and _____ hereby certify that on the _____ day of _____, 19____, at _____, State of Indiana, Groom Paul R. Lockard and, Bride Shirley Carver 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 _____ County, State of _____.
Dated this _____ day of _____, 19____.

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

Signed Glen M. Harvey Official Designation _____ Clerk, Hendricks Co.

Signed Glen M. Harvey _____ Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Shirley J. Carver
Date of Birth 9 7 1927
Place of Birth (State or foreign country) West Michigan
Residence Address R.R. #1 Box 95 Lexington, 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) Never License with Picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 E. Mac Murray
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Beatrice M. Lindsay
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Michigan

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

Signed Shirley J. Carver
New Address R.R. 1 Box 95 Lexington 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, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____ Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 62

File

March 9, 1979
Date of Application

MALE

Medical Examination Report Dated March 9, 1979

Name of Physician Glenn W. Baker

FEMALE

Medical Examination Report Dated 2-9-79

Name of Physician Glenn W. Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Maloney Last
Date of Birth Month 3 Day 6 Year 1956
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R.R. #5 Box 149A 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) #2740

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 Maloney

Residence of father (if deceased so state) R.R. #5 Box 150 Brownsburg

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Ouida Pearl Taylor

Residence of mother (if deceased so state) R.R. #5 Box 150 Brownsburg

Birthplace of mother (State or foreign country) Kentucky

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

Signed John P. Maloney

New Address R.R. #5 Box 149A Brownsburg

Subscribed and sworn to before me this 9 day of March, 1979

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, HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Rita Middle C. Last Pe Han
Date of Birth Month 9 Day 25 Year 1956
Place of Birth (State or foreign country) Huntington, Ind.
Residence Address R.R. #5 Box 149A Brownsburg
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 113-56-075272

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father H. Frederick Pe Han

Residence of father (if deceased so state) 1140 N. Jefferson Huntington, Ind.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Rosemary C. Han

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Indiana

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

Signed Rita C. Pe Han

New Address R.R. #5 Box 149A Brownsburg

Subscribed and sworn to before me this 9 day of March, 1979

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, HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day 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 and filed in

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 13 day of Mar, 1979, authorizing the joining together as husband and wife

John Maloney and Rita C. Pe Han

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

I, Rev. T. Lombardi, hereby certify that on the 17 day of March

one thousand nine hundred and 79 at Huntington, County of Indiana

State of Indiana, Groom John Maloney of Hendricks County, State of Indiana

and, Bride Rita Pegan 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 17 day of March, 1979

Signed Rev. Thomas Lombardi

Official Designation Assistant Pastor

21 day of March, 1979

Signed Glenn M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 63
File March 9, 1979
Date of Application

MALE
Medical Examination Report Dated March 6, 1979
Name of Physician David M. Hedley

FEMALE
Medical Examination Report Dated March 6, 1979
Name of Physician David M. Hedley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry to any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name David Michael Siddons
Date of Birth March 19, 1948
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 538 Linden Hill Circle, 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) 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.
Heather Ann Siddons - Age 3

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Cartes Mac Siddons
Residence of father (if deceased so state) deceased

Birthplace of father (State or foreign country) Ill.

9. Full maiden name of mother Louella Ann Henking
Residence of mother (if deceased so state) Wanville, In.

Birthplace of mother (State or foreign country) Indianapolis, In.

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

Signed David Michael Siddons

New Address 538 Linden Hill Circle

Subscribed and sworn to before me this 9 day of March, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 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 March.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
James D. Wilson and Jo Lynne Clemons

one thousand nine hundred and 79 hereby certify that on the 17 day of March

State of Indiana, Groom David Michael Siddons at Plainfield County of Hendricks

and, Bride Jo Lynn Clemons 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, State of Indiana

Dated this 17th day of March, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____

Signed James D. Wilson Minister

Official Designation 20 day of March, 1979

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 64

File 40

HENDRICKS

County

3-12-79

Date of Application

MALE
Medical Examination Report Dated 3-8-79
Name of Physician Paul Stanley Lewis

FEMALE
Medical Examination Report Dated 3-10-75
Name of Physician Paul Stanley Lewis

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Ray Last Skinner
Date of Birth January 7 1958
Place of Birth Indianapolis
Residence Address R.R. 8 Box 331 Indianapolis 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 Frederick Skinner
Residence of father (if deceased so state) Indpls, In.
Birthplace of father (State or foreign country) Michigan

9. Full maiden name of mother Judith A. Skinner (Sheets)
Residence of mother (if deceased so state) R.R. 8 Box 331 Indpls, In.
Birthplace of mother (State or foreign country) Indiana

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

Signed X Jeffrey Skinner
New Address West 10th St. Winding Brook apt.

Subscribed and sworn to before me this 12 day of March, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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 Kimberly Middle Jala Last Decker
Date of Birth February 14 1958
Place of Birth Indianapolis
Residence Address 3116 Lincoln Rd #B Indianapolis 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 Edward E. Decker
Residence of father (if deceased so state) Crosswinds Indpls, In.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Jeanne A. Corns
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Maryland

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

Signed X Kimberly Decker
New Address West 10th St Winding Brook apt.

Subscribed and sworn to before me this 12 day of March, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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

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 _____ 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 16th day of March, 1979, authorizing the joining together as husband and wife of Jeffrey Ray Skinner and Kimberly Jala Decker.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Joe Bunton, hereby certify that on the 18 day of March, 1979, at _____, County of Hendricks, State of Indiana, Groom Jeffrey Ray Skinner of Hendricks County, State of Indiana, and, Bride Kimberly Jala Decker 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 18 day of March, 1979.
Signed Rev. Joe Bunton
Official Designation Ordained Minister
16 day of April, 1979.
Signed Glen M. Harvey HENDRICKS Clerk Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 65
File 40
Date of Application 3-12-79

MALE
Medical Examination Report Dated 3-9-79
Name of Physician Glen W. Baker

FEMALE
Medical Examination Report Dated _____
Name of Physician _____

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Albie D. V. Bray
Date of Birth January 9, 1947
Place of Birth (State or foreign country) Indiana
Residence Address 644 Alpha Ave. 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) Driver's Lic. w/ photo

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

David Wm. Bray
Christie Dawn Bray

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be 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. Earl Bray
Residence of father (if deceased so state) Brownsburg, Ind.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Mary Wilma Smith
Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Kentucky

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

Signed Albie D. V. Bray

New Address 10 N. 5th Ave. Bush Grove, Ind.

Subscribed and sworn to before me this 12 day of March, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 #2 Court by written order issued three 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

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 March, 1979.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Albie D. V. Bray and Genny L. Wright

I, John C. Mawrer hereby certify that on the 12 day of March

one thousand nine hundred and 79 at Wanville, County of Hendricks

State of Indiana, Groom Albie D. V. Bray and, Bride Genny L. 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, State of Indiana.

Dated this 12 day of March, 1979.

Signed John C. Mawrer Official Designation Judge, Hendricks Superior Ct

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of March, 1979.

FEMALE APPLICANT

Name Genny L. Wright
Date of Birth November 17, 1956
Place of Birth (State or foreign country) W. Virginia
Residence Address 10 N. Fifth Ave. Bush Grove, 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) _____

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 Ray Wright
Residence of father (if deceased so state) Charleston, W. V.

Birthplace of father (State or foreign country) West Virginia

9. Full maiden name of mother Diane Lynn Shamblin
Residence of mother (if deceased so state) Bush Grove, Ind.

Birthplace of mother (State or foreign country) West Virginia

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

Signed Genny L. Wright

New Address 10 N. 5th Ave. Bush Grove, Ind.

Subscribed and sworn to before me this 12 day of March, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 66

File 40

3-12-79

Date of Application

MALE

Medical Examination Report Dated 3-6-79

Name of Physician David Naggard

FEMALE

Medical Examination Report Dated 3-6-79

Name of Physician David Naggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Byron First Weddle Last
Date of Birth 9 Month 19 Day 1918 Year
Place of Birth (State or foreign country) Indpls, Marion Co., Ind.
Residence Address R.R. 5 Box 161, Danville, Hen, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1963
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: Carl Weddle
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Ethel Ottinger
Residence of mother (if deceased so state): deceased
Birthplace of mother (State or foreign country): Indiana

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

Signed: Byron Weddle

New Address: 4920 W 37th St.

Subscribed and sworn to before me this 12 day of March, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed: _____ Father

Signed: _____ Mother

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

Clerk

FEMALE APPLICANT

Name Hazel First D. Middle Cline Last
Date of Birth 7 Month 31 Day 1927 Year
Place of Birth (State or foreign country) Hansen Co., Ohio
Residence Address 4920 W. 37th St., Indpls, Marion Co., 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

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Lawrence Coffman
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Ohio
9. Full maiden name of mother: Pearl Elizabeth Jones
Residence of mother (if deceased so state): deceased
Birthplace of mother (State or foreign country): Ohio

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

Signed: Hazel D. Cline

New Address: 4920 W 37th St

Subscribed and sworn to before me this 12 day of March, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ of Indiana dated the 12 day of March, 1979, authorizing the joining together as husband and wife Byron Weddle and Hazel D. Cline

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

I, E. David Frazier hereby certify that on the 17 day of March, 1979, at Indianapolis, County of Marion, State of Indiana

one thousand nine hundred and 79 at Marion County, State of Indiana

State of Indiana, Groom Byron Weddle of Marion County, State of Indiana

and, Bride Hazel D. Cline 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 17 day of March, 1979

Signed: David Frazier

Minister

Official Designation _____ March 79

Signed: Glen M. Harvey Clerk

HENDRICKS

Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 67

File 40

3-12-79

Date of Application

MALE

Medical Examination Report Dated 3-9-79

Name of Physician Glen W. Baker

FEMALE

Medical Examination Report Dated 3-9-79

Name of Physician Glenn W. Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry 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 J Last Walkup
Date of Birth Month March Day 23 Year 1940
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address Street or R. R. 5607 Cannon Ct. City Speedway 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) Driver's Lic.

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

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Foster B. Walkup
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Daisy May Copenhagen
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Indiana

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

Signed X Steven J. Walkup

New Address 1031 Harris St. Brownsburg

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, Hendricks } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day 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 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 16th day of March 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Steven J. Walkup and Marilyn J. Linthicum
I, John C. Mourer hereby certify that on the 27th day of March

one thousand nine hundred and 79 at Hendricks Co. Court House, County of Hendricks, State of Indiana, Groom Steven J. Walkup and, Bride Marilyn J. Linthicum 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, State of Indiana.

Dated this 27th day of March 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 28th day of March 1979.

Signed J. C. Mourer
Official Designation Judge, Hendricks Superior Court #2

Signed Glen M. Harvey
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 L. Wilson
Residence of father (if deceased so state) Menevch, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha E. Sadler
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Illinois

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

Signed X Marilyn J. Linthicum

New Address 1031 Harris, Brownsburg

Subscribed and sworn to before me this day of 19

Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 68

File 40

3-14-79

Date of Application

MALE

Medical Examination Report Dated 3-5-79

Name of Physician James Black

FEMALE

Medical Examination Report Dated 3-5-79

Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Denver Middle Leo Last Hix
Date of Birth Month April Day 16 Year 1960
Place of Birth (State or foreign country) Indianapolis
Residence Address 3236 So. Six Points Rd. City 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Hix, Sr.
3603 S. Clark Creek Indpls. Ind.
Residence of father (if deceased so state)

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

Signed

New Address 3236 So. Six Points Rd. Indpls.

Subscribed and sworn to before me this 14 day of Mar, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Tami Middle Lyn Last Dunn
Date of Birth Month July Day 3 Year 1961
Place of Birth (State or foreign country) Michigan
Residence Address 1116 Brookside Ln. City Glennfield 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 Otis Maurice Dunn
1116 Brookside Ln. Glennfield, Ind.
Residence of father (if deceased so state)

Birthplace of father (State or foreign country) Arkansas

9. Full maiden name of mother Judy Ann Conley

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Michigan

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

Signed

New Address 3236 So. Six Points Rd. Indpls.

Subscribed and sworn to before me this 14 day of Mar, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
HENDRICKS 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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 20th day of March and Denver Leo Hix and Tami Lyn Dunn
Be it further remembered, the following marriage certificate was filed in my office, to-wit: 31st day of March
I, Darrell W. Cox hereby certify that on the _____ day of _____, _____, County of Hendricks, State of Indiana,
one thousand nine hundred and 79 at Hendricks County, State of Indiana
State of Indiana, Groom Danver Leo Hix of Hendricks County, State of Indiana
and, Bride Tami Lyn Dunn 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 20th day of March, 1979

Signed

Darrell W. Cox

Official Designation

Pastor, Maple Grove Baptist

2 day of April, 1979

Signed

Glen M. Harvey

HENDRICKS

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 69
File
March 14, 1979
Date of Application

MALE
Medical Examination Report Dated 3-13-79
Name of Physician Walter M. Mannis M.D.

FEMALE
Medical Examination Report Dated 3-13-79
Name of Physician Walter M. Mannis M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Bedford Last Long
Date of Birth Month Nov Day 19 Year 1949
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Street or R. R. City County State
R R # 3 Box 663 Plainfield, 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: Clara Hyatt Bedford Long

Residence of father (if deceased so state) Same

Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother: Mamie Elizabeth Smith

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Kentucky

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

Signed Jerry Bedford Long

New Address 1302 S. LINDLEY

Subscribed and sworn to before me this 11 day of March, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 March, 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ and Linda Sue Pettitt

I, David R. Opue, hereby certify that on the 21st day of April, 1979,

one thousand nine hundred and 79, at Indianapolis, County of Marion, State of Indiana

and, Bride Linda Sue Pettitt, 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, State of Indiana

Dated this 21 day of April, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of April, 1979.

Signed David R. Opue
Official Designation Minister

Signed Glen M. Harvey, 1979, Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 70

File 40

3-15-79

Date of Application

MALE

Medical Examination Report Dated 3-14-79

Name of Physician Glen W. Baker

FEMALE

Medical Examination Report Dated 3-14-79

Name of Physician Glen W. Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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
Thomas Michael Jordan Jr.
Date of Birth Dec 7 1954
Place of Birth Beech Grove, Indiana
Residence Address R #3, Box 63, B'burg, Hendricks, Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ 1977

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

☒ Other (Specify) Drivers license

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- 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 Thomas Michael Jordan
Residence of father (if deceased so state) 105 N. Jefferson, B'burg
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Geneva Harris
Residence of mother (if deceased so state) 105 N. Jefferson, B'burg
Birthplace of mother (State or foreign country) Ohio

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

Signed Thomas Michael Jordan Jr.

New Address RR3 Box 63 B'burg Ind

Subscribed and sworn to before me this 15 day of March, 1979

Glen M. Harvey Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Middle Last
Joni Leigh Wallen
Date of Birth Aug 2 1956
Place of Birth Martin, Kentucky
Residence Address R #3, Box 63, B'burg, Hendricks, Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ 1976

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

☒ Other (Specify) Drivers license

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

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Gardner Bailey
Residence of father (if deceased so state) Mansfield, Ohio
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Rosemary Haine
Residence of mother (if deceased so state) La Otto, Indiana
Birthplace of mother (State or foreign country) Kentucky

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

Signed Joni L. Wallen

New Address RR3 Box 63 B'burg, Ind.

Subscribed and sworn to before me this 15 day of March, 1979

Glen M. Harvey Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed Father

Signed Mother

Subscribed and sworn to before me this day 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 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 State of Indiana dated the 15 day of March, 1979, authorizing the joining together as husband and wife Thomas Michael Jordan, Jr. and Joni Leigh Wallen

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 17 day of March

1, Sherman Essex hereby certify that on the 17 day of March, 1979, at Brownsburg, County of Hendricks, State of Indiana, Groom Thomas Michael Jordan, Jr. of Hendricks County, State of Indiana, and, Bride Joni Leigh Wallen 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 March, 1979

Signed Sherman Essex

Official Designation Minister March 1979

Signed Glen M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of March, 1979

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 71
File 40
Date of Application 3-15-79

MALE
Medical Examination Report Dated 3-12-79
Name of Physician Joseph J. Garmley

FEMALE
Medical Examination Report Dated 3-12-79
Name of Physician Joseph J. Garmley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Donald E. Frick
Date of Birth October 3, 1931
Place of Birth (State or foreign country) Indiana
Residence Address 5214 Winterberry Circle, Indianapolis, 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 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.
Carol Sue Frick

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Narval F. Frick
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dessie I. Boalman
Residence of mother (if deceased so state) Colonial Sq. Apt. Indianapolis, Ind.
Birthplace of mother (State or foreign country) Ohio

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

Signed Donald E. Frick
New Address R.R. 18 Box 1536 Indpls. Ind.
Subscribed and sworn to before me this 15 day of Mar, 1979.
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, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day 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 by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

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 March, 1979, authorizing the joining together as husband and wife of Donald E. Frick and Mildred A. Harvey.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, George W. Atkinson, hereby certify that on the 31st day of March, 1979, at Indianapolis, County of Marion, State of Indiana, Groom Donald E. Frick and, Bride Mildred A. Harvey 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, State of _____.
Dated this 31st day of March, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1979.
Signed George W. Atkinson Official Designation Pastor
Signed Ellen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Mildred A. Harvey
Date of Birth October 4, 1929
Place of Birth (State or foreign country) New York
Residence Address RR 8 Box 1536 Indpls. 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 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 George Albert Gordon
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Mildred A. Know
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) New York

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

Signed Mildred A. Harvey
New Address RR 18 Box 1536 Indpls. Ind.
Subscribed and sworn to before me this 15 day of Mar, 1979.
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, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 72
File 40
Date of Application 3-15-79

MALE
Medical Examination Report Dated 3-10-79
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 3-10-79
Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Roy Monroe Harpool
Date of Birth December 27 1924
Place of Birth (State or foreign country) Indianapolis
Residence Address 911 Ridgewood Dr. Clainfield 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 Lic.
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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. Monroe Harpool
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Pita Louise Judd
Residence of mother (if deceased so state) 911 Ridgewood Dr. Clainfield, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Roy M. Harpool
New Address R1 Box 358 Clainfield Ind.

Subscribed and sworn to before me this 15 day of March, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Joan Marie Smith
Date of Birth May 27 1936
Place of Birth (State or foreign country) Indianapolis
Residence Address R1 Box 358 Clainfield 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 Lic.
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Kriner Luellen
Residence of father (if deceased so state) 1020 Berkeley Rd. Mooresville
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lena Kathryn Douglas
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Joan M. Smith
New Address R1 Box 358, Clainfield Ind.

Subscribed and sworn to before me this 15 day of March, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____
HENDRICKS 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 20 day of March, 1979 authorizing the joining together as husband and wife of Roy Monroe Harpool and Joan Marie Smith

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, R. Kent Allen hereby certify that on the 31st day of March, _____
at Clainfield, County of Hendricks, State of Indiana
one thousand nine hundred and 79 of Hendricks County, State of Indiana
State of Indiana, Groom Roy Monroe Harpool of Hendricks County, State of Indiana
and, Bride Joan Marie 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 _____ County.

Dated this 31st day of March, 1979
Signed R. Kent Allen Minister

Official Designation _____ day of April, 1979
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 73
File
3-15-79
Date of Application

MALE
Medical Examination Report Dated 3-14-79
Name of Physician Dr. William Wagner

FEMALE
Medical Examination Report Dated 3-14-79
Name of Physician Dr. William Wagner

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Richard Allen Bradley
Date of Birth June 8, 1951
Place of Birth (State or foreign country) Elwood, In.
Residence Address 140 Yellcrest Dr. Monroeville, 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
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 Victor Bradley
Residence of father (if deceased so state): Elwood, In.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Wilma Jean Jack
Residence of mother (if deceased so state): Elwood, In.
Birthplace of mother (State or foreign country): Indiana

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

Signed: Richard A. Bradley
New Address: 4425 N. High School Rd. Indianapolis

Subscribed and sworn to before me this 15th day of March, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the in Hendricks 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 19th day of March, 1979, authorizing the joining together as husband and wife of Richard Allen Bradley and Nancy Jeanne Price.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Daniel Jungkuntz, hereby certify that on the 24 day of March, 1979, at Indianapolis, In, County of Hendricks, State of Indiana, Groom Richard Allen Bradley and, Bride Nancy Jeanne Price 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 24 day of March, 1979.

Signed: Daniel Jungkuntz
Official Designation: Lutheran Pastoral Care, Christian Theol
day of March, 1979

Signed: Glen M. Harvey
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 74
File 40
3-16-79
Date of Application

MALE
Medical Examination Report Dated 3-13-79
Name of Physician David B. Naggard

FEMALE
Medical Examination Report Dated 3-13-79
Name of Physician David B. Naggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name James Dayle Cain
Date of Birth 10/12/57
Place of Birth (State or foreign country) Indiana
Residence Address 414 Murphy Below Dr. Plainfield, 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 w/picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Dayle Cain
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Latsy Boss Kyger
Residence of mother (if deceased so state) Indiana
Birthplace of mother (State or foreign country) Oregon

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

Signed James Dayle Cain

New Address 130 Krewson

Subscribed and sworn to before me this 16th day of March, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Patricia Gayle Gorrell
Date of Birth 2/2/59
Place of Birth (State or foreign country) Indiana
Residence Address 1422 Lakuna Ct. Plainfield, 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 w/picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Roland Joseph Gorrell
Residence of father (if deceased so state) Florida
Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Charlotte Ester Cunningham
Residence of mother (if deceased so state) Florida
Birthplace of mother (State or foreign country) Ohio

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

Signed Patricia Gayle Gorrell

New Address 130 Krewson

Subscribed and sworn to before me this 16th day of March, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 21st day of March, 1979, authorizing the joining together as husband and wife James Dayle Cain and Patricia Gayle Gorrell

Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, J. Dayle Cain hereby certify that on the 24th day of March, 1979, at Hazelwood Christian Church, Hendricks County, State of Indiana

one thousand nine hundred and 79 of Hendricks County, State of Indiana

State of Indiana, Groom James Dayle Cain and, Bride Patricia Gayle Gorrell

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 24th day of March, 1979.

Signed G. Dayle Cain

Official Designation Minister Church of Christ

March, 1979.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of March, 1979.

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 75
File 40
Date of Application 3-16-79

MALE
Medical Examination Report Dated 3-16-79
Name of Physician Larry D. Lowell

FEMALE
Medical Examination Report Dated 3-16-79
Name of Physician Larry D. Lowell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry in 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
Date of Birth Month Day Year
Place of Birth (State or foreign country)
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) Driver's license w/ picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Dale Stone
Residence of father (if deceased so state): Clayton, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: June Ellen Harkey
Residence of mother (if deceased so state): Clayton, Ind.
Birthplace of mother (State or foreign country): Indiana

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

Signed: Darrell L. Stone
New Address: same as above

Subscribed and sworn to before me this 16th day of March, 1979.
Glen M. Harkey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 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 16th day of March, 1979, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mawrer, hereby certify that on the 17 day of March, 1979, at Danville, Hendricks County, State of Indiana,
one thousand nine hundred and 79, Groom: Darrell L. Stone, and, Bride: Carol S. Ring,
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 17 day of March, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of March, 1979.
Signed: John C. Mawrer
Official Designation: Judge, Superior Ct. #2
Signed: Glen M. Harkey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
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) Driver's license w/ picture

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

Clinton
Sherry

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Rie Edwards
Residence of father (if deceased so state): Indpls., Ind.
Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Mildred Marie Kinney
Residence of mother (if deceased so state): Indpls., Ind.
Birthplace of mother (State or foreign country): Indiana

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

Signed: Carol Ring
New Address: same as above

Subscribed and sworn to before me this 16 day of March, 1979.
Glen M. Harkey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 76

File 40

Mar. 19-1979
Date of Application

MALE

Medical Examination Report Dated 3-13-79

Name of Physician Donald E. Stephens

FEMALE

Medical Examination Report Dated 3-13-79

Name of Physician Donald E. Stephens

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Last Downing
Date of Birth March 14 1952
Place of Birth (State or foreign country) Indianapolis
Residence Address 521 S. East St. 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 F. Downing
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Mary L. Stahl
Residence of mother (if deceased so state): Indpls., Ind.
Birthplace of mother (State or foreign country): Indiana

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

Signed James F. Downing
New Address 521 S. East St. Plainfield, Ind.

Subscribed and sworn to before me this 19 day of Mar, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Judy Middle Last Ozyment
Date of Birth January 16 1946
Place of Birth (State or foreign country) Jamesstown
Residence Address 521 S. East St. City Plainfield County Russell Co. State Kentucky
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify)

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

Adam Michael Ozyment
Matthew Robertson Ozyment

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Oscar Robertson
Residence of father (if deceased so state): Jamesstown, Ky.
Birthplace of father (State or foreign country): Ky.
9. Full maiden name of mother: Lura Mae Burton
Residence of mother (if deceased so state): Beech Grove, Ind.
Birthplace of mother (State or foreign country): Ky.

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

Signed Judy R. Ozyment
New Address 521 South East, Plainfield, Ind.

Subscribed and sworn to before me this 19 day of Mar, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 March, 1979, authorizing the joining together as husband and wife

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

I, _____ hereby certify that on the 24th day of March, _____ 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 _____ County.

Dated this 24th day of March, 1979.

Signed _____ Official Designation _____ Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 28th day of March, 1979.

Signed _____ Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 77
File 40
Date of Application 3/19/79

MALE
Medical Examination Report Dated 3/15/79
Name of Physician Joseph C. Kerlin, M.D.

FEMALE
Medical Examination Report Dated 3-15-79
Name of Physician Joseph C. Kerlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Paul Dennis Trissel
Date of Birth Nov 13 1954
Place of Birth (State or foreign country) Dayton, Ohio
Residence Address R. # 6, Box 126 Danville Hendricks 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

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

Samantha Dawn Trissel
Sabrina Diana Trissel

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
- If answer is "yes", it is required that this Application be 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 Paul Trissel
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Opal Lee
Residence of mother (if deceased so state) Indiana
Birthplace of mother (State or foreign country) Kentucky

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

Signed Paul Dennis Trissel
New Address RR 6 Box 126 Danville Ind.

Subscribed and sworn to before me this 19 day of March, 1979.
Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day 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 23rd day of March, 1979.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Gary L. Wade _____ hereby certify that on the 23rd day of March, 1979,
State of Indiana, Groom Paul Dennis Trissel at Danville _____ County of Hendricks
and, Bride Teresa J. 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, State of _____
Dated this 23rd day of March, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1979.

Signed /s/ Gary L. Wade
Official Designation Ascended Jay Minister
Signed Glen M. Hawley Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 78

File 40

3-19-79

Date of Application

MALE

Medical Examination Report Dated 3-12-79

Name of Physician Wm. Wagner

FEMALE

Medical Examination Report Dated 3-12-79

Name of Physician Wm. Wagner

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Michael Allen Johnson
Date of Birth Dec 23 1956
Place of Birth (State or foreign country) Marion Co., Indiana
Residence Address P.O. Box 32, Catersburg, N.H., 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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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) Catersburg, 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) Catersburg Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Glen M. Harvey
New Address P.O. Box 32 Catersburg, Ind. 46114

Subscribed and sworn to before me this 19 day of March, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Brenda Lee Pedigo
Date of Birth Nov 26 1959
Place of Birth (State or foreign country) Marion Co., Indiana
Residence Address 115 Heather Dr., Indpls., 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) _____

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Lee Pedigo
Residence of father (if deceased so state) Houston, Texas
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Peggy (nm) Tibbs
Residence of mother (if deceased so state) Indianapolis, Ind.
Birthplace of mother (State or foreign country) Kentucky

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

Signed Brenda Lee Pedigo
New Address Catersburg, Ind.

Subscribed and sworn to before me this 19 day of March, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____
HENDRICKS 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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 23rd day of March

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

I, Jerry L. Williams hereby certify that on the 7 day of April,
one thousand nine hundred and 79 at Indianapolis, County of Marion,
State of Indiana, Groom Michael Allen Johnson of Hendricks County, State of Indiana,
and, Bride Brenda Lee Pedigo 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 7 day of April, 1979.

Signed Jerry L. WilliamsOfficial Designation Minister, Ben Davis Christian Ch._____, 1979.

_____, day of _____

Signed Glen M. Harvey ClerkHENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

No. 79
File March 19 1979
Date of Application

MALE
Medical Examination Report Dated 3-15-79
Name of Physician Harold W. Williams

FEMALE
Medical Examination Report Dated 3-15-79
Name of Physician Harold W. Williams

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Glenn A. Jordan
Date of Birth August 1 1952
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 5 Greenacre Dr. 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) Driver's Lic. (picture)
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 W. Jordan
Residence of father (if deceased so state): Marion, Indiana
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Mary Lou Brewer
Residence of mother (if deceased so state): Marion, Indiana
Birthplace of mother (State or foreign country): Salmon, Ind.

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

Signed: Glenn A. Jordan

New Address: 5 GREENCRE DR. BROWNSBURG

Subscribed and sworn to before me this 19 day of March, 1979.
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, HENDRICKS } ss:
County of HENDRICKS
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day 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 by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

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 March, 1979, authorizing the joining together as husband and wife of Glenn A. Jordan and Sally J. Ashbrooke.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____, hereby certify that on the 23 day of March, 1979, at Lawrence, _____ County of Marion, State of Indiana, Groom Glen A. Jordan and, Bride Sally J. Ashbrooke 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, State of _____ Indiana.
Dated this 23 day of March, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1979.

FEMALE APPLICANT
Name Sally J. Ashbrooke
Date of Birth August 23 1954
Place of Birth (State or foreign country) Marion, Indiana
Residence Address 9914 Belmont Ct. Indianapolis, 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 Lic. (picture)
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 L. Ashbrooke
Residence of father (if deceased so state): Indianapolis, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Mary Jane Sharp
Residence of mother (if deceased so state): Indianapolis, Ind.
Birthplace of mother (State or foreign country): Peru, Ind.

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

Signed: Sally J. Ashbrooke

New Address: 5 Greenacre Dr.

Subscribed and sworn to before me this 19 day of March, 1979.
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, HENDRICKS } ss:
County of HENDRICKS
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

Signed: Floyd Smith
Official Designation: Judge
day of March, 1979
Signed: Glen M. Harney
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 80

File

March 20, 1979
Date of Application

MALE

Medical Examination Report Dated 2-20-79

Name of Physician Malcolm Scambrone MD

FEMALE

Medical Examination Report Dated 2-20-79

Name of Physician Malcolm Scambrone MD

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name William T. Ayler
Date of Birth March 17 1958
Place of Birth (State or foreign country) Madison
Residence Address 10004 U.S. 40 Indpls. 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 (picture)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Ayler
Residence of father (if deceased so state) Brownsville, Ind.
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Betty Jo Criswell
Residence of mother (if deceased so state) Indianapolis, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed William T. AylerNew Address 10004 Old Rd. 40

Subscribed and sworn to before me this 20 day of March, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Vonda Kay Tellarico
Date of Birth February 20 1958
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 10004 U.S. 40 Indpls. 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 (picture)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Freddie Tellarico
Residence of father (if deceased so state) Maryland
Birthplace of father (State or foreign country) Maryland

9. Full maiden name of mother Maryetta Beatrice Smith
Residence of mother (if deceased so state) Maryland
Birthplace of mother (State or foreign country) Pennsylvania

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

Signed Vonda TellaricoNew Address 10004 Old Rd 40

Subscribed and sworn to before me this 20 day of March, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ of Indiana dated the 24th day of March, 1979, authorizing the joining together as husband and wife of William T. Ayler and Vonda Kay Tellarico

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

I, E. David Frazer hereby certify that on the 24th day of March, 1979, at Indianapolis, County of Madison, State of Indiana, one thousand nine hundred and 79

and, Bride, Vonda Kay Tellarico 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 24th day of March, 1979. Signed E. David Frazer
Official Designation Minister, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 28th day of March, 1979. Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 81

File

3-20-79
Date of Application

MALE
Medical Examination Report Dated 3-19-79
Name of Physician A. N. Scudder MD

FEMALE
Medical Examination Report Dated 3-19-79
Name of Physician A. N. Scudder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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
Thomas Lee Caldwell
Date of Birth Month Day Year
11 28 1957
Place of Birth (State or foreign country)
Elkhart, Ind.
Residence Address Street or R. R. City County State
R #1 Box 75 532 N. Maple St. Pittsboro
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Willson Caldwell
Residence of father (if deceased so state): Same
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Lois Ann Ogden
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Ind.

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

Signed: Thomas Lee Caldwell

New Address _____

Subscribed and sworn to before me this 20 day of March, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 March, 1979, authorizing the joining together as husband and wife of Thomas Lee Caldwell and Viki Lee Woods.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Danny P. Byrd, _____ hereby certify that on the 31st day of March, 1979, at _____ of _____ County, State of Indiana, Groom Thomas Lee Caldwell and, Bride Viki Lee Woods, _____ of _____ 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 March, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1979.

Signed: Rev. Danny P. Byrd
Official Designation: Minister/Lixton U.M.C.
3 day of April, 1979
Signed: Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name First Middle Last
Viki Lee Woods
Date of Birth Month Day Year
8 31 1960
Place of Birth (State or foreign country)
Indianapolis, Ind.
Residence Address Street or R. R. City County State
R #1 Box 75 Pittsboro, 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: Frederick Lee Woods
Residence of father (if deceased so state): Same
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Iris Kay Tomlinson
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Ind.

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

Signed: Viki Lee Woods

New Address _____

Subscribed and sworn to before me this 20 day of March, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 82

File

Date of Application

MALE

Medical Examination Report Dated 3-14-79Name of Physician A. N. Scudder M.D.

FEMALE

Medical Examination Report Dated 3-14-79Name of Physician A. N. Scudder M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Mark A. Gaffney
Date of Birth January 14 1957
Place of Birth (State or foreign country) Illinois
Residence Address 1031 White Ave. 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. None

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Gaffney
Residence of father (if deceased so state) Brownsburg Ind.
Birthplace of father (State or foreign country) Illinois

9. Full maiden name of mother Phyllis Irene Kitzmann
Residence of mother (if deceased so state) Brownsburg Ind.
Birthplace of mother (State or foreign country) Illinois

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

Signed Mark A. GaffneyNew Address RR 3 Box 24 Brownsburg Ind.Subscribed and sworn to before me this 20 day of March, 1979

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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 24 day of March, 1979, authorizing the joining together as husband and wife Mark A. Gaffney and Debra J. Ennis

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

I, Henry H. Kincaid hereby certify, that on the 1 day of April, 1979, at Brownsburg, County of Hendricks, State of Indiana, Groom Mark A. Gaffney of Hendricks County, State of Indiana, and, Bride Debra J. Ennis 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 1st day of April, 1979

Signed Rev. Henry H. KincaidOfficial Designation Minister, Pentecostal Ch. of GodApril79

Signed Glen M. Harney Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of April, 1979

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 83

File 40

3-21-79

Date of Application

MALE
Medical Examination Report Dated 3-13-79
Name of Physician William L. Wagner

FEMALE
Medical Examination Report Dated 3-13-79
Name of Physician William L. Wagner

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Steve E. Ewing
Date of Birth 10 3 58
Place of Birth (State or foreign country) Virginia
Residence Address 270 Avon Ave., Plainfield, Hendricks, 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 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 Lacy Eugene Ewing
Residence of father (if deceased so state) Virginia
Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Ema Bernita Ely
Residence of mother (if deceased so state) Virginia
Birthplace of mother (State or foreign country) Virginia

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

Signed Steve E. Ewing
New Address 270 Avon Avenue Plainfield Ind.

Subscribed and sworn to before me this 21st day of March, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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

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 March, 1979, authorizing the joining together as husband and wife of Stephen E. Ewing and Debbie Kay White.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Ralph C. Wade, hereby certify that on the 31 day of March, 1979, at Mooreville, County of Morgan, State of Indiana, Groom Stephen Eugene Ewing and, Bride Debbie Kay 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, State of Indiana.
Dated this 31 day of March, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1979.

Signed Rev. Ralph C. Wade
Official Designation Pastor - Friendswood Baptist Ch.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Debbie Kay White
Date of Birth Feb. 13 60
Place of Birth (State or foreign country) Indiana
Residence Address 270 Avon Ave., Plainfield, Hendricks, 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) # 113-66-013192
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Oran R. White
Residence of father (if deceased so state) Plainfield, Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Eleanor Jean Cordell
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Indiana

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

Signed Debbie Kay White
New Address 270 Avon Ave Plainfield Ind.

Subscribed and sworn to before me this 21st day of March, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-1-2
Effective July 1, 1957

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 84
File March 22/1979
Date of Application

HENDRICKS
County

MALE
Medical Examination Report Dated 3-6-79
Name of Physician M.D. Scambray, M.D.

FEMALE
Medical Examination Report Dated 3-6-79
Name of Physician M.D. Scambray, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name David D. Terrell
Date of Birth February 28 Year 1951
Place of Birth (State or foreign country) Pittsburg, Mo.
Residence Address P.O. Box 104, Pittsburg, Mo.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify):

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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. Terrell
Residence of father (if deceased so state): Pittsburg, Mo.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Janette Lorraine Kenworthy
Residence of mother (if deceased so state): Pittsburg, Mo.
Birthplace of mother (State or foreign country): Indiana

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

Signed: David D. Terrell
New Address: Brownsburg, Ind.

Subscribed and sworn to before me this 22 day of March, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS
Signed: _____ Father
Signed: _____ Mother

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

FEMALE APPLICANT

Name Myrna K. Graham
Date of Birth September 13 Year 1958
Place of Birth (State or foreign country) W. Virginia
Residence Address R.R. #1 Box 321, Pittsburg, Mo.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify):

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Aubrey Graham
Residence of father (if deceased so state): Pittsburg, Mo.
Birthplace of father (State or foreign country): W. Virginia
Full maiden name of mother: Elsie Mae Skelton
Residence of mother (if deceased so state): Pittsburg, Mo.
Birthplace of mother (State or foreign country): W. Virginia

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

Signed: Myrna K. Graham
New Address: Brownsburg, Ind.

Subscribed and sworn to before me this 22 day of March, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS
Signed: _____ Father
Signed: _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We do Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court
of Indiana dated the 29 day of March, 19 79, authorizing the joining together as husband and wife
of David D. Terrell and Myrna K. Graham
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William Charles McEraw hereby certify that on the 7th day of April,
one thousand nine hundred and 79 at Pittsburg, County of Hendricks,
State of Indiana, Groom David Dallas Terrell of Hendricks County, State of Indiana,
and, Bride Myrna Kathleen Graham 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 10 day of April, 19 79. Signed William C. McEraw
Official Designation Minister, Pittsburg Christian Ch.

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of April, 19 79.
Signed Glen M. Harvey HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 85
File 40
3-22-79
Date of Application

MALE
Medical Examination Report Dated 3-20-79
Name of Physician John Ellett, Jr.

FEMALE
Medical Examination Report Dated 3-9-79
Name of Physician Gregory N. Larkin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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
Date of Birth Month Day Year
Place of Birth (State or foreign country)
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 Paul Eugene Richardson
Residence of father (if deceased so state) Stillsville, In.

Birthplace of father (State or foreign country) Virginia

9. Full maiden name of mother Violet Gene Duckett
Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) W. Virginia

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

Signed X Ronald P. Richardson

New Address R1 Box 106 Clayton 46118

Subscribed and sworn to before me this 22 day of March, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 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 March, 1979.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Janet Elaine Slower and Ronald P. Richardson

I, Glen M. Harvey, hereby certify that on the 27th day of March, 1979

one thousand nine hundred and seventy nine at Danville, Hendricks County, State of Indiana.

and, Bride Janet Elaine Slower 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, State of Indiana.

Dated this 26th day of March, 1979.

Signed 1st Glen M. Harvey

Official Designation Clerk of Hendricks County

28th day of March, 1979

Signed Glen M. Harvey

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
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 Willie M. Slower

Residence of father (if deceased so state) Clayton, In.

Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Zola H. Gay

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Kentucky

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

Signed X Janet Elaine Slower

New Address R1 Box 106 Clayton, IN 46118

Subscribed and sworn to before me this 22 day of March, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed Zola Slower Mother

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

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 85

File 40

3-22-79

Date of Application

MALE Medical Examination Report Dated 3-20-79

Name of Physician John E. Ellett, Jr.

FEMALE

Medical Examination Report Dated 3-9-79

Name of Physician Gregory N. Larkin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry 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
Date of Birth Month Day Year
Place of Birth (State or foreign country)
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: Paul Eugene Richardson
Residence of father (if deceased so state): Stilesville, In.

Birthplace of father (State or foreign country): Virginia

9. Full maiden name of mother: Violet June Duckett
Residence of mother (if deceased so state): Same

Birthplace of mother (State or foreign country): W. Virginia

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

Signed X Ronald P. Richardson

New Address R1 # Box 106 Clayton 46118

Subscribed and sworn to before me this 22 day of March, 1979

CONSENT

We, the
signs, stState of
County of

Subscribed

COMPLETION

in

of Indiana

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

I, Glen M. Harvey, hereby certify that on the 27th day of March, 1979, at Danville, Hendricks County, State of Indiana, Groom: Ronald P. Richardson and, Bride: Janet Elaine Slower, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 26th day of March, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 28th day of March, 1979.

Signed 15/ Glen M. Harvey
Official Designation Clerk of Hendricks County
Signed Glen M. Harvey
HENDRICKS Circuit Court

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 M. Slower

Residence of father (if deceased so state): Clayton, In.

Birthplace of father (State or foreign country): Kentucky

9. Full maiden name of mother: Zola H. Gay

Residence of mother (if deceased so state): Same

Birthplace of mother (State or foreign country): Kentucky

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

Signed X Janet Slower

New Address R1 # Box 106 Clayton, IN 46118

Subscribed and sworn to before me this 22 day of March, 1979

210 W. Main St. HENDRICKS Circuit Court

I, Willie Slower, hereby give my consent for
my Daughter, Janet E. Slower
to marry Ronald Richardson

FILED

MAR 26 1979

Glen M. Harvey
HENDRICKS CO. CLERK

Subscribed and sworn to before me this 23rd day of March
1979. My comm. expires May, 1981

Edith M. Rankin

Notary Public

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 86

File

March 23 1979
Date of Application

MALE

Medical Examination Report Dated 3-15-79

Name of Physician David B. Flaggard

FEMALE

Medical Examination Report Dated 3-15-79

Name of Physician David B. Flaggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 Prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Billy R. Myers
Date of Birth November 27 1931
Place of Birth (State or foreign country) Indiana
Residence Address 933 Harding St. Plainfield 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) Public Service Ident.

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Roscoe Clinton Myers
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruby Irene Gray
Residence of mother (if deceased so state) Washington Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Billy R. MyersNew Address 933 Harding St. Plainfield

Subscribed and sworn to before me this 23 day of March, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Ira May Madison
Date of Birth June 2 1938
Place of Birth (State or foreign country) Indiana
Residence Address 933 Harding St. Plainfield 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Elbert Wilson
Residence of father (if deceased so state) Indianapolis Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Opal Irene Dukes
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) St. Louis, Mo.

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

Signed Ira May MadisonNew Address 933 Harding St. Plainfield

Subscribed and sworn to before me this 23 day of March, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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

We It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 27 day of March, 1979, authorizing the joining together as husband and wife

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

I, John C. Maurer hereby certify that on the 6 day of April, 1979, at Plainfield, County of Hendricks, State of Indiana, one thousand nine hundred and 79 of Hendricks County, State of Indiana, and, Bride Ira May Madison 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 27 day of March, 1979.

Signed John C. MaurerOfficial Designation Judge, Hendricks Superior Ct #29 day of April, 1979Signed Glen M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 87
File March 23 1979
Date of Application

MALE
Medical Examination Report Dated 3-19-79
Name of Physician Larry D. Lovall

FEMALE
Medical Examination Report Dated 3-26-79
Name of Physician Larry D. Lovall

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name James Lee Thomas
Date of Birth March 9 1958
Place of Birth (State or foreign country) Crawfordsville, Ind.
Residence Address Rt 13A, R.R. #2 Danville, 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 Everett Thomas
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mary Lou Shillings
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed James Lee Thomas
New Address _____

Subscribed and sworn to before me this 23 day of March, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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.

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 March, 1979, authorizing the joining together as husband and wife of James Lee Thomas and Susan L. Smith.
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 31st day of March, 1979, at Danville, State of Indiana, Groom James Lee Thomas and, Bride Susan 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, State of Indiana.
Dated this 27th day of March, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of April, 1979
Signed Joseph D. Stump Official Designation Pastor
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Susan L. Smith
Date of Birth March 7 1960
Place of Birth (State or foreign country) Franklin, Ind.
Residence Address 1003 Richwood Dr. Danville, 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 Garrell Gene Smith
Residence of father (if deceased so state) Danville, Ind.
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Mildred Joanne Walsh
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Susan L. Smith
New Address 1003 Richwood Dr. 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, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 88

File

3/23/79
Date of Application

MALE

Medical Examination Report Dated 3/13/79

Name of Physician Mary Beth Hall

FEMALE

Medical Examination Report Dated 3/13/79

Name of Physician Mary Beth Hall

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Robert Earl Stewart
Date of Birth 3 11 1935
Place of Birth Crawfordsville, In.
Residence Address 21 S. Washington St.
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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children.
Robert E. Stewart Jr.
Sara G. Stewart
Amy C. 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 Buren (Calvin) Stewart
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Wileen Marguerite Arnold
Residence of mother (if deceased so state) Darlington, In.
Birthplace of mother (State or foreign country) Indiana

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

Signed Robert E. Stewart
New Address 243 North St. Danville, In.

Subscribed and sworn to before me this 23 day of March, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Karen Elizabeth Hyden
Date of Birth 12 25 1949
Place of Birth Richwood, West Virginia
Residence Address 243 North St., Danville, 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Wendell Seabolt
Residence of father (if deceased so state) Genewick, West Virginia
Birthplace of father (State or foreign country) West Virginia

9. Full maiden name of mother Mable Iva Nelson
Residence of mother (if deceased so state) Genewick, West Virginia
Birthplace of mother (State or foreign country) West Virginia

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

Signed Karen E. Hyden
New Address 243 North St., Danville

Subscribed and sworn to before me this 23 day of March, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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

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 23 day of March, 19 79, authorizing the joining together as husband and wife

Robert Earl Stewart and Karen Elizabeth Hyden

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

I, Joseph D. Stump hereby certify that on the 24 day of March, 19 79, at Danville, County of Hendricks, State of Indiana

one thousand nine hundred and 79 of Hendricks County, State of Indiana

and, Groom Robert Earl Stewart of Hendricks County, State of Indiana

and, Bride Karen Elizabeth Hyden 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 24 day of March, 19 79.

Signed Dr. Joseph D. Stump

Official Designation Pastor March, 19 79.

Signed Glen M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of _____, 19 79.

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 89
File 40
Date of Application 3-26-79

MALE
Medical Examination Report Dated 3-12-79
Name of Physician Walter Mc Mannis

FEMALE
Medical Examination Report Dated 3-12-79
Name of Physician Walter Mc Mannis

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Wilbur Byassee
Date of Birth Feb 16 1938
Place of Birth (State or foreign country) Carlsile Co. Ky.
Residence Address 335 Avon Ave. Plainfield, 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 Elbie Byassee
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Mary Larene Hunt
Residence of mother (if deceased so state) Indpls. In.
Birthplace of mother (State or foreign country)

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

Signed X Wilbur Byassee

New Address 335 Avon Ave.

Subscribed and sworn to before me this 26 day of Mar, 1979.
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, HENDRICKS } ss:

Signed

Signed

Subscribed and sworn to before me this _____ day 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 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 2 day of April, 1979, authorizing the joining together as husband and wife of Wilbur Byassee and Mary F. Jines.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Maurer, hereby certify that on the 16 day of April, 1979, at Danville, County of Hendricks, State of Indiana, Groom Wilbur Byassee and, Bride Mary F. Jines 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, State of Indiana.
Dated this 16 day of April, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1979.

Signed John C. Maurer
Official Designation Judge
Signed Glen M. Harney Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Mary Jines
Date of Birth Feb 16 1939
Place of Birth (State or foreign country) Indianapolis
Residence Address 357 So. Dana Indianapolis, 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) Divorced 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 William Earl Brackett
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Helia Lenore Morgan
Residence of mother (if deceased so state) Indpls. In.
Birthplace of mother (State or foreign country) Indiana

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

Signed X Mary F. Jines

New Address 335 Avon Ave.

Subscribed and sworn to before me this 26 day of Mar, 1979.
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, HENDRICKS } ss:

Signed

Signed

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

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 90

File

3-26-79

Date of Application

MALE

Medical Examination Report Dated 3-25-79

Name of Physician William L. Wagner M.D.

FEMALE

Medical Examination Report Dated 3-25-79

Name of Physician William Wagner M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-4 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Roger Middle W. Last Gamble
Date of Birth Month Aug Day 29 Year 1961
Place of Birth (State or foreign country) La Rue, Ohio
Residence Address Street or R. R. R #4 Box 407 City 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Gilbert GambleResidence of father (if deceased so state) CaliforniaBirthplace of father (State or foreign country) Ohio9. Full maiden name of mother Hazel Demarel AlbertResidence of mother (if deceased so state) Clayton In.Birthplace of mother (State or foreign country) OhioState of Indiana, HENDRICKS ss: I depose and state the information given

FEMALE APPLICANT

Name First Selma Middle Pickrel Last Pickrel
Date of Birth Month July Day 27 Year 1962
Place of Birth (State or foreign country) Drumcastle, In.
Residence Address Street or R. R. Box 61 City 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 PickrelResidence of father (if deceased so state) SameBirthplace of father (State or foreign country) Indiana9. Full maiden name of mother Rosemary CooperResidence of mother (if deceased so state) SameBirthplace of mother (State or foreign country) IndianaState of Indiana, HENDRICKS ss: I depose and state the information given

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

To Whom It May Concern:

I, DeMarel Sparks, mother and legal guardian of Roger

W. Gamble, by my signature below, give my consent

for him to be given a license to marry.

DeMarel Sparks
DeMarel Sparks
RR 4 Box 407

Signed _____ Father

Signed _____ Mother

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

Clerk

Signed Jon W. Pickrel FatherSigned Rosemary Pickrel MotherSubscribed and sworn to before me this 26th day of March, 1979Glen 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 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 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 26th day of March, 1979, authorizing the joining together as husband and wife
of Roger W. Gamble and Selina Pickrel

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

I, John O. McIntyre hereby certify that on the 31st day of March, 1979at Clayton, County of Hendricks, State of Indianaone thousand nine hundred and 79 of Hendricks County, State of IndianaState of Indiana, Groom Roger William Gamble of Hendricks County, State of Indianaand, Bride Selina Joy Pickrel 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, HENDRICKSDated this 31st day of March, 1979Signed John O. McIntyre

Minister

Official Designation _____ day of April, 1979Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 91
File 3-26-79
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 3-19-79
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 3-19-79
Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)"

MALE APPLICANT

Name David L. Harrell
Date of Birth June 16, 1954
Place of Birth (State or foreign country) Ind.
Residence Address 9435 Bradley Street or R. R. Ind. City Shapls. Ind. 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) Dr. Licens
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Harrell
Residence of father (if deceased so state) Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Maryann Leemasters
Residence of mother (if deceased so state) Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed David L. Harrell
New Address 70 N High St. Danville

Subscribed and sworn to before me this 26 day of Mar., 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 _____ 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 _____
of Indiana dated the 2nd day of April, 1979, authorizing the joining together as husband and wife

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

one thousand nine hundred and _____ hereby certify that on the 7 day of April

State of Indiana, Groom David L. Harrell at Corinth Church, County of Hendricks

and, Bride Linda Gayle Brunner 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, State of Indiana,
Dated this 2 day of April, 1979.

Signed Rev Dennis L. Dodson
Official Designation Minister
_____ day of April, 1979.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

FEMALE APPLICANT

Name Linda Gayle Brunner
Date of Birth Oct. 2, 1958
Place of Birth (State or foreign country) Ind.
Residence Address Rt 5 Box 159 Street or R. R. Ind. City Brunswick 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) Dr. Licens & Allison L. D.
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Brunner
Residence of father (if deceased so state) Brunswick, Ind.
Birthplace of father (State or foreign country) W. Va.
9. Full maiden name of mother Nola Mae
Residence of mother (if deceased so state) Brunswick, Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Linda G. Brunner
New Address 70 N High St. Danville

Subscribed and sworn to before me this 26 day of Mar, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 92

File 40

3-26-79

Date of Application

MALE

Medical Examination Report Dated 3-14-79

Name of Physician Michael Neely

FEMALE

Medical Examination Report Dated 3-14-79

Name of Physician Michael Neely

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Lanny Middle J. Last Campbell
Date of Birth Month June Day 16 Year 1954
Place of Birth (State or foreign country) Greencastle
Residence Address Street or R.R. 757 Mackey Rd. City Danville 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's Lic w/ photo

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Wayne Campbell
Residence of father (if deceased so state) PP 2 B 148 Coatesville, Ind.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Phyllis Jean Pace

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Indiana

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

Signed Lanny J. Campbell
New Address 757 Mackey Rd.

Subscribed and sworn to before me this 26 day of Mar., 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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: I depose and state the information given in this application is true and correct.

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Teresa Middle D. Last Craft
Date of Birth Month April Day 19 Year 1959
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R.R. 357 Meadow Dr. City Danville 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's Lic w/ photo

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Rex Craft
Residence of father (if deceased so state) 357 Meadow Dr. Danville, Ind.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Roberta Ann Record

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Indiana

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

Signed Teresa D. Craft
New Address 757 Mackey Rd.

Subscribed and sworn to before me this 26 day of Mar., 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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: I depose and state the information given in this application is true and correct.

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 March, 1979, authorizing the joining together as husband and wife of Lanny J. Campbell and Teresa D. Craft

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 31 day of March

I, Norman L. Weaver hereby certify that on the _____ day of _____, County of Hendricks, State of Indiana

one thousand nine hundred and 79 at Danville County, State of Indiana

State of Indiana, Groom Lanny J. Campbell of Hendricks County, State of Indiana

and, Bride Teresa D. Craft 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 31st day of March, 1979. Signed Norman L. Weaver Minister April, 1979

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of _____, 1979. Signed Glen M. Harvey HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 93

File
Mar. 27 1979
Date of Application

MALE
Medical Examination Report Dated 3-15-79
Name of Physician Carl Heiklin

FEMALE
Medical Examination Report Dated 3-15-79
Name of Physician Carl Heiklin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Eugene Larry Davis
Date of Birth July 33 1954
Place of Birth (State or foreign country) Ind.
Residence Address P.O. Box 89 Clayton 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.

Shirley Lynn Davis
Chad Wm. Davis

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Ernest Davis
Residence of father (if deceased so state) Clayton Ind.
Birthplace of father (State or foreign country) Va.
9. Full maiden name of mother Addie Castel
Residence of mother (if deceased so state) Clayton Ind.
Birthplace of mother (State or foreign country) Ky.

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

Signed Larry E. Davis

New Address P.O. Box 89 Clayton Ind.

Subscribed and sworn to before me this 27 day of Mar. 1979.
Alex M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 1979.
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 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 April 1979, authorizing the joining together as husband and wife of Eugene Larry Davis and Julie Ann Bailey. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Raymond Moore, hereby certify that on the 21 day of April 1979, at Mooresville, Morgan County, State of Indiana, Groom Larry Davis and, Bride Julie Bailey, 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, State of Indiana. Dated this 21 day of April 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of April 1979.
Signed Raymond D. Moore
Official Designation Minister
Signed Alex M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Julia Ann Bailey
Date of Birth Dec. 14 1958
Place of Birth (State or foreign country) Ind.
Residence Address P.O. Box 89 Clayton 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 Bailey
Residence of father (if deceased so state) Mooresville, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Anna King
Residence of mother (if deceased so state) Mooresville, Ind.
Birthplace of mother (State or foreign country) Ky.

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

Signed Julie A. Bailey

New Address P.O. Box 89 Clayton Ind.

Subscribed and sworn to before me this 27 day of Apr. 1979.
Alex M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 1979.
Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-1-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 94

File 40

3-27-79

Date of Application

MALE

Medical Examination Report Dated 3-21-79

Name of Physician Glenn W. Baker

FEMALE

Medical Examination Report Dated 3-21-79

Name of Physician Glenn W. Baker

ALL QUESTIONS MUST BE ANSWERED. IC 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Steven Beliles
Date of Birth December 10 1959
Place of Birth (State or foreign country) Indianapolis
Residence Address 296 N. Mill Clainfield 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):

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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. Beliles
RR 2 Box 5
Residence of father (if deceased so state): Clainfield, Ind.
Birthplace of father (State or foreign country): Kentucky

9. Full maiden name of mother: Julia L. Zupansic
Wenters Rd.
Residence of mother (if deceased so state): Avon, Ind.
Birthplace of mother (State or foreign country): Indiana

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

Signed: Steven R. Beliles
New Address: 296 North Mills St PLFO

Subscribed and sworn to before me this 27 day of Mar, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed: _____ Father
Signed: _____ Mother

Subscribed and sworn to before me this _____ day 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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 30th day of March.

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

I, Marc S. Hays, hereby certify that on the 31 day of March, 1979, at Clainfield, County of Hendricks, State of Indiana, Groom Steven R. Beliles of Hendricks County, State of Indiana, and, Bride Hazel Ruth Grice 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 31 day of March, 1979.

Signed: Marc S. Hays
Official Designation: Pastor, 1979.

Signed: Glen M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of April, 1979.

FEMALE APPLICANT

Name Hazel Grice
Date of Birth January 20 1960
Place of Birth (State or foreign country) Mariontown
Residence Address 510 S. Center Clainfield 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):

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Jacob Grice
510 S Center
Residence of father (if deceased so state): Clainfield, Ind.
Birthplace of father (State or foreign country): Tennessee

9. Full maiden name of mother: Wanda Sue Templin
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Tennessee

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

Signed: Hazel Ruth Grice
New Address: 296 N Mill #6 Pld 90168

Subscribed and sworn to before me this 27 day of Mar, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed: _____ Father
Signed: _____ Mother

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

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 95

File
March 27, 1979
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE

Medical Examination Report Dated 3-25-79
Name of Physician Edward C. Ochsner, M.D.

FEMALE

Medical Examination Report Dated 3-25-79
Name of Physician Edward C. Ochsner, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Jeffrey A. Leath
Date of Birth December 12, 1954
Place of Birth Indianapolis, Ind.
Residence Address 120 Williams St. Apt. R. Indianapolis, 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) State Board 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.
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: Harold Francis LeathResidence of father (if deceased so state): Southport, Ind.Birthplace of father (State or foreign country): Indianapolis, Ind.9. Full maiden name of mother: Patricia Jean TaylorResidence of mother (if deceased so state): Southport, Ind.Birthplace of mother (State or foreign country): Indianapolis, Ind.State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.County of HENDRICKSSigned Jeffrey A. LeathNew Address 1191 Lincoln St. #4 Danville, N.C.Subscribed and sworn to before me this 27 day of March, 1979.Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 March, 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James E. Taylor hereby certify that on the 31st day of March, 1979, at Danville, County of Hendricks, State of Indiana, one thousand nine hundred and 79 and, Bride Michelle Huffman 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 31 day of March, 1979.

Signed James E. Taylor
Official Designation Minister
day of April, 1979.

Signed Glen M. Harvey
Clerk HENDRICKS Circuit Court

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

Signed _____
Official Designation _____
day of _____, 19____.

Signed _____
Clerk _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 96

File

3-29-79
Date of Application

MALE

Medical Examination Report Dated 3-29-79

Name of Physician James Black

FEMALE

Medical Examination Report Dated 3-26-79

Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Sidney Middle Louis Last Spaulding
Date of Birth Month April Day 23 Year 1956
Place of Birth (State or foreign country) Fla.
Residence Address Street or R. R. Rt 1 Box 42 Danville City Danville 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 L. Spaulding
Residence of father (if deceased so state) Danville, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Rosann Schroer
Residence of mother (if deceased so state) Danville, Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Sidney L. SpauldingNew Address 13 South 400 E Apt 1Subscribed and sworn to before me this 29 day of March, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Cynthia Middle Sue Last Colee
Date of Birth Month Mar. Day 4 Year 1958
Place of Birth (State or foreign country) Ind.
Residence Address Street or R. R. 956 Christina City Plainfield 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Colee
Residence of father (if deceased so state) Plantation, Fla.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Carolyn Monismaster
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Cynthia S. ColeeNew Address 13 S 400 E Apt 1Subscribed and sworn to before me this 29 day of March, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 _____ 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 _____, 1979, authorizing the joining together as husband and wife
of Indiana dated the 6 day of April

Sidney Louis Spaulding and Cynthia Sue Colee
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

R. O. Lassanske hereby certify that on the 7th day of April

one thousand nine hundred and 79 at Plainfield County of Hendricks

State of Indiana, Groom Sidney Louis Spaulding of Hendricks County, State of Indiana

and, Bride Cynthia Sue Colee 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 7th day of April, 1979

Signed R. O. LassanskeOfficial Designation Clergyman - St. Luke's Lutheran18 day of April, 1979Signed Glen M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 97
File 40
3-30-79
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 3-30-79
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 3-30-79
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Raymond W. Maiden
Date of Birth July 21 1939
Place of Birth (State or foreign country) Virginia
Residence Address 8621 Crawfordville Rd. 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) Driver's Lic. w/ picture
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Bryant Maiden
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Connie Ethel Khaufrman
Residence of mother (if deceased so state) Clermont, In.
Birthplace of mother (State or foreign country) Virginia
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Raymond W. Maiden
New Address Rt. 3 Plainfield

Subscribed and sworn to before me this 30 day of March, 1979
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, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day 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 by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

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 April, 1979, authorizing the joining together as husband and wife of Raymond W. Maiden and Betty L. Adams.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Kenneth E. Vettters, hereby certify that on the 14th day of April, 1979, at Plainfield, County of Hendricks, State of Indiana, Groom Raymond W. Maiden and, Bride Betty L. Adams 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 14th day of April, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of April, 1979
Signed Rev. Kenneth E. Vettters
Official Designation Pastor, Barlett Chapel United Methodist
Signed Ellen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Betty L. Adams
Date of Birth July 9 1936
Place of Birth (State or foreign country) Wisconsin
Residence Address 3603 Clarks Creek Rd. 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) Driver's Lic w/ picture
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Henry Howell
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Wisconsin
9. Full maiden name of mother Edna Agnes Foote
Residence of mother (if deceased so state) Muscoda, Wisconsin
Birthplace of mother (State or foreign country) Wisconsin
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Betty Adams
New Address RR#3 Plainfield, Ind.

Subscribed and sworn to before me this 30 day of March, 1979
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, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 98

File 40

3-30-79
Date of Application

MALE

Medical Examination Report Dated 3-26-79

Name of Physician David B. Haggard

FEMALE

Medical Examination Report Dated 3-26-79

Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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
Dennis Edward Tridle
Date of Birth Month Day Year
5 13 57
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. City County State
1393 Kenne Dr., Plainfield 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) Driver's license w/picture

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

- Are you required by any court order or orders to support the above dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. No ☐ Yes ☐

8. Full name of father James Owens
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Delores Jane Galey
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Ohio

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

Signed Dennis E. Tridle

New Address 7851 Skycrest Trail Apt 1805

Subscribed and sworn to before me this 30th day of March, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Middle Last
Robin Ruthe Skow
Date of Birth Month Day Year
10 8 57
Place of Birth (State or foreign country) Wisconsin
Residence Address Street or R. R. City County State
2918 Embassy Rd., Apt. 1122, Spudway, Marion 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 w/picture

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

- Are you required by any court order or orders to support the above dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. No ☐ Yes ☐

8. Full name of father Elsworth Dean Skow
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Wisconsin
9. Full maiden name of mother Ruth Idella Gregory
Residence of mother (if deceased so state) Aurora, Missouri
Birthplace of mother (State or foreign country) Missouri

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

Signed Robin R. Skow

New Address 7851 Skycrest Trail Apt 1805

Subscribed and sworn to before me this 30th day of March, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 _____ 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 April, 1979, authorizing the joining together as husband and wife
Dennis Edward Tridle and Robin Ruthe Skow

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, R. Kent Allen hereby certify that on the 14th day of April, 1979, at Plainfield, Hendricks County, State of Indiana, Groom Dennis Edward Tridle of Hendricks County, State of Indiana, and, Bride Robin Ruthe Skow 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 14th day of April, 1979.

Signed R. Kent Allen
Official Designation Minister

18 day of April, 1979

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 99
File 40
Date of Application 4-2-79

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 3-27-79
Name of Physician Carl L. Heinlein

FEMALE
Medical Examination Report Dated 3-27-79
Name of Physician Carl L. Heinlein

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Tale Middle Burnett Last
Date of Birth Month October Day 23 Year 1958
Place of Birth (State or foreign country) Greencastle
Residence Address Street or R. R. Rt 75 City Clayton 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 Lic. w/ photo
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Welbur Leon Burnett
Residence of father (if deceased so state) Clayton Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marileyn Rasetta Linchum
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed X Tale Leon Burnett
New Address Clayton

Subscribed and sworn to before me this 2 day of April, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ County _____ Circuit Court of Indiana dated the 6 day of April, 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Frank Bunn and Patricia Neier

one thousand nine hundred and 79 hereby certify that on the 21 day of April, 1979, at Coatesville, County of Hendricks, State of Indiana, Groom Tale Burnett and, Bride Patricia Neier 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, State of _____

Dated this 16 day of April, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1979.

Signed Frank Bunn
Official Designation Christian Minister

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Patricia Middle Neier Last
Date of Birth Month July Day 23 Year 1960
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. RR 1 Box 135 City Clayton 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 Lic. w/ photo
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Leora Neier
Residence of father (if deceased so state) RR 1 Clayton Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Kay Sharmaine Chapman
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed X Patricia P. Neier
New Address Clayton

Subscribed and sworn to before me this 2 day of April, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father
Signed _____ Mother

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

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 100

File

April 2, 1979
Date of Application

MALE

Medical Examination Report Dated 3-24-79

Name of Physician Ronald Stegemoller

FEMALE

Medical Examination Report Dated 3-24-79

Name of Physician Ronald Stegemoller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Barrell L. Mc Roberts
Date of Birth May 3 1959
Place of Birth (State or foreign country) Ind.
Residence Address 12 S. Jefferson Apt B, Danville, 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 Charles D. Mc Roberts
Residence of father (if deceased so state) Cottsville, In.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Marilyn Schulz
Residence of mother (if deceased so state) Cottsville, In.
Birthplace of mother (State or foreign country) Mich.

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

Signed Danell L. Mc Roberts
New Address 12 S. Jefferson Apt. B

Subscribed and sworn to before me this 2 day of April, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian
We, the parents, of this applicant hereby 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 HENDRICKS

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

FEMALE APPLICANT

Name Emily Elizabeth Brown
Date of Birth March 4 1958
Place of Birth (State or foreign country) Ohio
Residence Address Rt 2 Box 614 Coatsville
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 & High School Grad

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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. Brown
Residence of father (if deceased so state) Ocala, Fla.
Birthplace of father (State or foreign country) Ohio

9. Full maiden name of mother Ok Sagon Kim
Residence of mother (if deceased so state) Greenfield, In.
Birthplace of mother (State or foreign country) Korea

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

Signed Emily E. Brown
New Address 12 South Jefferson Apt B

Subscribed and sworn to before me this 2 day of April, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian
We, the parents, of this applicant hereby 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 HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day 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 _____ 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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 6th day of April, 1979, and Barrell L. Mc Roberts and Emily Elizabeth Brown.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the 7th day of April, 1979, at Stringtown, County of Hancock, one thousand nine hundred and 79, State of Indiana, Groom Barrell L. Mc Roberts of Hendricks County, State of Indiana, and, Bride Emily Elizabeth Brown of Hancock 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 April, 1979.
Signed Gordon Taylor
Official Designation Minister, Clayton Ch. of Nazarene
Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of April, 1979.
Signed Glen M. Harvey HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 101

File

Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 3-20-79
Name of Physician Ronald Stegemoller, M.D.

FEMALE
Medical Examination Report Dated 3-30-79
Name of Physician Ronald Stegemoller, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name David Asher
Date of Birth September 12 1938
Place of Birth (State or foreign country) Indiana
Residence Address RR #2 Box 255 Danville, 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 (picture)

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

Stanley Asher
Debra Asher
Sandra Asher

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be 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 Asher
Residence of father (if deceased so state): deceased

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Julia Wether
Residence of mother (if deceased so state): deceased

Birthplace of mother (State or foreign country): Indiana

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

Signed David L. Asher

New Address RR 2 Box 255 Danville, Ind.

Subscribed and sworn to before me this 3rd day of April, 1979

Ellen 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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 _____ of Indiana dated the 8th day of April, 1979.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: James E. Taylor and Terri L. Schauer, authorizing the joining together as husband and wife

one thousand nine hundred and 79 hereby certify that on the 14th day of April, 1979

State of Indiana, Groom David L. Asher at Danville County of Hendricks

and, Bride Terri L. Schauer 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, State of Indiana

Dated this 14th day of April, 1979

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1979

Signed James E. Taylor Official Designation Minister

Signed Ellen M. Harney Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Terri Schauer
Date of Birth September 5 1953
Place of Birth (State or foreign country) Indiana
Residence Address RR #2 Box 155 Danville, 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) _____

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

Nevan D. Pulliam
Melanie Pulliam

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 James White
Residence of father (if deceased so state): Danville, Ind.

Birthplace of father (State or foreign country): Missouri

9. Full maiden name of mother: Marjorie Ann Smith
Residence of mother (if deceased so state): Danville, Ind.

Birthplace of mother (State or foreign country): Indiana

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

Signed Terri L. Schauer

New Address RR 2 Box 255 Danville, Ind.

Subscribed and sworn to before me this 3 day of April, 1979

Ellen 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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-1-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 102

File 40

Date of Application 4-3-79

MALE

Medical Examination Report Dated 3-26-79

Name of Physician Robert G. Grief

FEMALE

Medical Examination Report Dated 3-26-79

Name of Physician Robert G. Grief

ALL QUESTIONS MUST BE ANSWERED. IC 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Last Raiser
Date of Birth Month 2 Day 14 Year 57
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. RR 2 Box 508 Plainfield 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) # 1788

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 David Raiser
Residence of father (if deceased so state) Waukegan Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Alma Katherine Taylor
Residence of mother (if deceased so state) Indianapolis, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Carl Raiser
New Address RR 2 Box 508 Plainfield Ind. 46168

Subscribed and sworn to before me this 3rd day of April, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Susan Middle Last Buckheister
Date of Birth Month 6 Day 31 Year 58
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. RR #1 Box 97 Pittsburg 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) 113-58-067894

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Roy Buckheister
Residence of father (if deceased so state) Moberly, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Ardith Ann Giermann
Residence of mother (if deceased so state) Moberly, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Susan E. Buckheister
New Address RR 2 Box 508 Plainfield Ind. 46168

Subscribed and sworn to before me this 3rd day of April, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 30th day of April, 1979, authorizing the joining together as husband and wife of Carl Raiser and Susan E. Buckheister.

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

I, Benjamin E. Mc Clintock, hereby certify that on the 21 day of April, 1979, at Ellettsville, County of Hendricks, State of Indiana, Groom Carl Raiser of Hendricks County, State of Indiana, and, Bride Susan Elaine Buckheister 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 21 day of April, 1979. Signed Benjamin E. Mc Clintock
Official Designation Presiding Overseer
30 day of April, 1979.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

No. 103
File 40
Date of Application 4-4-79

HENDRICKS County

MALE
Medical Examination Report Dated 3-9-79
Name of Physician Monica Webster

FEMALE
Medical Examination Report Dated 3-9-79
Name of Physician Monica Webster

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Thomas E. Hood
Date of Birth November 16, 1957
Place of Birth Indianapolis
Residence Address 2500 E. Main
City Plainfield, In. 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's Lic. w/ photo
- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 L. Hood
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) N. Carolina
9. Full maiden name of mother Lillian G. Lott
Residence of mother (if deceased so state) Indianapolis, In.
Birthplace of mother (State or foreign country) New York

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

Signed Thomas E. Hood
New Address 2500 E MAIN ST PLAINFIELD

Subscribed and sworn to before me this 4 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 _____ 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 April, 1979, authorizing the joining together as husband and wife

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 _____
County. _____
Dated this _____ day of _____, 19____.

Signed _____
Official Designation _____ day of _____, 19____
Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed _____
Official Designation _____ day of _____, 19____
Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Lori D. Braxam
Date of Birth December 29, 1954
Place of Birth Bedford
Residence Address 2500 E Main
City Plainfield, In. 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's Lic. w/ photo
- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Horvath
Residence of father (if deceased so state) RR1 Export, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phyllis Ann Lovell
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Lori D. Braxam
New Address 2500 E MAIN PLAINFIELD

Subscribed and sworn to before me this 4 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 104

File
April 4, 1979
Date of Application

HENDRICKS
County

MALE
Medical Examination Report Dated 4-4-79
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 4-4-79
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Last Yates
Date of Birth Month March Day 21 Year 1949
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Street or R. R. City State
3800 W. Mich. Apt 1806 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) Drivers License

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Yates
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Gladys Proctor
Residence of mother (if deceased so state) Indianapolis, In.
Birthplace of mother (State or foreign country) North Carolina

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

Signed Thomas Yates

New Address

Subscribed and sworn to before me this 4th day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 1979
Clerk

FEMALE APPLICANT

Name First Linda Middle Last Brickert
Date of Birth Month Oct Day 26 Year 1950
Place of Birth (State or foreign country) Bloomington, In.
Residence Address Street or R. R. City State
105 Rd. 400 East, Danville, 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Fauber
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary K. Warthen
Residence of mother (if deceased so state) Bloomington, In.
Birthplace of mother (State or foreign country) Indiana

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

Signed Linda Brickert

New Address

Subscribed and sworn to before me this 4th day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 1979
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 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 11th day of April, 1979, authorizing the joining together as husband and wife

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

I, John R. Thompson, hereby certify that on the 20 day of April, 1979, at Danville, County of Hendricks,

one thousand nine hundred and 79, of Marion, County, State of Indiana,

State of Indiana, Groom Thomas Yates, of Hendricks, County, State of Indiana,

and, Bride Linda Brickert, 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 20 day of April, 1979. Signed Rev. John R. Thompson, Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of April, 1979. Signed Glen M. Harvey, Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 105

File
April 5, 1979
Date of Application

MALE
Medical Examination Report Dated April 5, 1979
Name of Physician James Southard

FEMALE
Medical Examination Report Dated April 4, 1979
Name of Physician James Southard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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
Donald Allen Sechman
Date of Birth Month Day Year
4 28 1955
Place of Birth (State or foreign country)
Danville, Ind.
Residence Address Street or R. R. City County State
Rt 2 Box 216 Coatesville, 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) Nurses License with picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 Allen Sechman
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Maxine M. Coy
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed x Donald A. Sechman

New Address 16 Walnut St. Coatesville

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, HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day 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 in authorizes and directs the issuance of a marriage license to the above named parties.

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 April 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Oral McCullough and Sheryl Lynn Cox

one thousand nine hundred and 79 hereby certify that on the 15th day of April

State of Indiana, Groom Donald Allen Sechman at Danville County of Hendricks

and, Bride Sheryl Lynn Cox 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, State of Indiana

Dated this 15th day of April 1979

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of April 1979

Signed Oral McCullough
Official Designation Ordained Minister

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 106
File _____
Date of Application April 5, 1979

HENDRICKS
County

MALE
Medical Examination Report Dated 4-2-79
Name of Physician Harold R. Wiley

FEMALE
Medical Examination Report Dated 4-2-79
Name of Physician Harold R. Wiley

ALL QUESTIONS MUST BE ANSWERED. IC 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Leslie L. Schrier
Date of Birth September 21, 1941
Place of Birth (State or foreign country) Marion Co. Ind.
Residence Address RR# 8 Box 231 H Indpls. 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) Allison - Ind.
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.
Robert Alan Schrier

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Leslie L. Schrier
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Eunice T. Marshall
Residence of mother (if deceased so state): Marion Co. Indiana
Birthplace of mother (State or foreign country): Indianapolis, Ind.

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

Signed Leslie L. Schrier
New Address RR# 8 Box 231 H Indpls 46231
Subscribed and sworn to before me this 5th day of April, 19 79
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, HENDRICKS } ss:

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

Clerk

FEMALE APPLICANT

Name Betty L. Thompson
Date of Birth July 14, 1932
Place of Birth (State or foreign country) Marion Co. Ind.
Residence Address 7340 Laurel Dr. Indpls. 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) Divorced - picture
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Eurett Jones
Residence of father (if deceased so state): Indianapolis, Ind.
Birthplace of father (State or foreign country): Clark Co. Ky.
9. Full maiden name of mother: Mary Lee Brumble
Residence of mother (if deceased so state): Deceased
Birthplace of mother (State or foreign country): Clark Co. Ky.

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

Signed Betty L. Thompson
New Address RR# 8 Box 231 H Indpls 46231
Subscribed and sworn to before me this 5th day of April, 19 79
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, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day 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 _____ 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 79, authorizing the joining together as husband and wife
of Indiana dated the 9 day of April, 19 79, and

Leslie L. Schrier and Betty L. Thompson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Henry S. Date hereby certify that on the 14 day of April,
one thousand nine hundred and at Indianapolis, County of Marion,
State of Indiana, Groom Leslie L. Schrier of Hendricks County, State of Indiana,
and, Bride Betty L. Thompson 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 14th day of April, 19 79. Signed Henry S. Date
Official Designation Presbyterian Minister
17 day of April, 19 79

Filed and recorded in accordance with the laws of the State of Indiana this _____
Signed Glen M. Harney HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 107
File 40
Date of Application 4-6-79

MALE
Medical Examination Report Dated 3-26-79
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 3-26-79
Name of Physician Joseph C. Kerlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry 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
Waterman
Date of Birth Month Day Year
Aug 19 1955
Place of Birth (State or foreign country) Virginia
Residence Address Street or R. R. City County State
9216 Whispering Ln., Indpls, Marion, 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) # 157355
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
 - If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.
Matthew Shane

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father: Bert Edward Waterman
Residence of father (if deceased so state): Coatesville, Indiana
Birthplace of father (State or foreign country): Indiana
- Full maiden name of mother: Lilly May Fitzgerald
Residence of mother (if deceased so state): Coatesville, Indiana
Birthplace of mother (State or foreign country): Virginia

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

Signed: [Signature]
New Address: 166 N. Indiana Danville, Ind.

Subscribed and sworn to before me this 6th day of April, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 1979.
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 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 April, 1979, authorizing the joining together as husband and wife of Wayne E. Waterman and Jeanette L. Sunman.
Be it further remembered, the following marriage certificate was filed in my office, to wit:
I, John P. Roof, hereby certify that on the 15 day of April, 1979, at Danville, County of Hendricks, State of Indiana, Groom Wayne E. Waterman of Marion County, State of Indiana, and, Bride Jeanette Lynn Sunman 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, State of Indiana.
Dated this 15 day of April, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of April, 1979.
Signed: John P. Roof
Official Designation: Episcopal Priest
Signed: Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Sunman
Date of Birth Month Day Year
5 19 1959
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. City County State
166 N. Indiana Danville, Ind., 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
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
 - If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

- Full name of father: Richard Elsworth Sunman
Residence of father (if deceased so state): Danville, Indiana
Birthplace of father (State or foreign country): Indiana
- Full maiden name of mother: Jeanette Kay Crawford
Residence of mother (if deceased so state): Danville, Indiana
Birthplace of mother (State or foreign country): Indiana

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

Signed: Jeanette L. Sunman
New Address: 166 N. Indiana Danville, Ind.

Subscribed and sworn to before me this 6th day of April, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 1979.
Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 108

File 40

Date of Application 4-9-79

HENDRICKS County

MALE

Medical Examination Report Dated 4-3-79

Name of Physician J. Thomas Vieira

FEMALE

Medical Examination Report Dated 4-3-79

Name of Physician J. Thomas Vieira

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Dion B. Patrick
Date of Birth March 27 1958
Place of Birth (State or foreign country) Indianapolis
Residence Address 1634 Robert St. Clainfield, 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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Alfred Patrick
Sweetwater Lake 3-11-45 230
Residence of father (if deceased so state) Kinevah, In

Birthplace of father (State or foreign country) Iowa

9. Full maiden name of mother Dorothy Frances Gardner
1634 Robert St. Clainfield, In.
Residence of mother (if deceased so state)

Birthplace of mother (State or foreign country) Virginia

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

Signed Dion B. PatrickNew Address 2309 Second St. PlainfieldSubscribed and sworn to before me this 9th day of April, 1979.

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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Hail M. Nealey
Date of Birth August 22 1958
Place of Birth (State or foreign country) Indianapolis
Residence Address Box 67 Clayton, 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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Chester Nealey
Box 67, Clayton, In.
Residence of father (if deceased so state)

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Sally Makine Nealey
Same
Residence of mother (if deceased so state)

Birthplace of mother (State or foreign country) Kentucky

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

Signed Hail M. NealeyNew Address 2309 Second St. PlainfieldSubscribed and sworn to before me this 9th day of April, 1979.

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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 16th day of April.

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

I, Thomas Earl Chittenden hereby certify that on the 21 day of April, 1979, at Plainfield, County of Hendricks, State of Indiana.

one thousand nine hundred and 79, of Hendricks County, State of Indiana.

State of Indiana, Groom Dion Gardner Patrick of Hendricks County, State of Indiana.

and, Bride Hail Nealey 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 21 day of April, 1979.

Signed Thomas E. ChittendenOfficial Designation Minister, 1979.

24 day of April, 1979.

Signed Glen M. Harney HENDRICKS Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 109

File

April 9, 1979
Date of Application

MALE
Medical Examination Report Dated April 6, 79
Name of Physician William L. Wagner MD

FEMALE
Medical Examination Report Dated April 6, 79
Name of Physician William L. Wagner MD

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)"

MALE APPLICANT

Name Charles Howell
Date of Birth July 2, 1935
Place of Birth (State or foreign country) Bedford, Ind.
Residence Address 3236 S. 6 Points Rd Indpls Ind
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ 1 times
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:
Rebecca Howell

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be 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 G. Howell
Residence of father (if deceased so state) Mooresville, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy E. Reynolds
Residence of mother (if deceased so state) Mooresville, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Charles T. Howell

New Address

Subscribed and sworn to before me this 9th day of April, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 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

We 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 April, 1979, authorizing the joining together as husband and wife of Charles Howell and Cheryl Allman.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Ralph P. Wade, hereby certify that on the 13 day of April, 1979,
one thousand nine hundred and 79, at Camby, County of Marion,
State of Indiana, Groom Charles Thomas Howell and Cheryl Ann Allman of Hendricks County, State of Indiana,
and, Bride Cheryl Ann Allman 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 13 day of April, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1979.

Signed Rev. Ralph P. Wade
Official Designation Pastor, Friendswood Baptist Ch.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 110
File 40
Date of Application 4-9-79

MALE

Medical Examination Report Dated 4-5-79
Name of Physician Irving Cohen

FEMALE

Medical Examination Report Dated 4-5-79
Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Gary Griffith Jansen
Date of Birth 1 3 38
Place of Birth (State or foreign country) Iowa
Residence Address RR1 Box 517, Plainfield, 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) # 71281

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

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Oscar Walter Jansen
Residence of father (if deceased so state): Indiana (va hospital)
Birthplace of father (State or foreign country): Texas
9. Full maiden name of mother: Elsie Rockwell
Residence of mother (if deceased so state): Indiana
Birthplace of mother (State or foreign country): Iowa

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

Signed Gary Jansen

New Address RR1 Box 517 Plainfield Ind.

Subscribed and sworn to before me this 9th day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Rosalie (none) Waltermire
Date of Birth 5 20 38
Place of Birth (State or foreign country) Indiana
Residence Address 2925 Glenwood Dr. Columbus Bartholomew 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) # 19922

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

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Dwight Cough
Residence of father (if deceased so state): Columbus, Indiana
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Dora Mae Cury
Residence of mother (if deceased so state): same
Birthplace of mother (State or foreign country): Indiana

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

Signed Rosalie Waltermire

New Address RR1 Box 517 Plainfield Ind 46168

Subscribed and sworn to before me this 9th day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 13 day of April, 1979, authorizing the joining together as husband and wife of Gary Griffith Jansen and Rosalie Waltermire.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Dahlgren E. Casey hereby certify that on the 14th day of April, one thousand nine hundred and 79 at Cumberland County of Indiana State of Indiana, Groom Gary Griffith Jansen of Hendricks County, State of Indiana and, Bride Rosalie Waltermire of Bartholomew 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 14 day of April, 1979.

Signed Dahlgren E. Casey

Official Designation United Methodist Minister

Signed Glen M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of May, 1979

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 111
File 40
Date of Application April 9, 1979

MALE
Medical Examination Report Dated 4-4-79
Name of Physician Mr. Carl L. Nienhuis M.D.

FEMALE
Medical Examination Report Dated 4-4-79
Name of Physician Mr. Carl L. Nienhuis M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Robert W. Russell
Date of Birth March 28, 1923
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 3190 Wilbur Rd. - Martinsville, Morgan Co., 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) Divorced twice (picture)
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 W. Russell
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Elizabethtown, Ky.
9. Full maiden name of mother: Nellie Irene McRay
Residence of mother (if deceased so state): deceased
Birthplace of mother (State or foreign country): Shelbyville, Ind.
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks

Signed: Robert W. Russell.

New Address:

Subscribed and sworn to before me this 9th day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Hendricks

Signed:

Signed:

Father

Mother

Subscribed and sworn to before me this day of 1979
Clerk

FEMALE APPLICANT

Name Beatrice L. Arthur
Date of Birth February 19, 1931
Place of Birth (State or foreign country) Somerset, Ky.
Residence Address P.O. Box 36, Amos, 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) Divorced twice (picture)
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Chester Harding
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Somerset, Ky.
9. Full maiden name of mother: Alice Pip
Residence of mother (if deceased so state): deceased
Birthplace of mother (State or foreign country): Somerset, Ky.
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks

Signed: Beatrice L. Arthur

New Address:

Subscribed and sworn to before me this 9th day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Hendricks

Signed:

Signed:

Father

Mother

Subscribed and sworn to before me this day of 1979
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the in Hendricks 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 13 day of April, 1979, authorizing the joining together as husband and wife of Robert W. Russell and Beatrice L. Arthur. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, John C. Maurer, hereby certify that on the 4 day of May, 1979, at Danville, Morgan County, Indiana, Groom Robert W. Russell and, Bride Beatrice L. Arthur, 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 May, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of May, 1979.

Signed: John C. Maurer
Official Designation: Judge, Superior Ct. #2
Signed: Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 112

File 40

4-9-79

Date of Application

MALE

Medical Examination Report Dated 4-3-79

Name of Physician David M. Hadley

FEMALE

Medical Examination Report Dated 4-3-79

Name of Physician David M. Hadley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Steven Vondersaar
Date of Birth September 10 1959
Place of Birth (State or foreign country) Indiana
Residence Address RR 2 Box 599 Clainfield 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 F. Vondersaar
RR 2 Box 599 Clainfield, Ind.
Residence of father (if deceased so state)
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Dicie L. Keith
Same
Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) Indiana

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

Signed Steven VondersaarNew Address 4735 Six Points Rd INDPLSSubscribed and sworn to before me this 9 day of April, 1979Clerk Glen M. Harvey HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Barbara Suzette
Date of Birth September 25 1960
Place of Birth (State or foreign country) Indiana
Residence Address 4735 Six Points Rd. Indpls. 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 W. Bourne
10014 W. Bradford Rd. Indpls. Ind.
Residence of father (if deceased so state)
Birthplace of father (State or foreign country) Pennsylvania

9. Full maiden name of mother Barbara D. Kelly
4735 Six Points Rd. Indpls., Ind.
Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) Indiana

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

Signed Barbara Suzette BourneNew Address 4735 6pts Rd IndplsSubscribed and sworn to before me this 9 day of April, 1979Clerk Glen M. Harvey HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 _____ 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 13th day of April, 1979, authorizing the joining together as husband and wife
Steven E. Vondersaar and Barbara Suzette Bourne

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 14 day of April,
one thousand nine hundred and 79 at Avon, County of Hendricks
State of Indiana, Groom Steven E. Vondersaar of Hendricks County, State of Indiana
and, Bride Barbara Suzette Bourne 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 13th day of April, 1979

Signed Rev. William P. Hendricks
Pastor, Avon Christian Church

Official Designation _____, 1979

Signed Glen M. Harvey HENDRICKS Clerk
Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 113
File April 10, 1979
Date of Application

MALE
Medical Examination Report Dated 4-4-79
Name of Physician Joseph C. Kerlin M.D.

FEMALE
Medical Examination Report Dated 4-4-79
Name of Physician Joseph C. Kerlin M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license of marriage 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 Michael Last Martin
Date of Birth Month 9 Day 21 Year 1959
Place of Birth (State or foreign country) Ill.
Residence Address Street or R. R. City County State
248 W. Marion Apt. 4 Danville, 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 Myer Martin
Residence of father (if deceased so state): Danville, Ind.
Birthplace of father (State or foreign country): Springfield, Ill.
9. Full maiden name of mother: Judith Lynn Walls
Residence of mother (if deceased so state): Danville, Ind.
Birthplace of mother (State or foreign country): Indianapolis, Ind.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed: John Michael Martin
New Address: 248 W. Marion Apt. 4
Subscribed and sworn to before me this 10 day of April, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 _____ 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 April, 1979, authorizing the joining together as husband and wife of Jon Michael Martin and Peggy Ann Stewart.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Earl T. Banham, hereby certify that on the 20 day of April, 1979, at Danville, County of Hendricks, State of Indiana, Groom Jon Michael Martin and, Bride Peggy Ann 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 HENDRICKS County.
Dated this 20 day of April, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of April, 1979.
Signed: Earl T. Banham
Official Designation: Clerk
Signed: Glen M. Harvey HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Peggy Middle Ann Last Stewart
Date of Birth Month 7 Day 19 Year 1958
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. City County State
609 Willow Dr. Danville, 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: Bernice Preston Stewart
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Theda Nell Hawkins
Residence of mother (if deceased so state): Danville, Ind.
Birthplace of mother (State or foreign country): Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed: Peggy Ann Stewart
New Address: 248 W. Marion Apt. 4
Subscribed and sworn to before me this 10 day of April, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 114

File _____

County _____

Date of Application 4-10-79

MALE
Medical Examination Report Dated 3-29-79
Name of Physician Max Norris

FEMALE
Medical Examination Report Dated 3-29-79
Name of Physician Max Norris

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Ray Michael Brock
Date of Birth July 12 1950
Place of Birth (State or foreign country) Ind.
Residence Address RR 8 Box 251 CF Laurens Ind. 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) _____

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 L. Brock
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Bertha Mills
Residence of mother (if deceased so state) Elkhart, Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Roy Michael BrockNew Address RR 8 Box 251 CF

Subscribed and sworn to before me this 10 day of April, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Lori L. Stuller
Date of Birth Aug 8 1954
Place of Birth (State or foreign country) Mich.
Residence Address RR 8 Box 251 CF Laurens Ind. 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) _____

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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. Stuller
Residence of father (if deceased so state) Cassopolis, Mich.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Shirley Bartholomew
Residence of mother (if deceased so state) Orlando, Fla.
Birthplace of mother (State or foreign country) Mich.

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

Signed Lori L. StullerNew Address RR 8 Box 251 CF

Subscribed and sworn to before me this 10 day of April, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 _____ 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 19th day of April, 19 79, authorizing the joining together as husband and wife
Roy Michael Brock and Lori L. Stuller

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, E. Carver McGriff hereby certify that on the 28th day of April,
one thousand nine hundred and 79 at Indianapolis, County of Marion,
State of Indiana, Groom Roy Michael Brock of Hendricks County, State of Indiana
and, Bride Lori L. Stuller 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 28th day of April, 19 79
Signed E. Carver McGriff
Official Designation Pastor, St. Luke's U.M.C.

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of May, 19 79
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 115
File 40
Date of Application 4-10-79

MALE
Medical Examination Report Dated 4-4-79
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 4-4-79
Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry 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
Date of Birth Month Day Year
Place of Birth (State or foreign country)
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) U.S. Armed forces T.P. 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Otis Sanford Burtner
Residence of father (if deceased so state) Lebanon, Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Louise Warner
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Larry D. Burtner
New Address 342 Meadow apt 1.

Subscribed and sworn to before me this 10th day of April, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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.

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 April, 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Thomas E. Chittenden, Jr., hereby certify that on the 14th day of April, 1979, at Plainfield, County of Hendricks, State of Indiana, Groom Larry D. Burtner and, Bride Jane L. Coy 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, State of _____.

Dated this 14th day of April, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of April, 1979.

Signed Thomas E. Chittenden, Jr.
Official Designation Minister of the Gospel
Signed Glen M. Harvey
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 116

File 40

Date of Application

MALE

Medical Examination Report Dated 4-9-79

Name of Physician Lawrence Cohen, M.D.

FEMALE

Medical Examination Report Dated 4-9-79

Name of Physician Lawrence Cohen, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name James Brittingham
Date of Birth October 3 1959
Place of Birth (State or foreign country) Indiana
Residence Address R.R. #1 Box 446, Plainfield, 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) _____

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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) Plainfield, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Mary Jane Lansing
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed James D. BrittinghamNew Address 3603 Clarks Creek RoadSubscribed and sworn to before me this 10 day of April, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

FEMALE APPLICANT

Name Jennifer Burns
Date of Birth December 30 1960
Place of Birth (State or foreign country) Indiana
Residence Address 16 Santa Fe Trail, Muncie, 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) _____

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 George Burns
Residence of father (if deceased so state) Muncie, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Barbara Estel Wargel
Residence of mother (if deceased so state) Indianapolis, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Jennifer M. BurnsNew Address 3603 Clarks Creek RoadSubscribed and sworn to before me this 10 day of April, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ of Indiana dated the 14 day of April, 1979, authorizing the joining together as husband and wife James D. Brittingham and Jennifer M. Burns

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 14 day of April, 1979, at Plainfield, County of Hendricks, State of Indiana

I, Buddy Fehrman, hereby certify that on the _____ day of _____, at _____, County of _____, State of _____, one thousand nine hundred and 79, of _____, County, State of _____, State of Indiana, Groom James D. Brittingham and, Bride Jennifer M. Burns 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 _____ County.

Dated this 14 day of April, 1979, Signed Buddy Fehrman Minister

Official Designation _____ day of _____, 1979

Signed Glen M. Harvey HENDRICKS Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 117
File 40
Date of Application April 10, 1979

MALE
Medical Examination Report Dated April 7, 1979
Name of Physician Steven M. Steinkeler

FEMALE
Medical Examination Report Dated April 7, 1979
Name of Physician Steven M. Steinkeler

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
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) 113-48-088926

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Sipos
Residence of father (if deceased so state) Indianapolis, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Thelma L. Hancock
Residence of mother (if deceased so state) Pittsboro, In.
Birthplace of mother (State or foreign country) Indiana

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

Signed Larry J. Sipos
New Address 719 S. Worth St.

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

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
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) Witham Memorial 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 Carl Earnest Blanck
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruth Ellen Mitchell
Residence of mother (if deceased so state) Brownsburg, In.
Birthplace of mother (State or foreign country) Indiana

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

Signed Gail A. Blanck
New Address 719 S. Worth St.

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, HENDRICKS } ss:
County of
Signed Father
Signed Mother
Subscribed and sworn to before me this day 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 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 6 day of April 1979, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Wendell W. Mayer hereby certify that on the 21 day of April
one thousand nine hundred and 79 at Indianapolis, County of Marion
State of Indiana, Groom Larry J. Sipos and, Bride Gail A. Blanck 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, State of Indiana
Dated this 21 day of April 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of April 1979.
Signed Wendell W. Mayer
Official Designation Judge
Signed Glen M. Harvey
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 118
File April 10, 1979
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 4-10-79
Name of Physician David B. Pappas M.D.

FEMALE
Medical Examination Report Dated 4-3-79
Name of Physician O. Kourany M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name James C. Wilson
Date of Birth January 22, 1957
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address P.O. Box 216 Plainfield, 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) _____

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Irving Clifford Wilson
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Evelyn A. Sulphix
Residence of mother (if deceased so state): Indianapolis, In.
Birthplace of mother (State or foreign country): Indiana

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

Signed James C. Wilson
New Address P.O. Box 216 Plainfield, In. 46168

Subscribed and sworn to before me this 10 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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: _____

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Heena Jean Miller
Date of Birth Oct 25, 1958
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address P.O. Box 216 Plainfield, 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) _____

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 A. Miller
Residence of father (if deceased so state): Clayton, In.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Bettie J. Baker
Residence of mother (if deceased so state): Clayton, In.
Birthplace of mother (State or foreign country): Ohio

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

Signed Heena J. Miller
New Address P.O. Box 216 Plainfield, Ind.

Subscribed and sworn to before me this 10 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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: _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____
HENDRICKS 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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 19th day of April.

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

I, Donald S. Wallace hereby certify that on the 21 day of April, 1979, at Hendricks County of Hendricks, State of Indiana, one thousand nine hundred and 79 at Hendricks County, State of Indiana, State of Indiana, Groom James C. Wilson and, Bride Heena J. Miller 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 21 day of April, 1979. Signed Donald S. Wallace
Official Designation Pastor of Calvary Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of April, 1979. Signed Glen M. Harvey HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 119
File 40
Date of Application 4-11-79

MALE
Medical Examination Report Dated 4-6-79
Name of Physician Charles E. James

FEMALE
Medical Examination Report Dated 3-31-79
Name of Physician Charles E. James

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Richard A. Stone
Date of Birth Sept. 8, 1954
Place of Birth (State or foreign country) Illinois
Residence Address 5821 Beachview Dr., Apt. 350, Indianapolis, 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 w/picture
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Francis Stone
Residence of father (if deceased so state): Jamestown, Indiana
Birthplace of father (State or foreign country): Illinois
9. Full maiden name of mother: Lessie Maureen Walker
Residence of mother (if deceased so state): Jamestown, Indiana
Birthplace of mother (State or foreign country): Indiana

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

Signed Richard A. Stone
New Address 5821 Beachview Dr. #350 Indpls 46224
Subscribed and sworn to before me this 11th day of April, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 19th day of April, 1979, authorizing the joining together as husband and wife of Richard L. Stone and Constance Lynn Pinkerton.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Rev. William P. Hendricks, hereby certify that on the 21st day of April, 1979, at Avon, Hendricks County, State of Indiana, Groom Richard L. Stone and, Bride Constance Lynn Pinkerton, 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, State of Indiana.
Dated this 19th day of April, 1979.

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

FEMALE APPLICANT
Name Constance Lynn Pinkerton
Date of Birth June 18, 1958
Place of Birth (State or foreign country) Indiana
Residence Address 314 N. Rd. 460 E. Parryville, 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 w/picture
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Pinkerton
Residence of father (if deceased so state): Danville, Indiana
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Norma Louise Englehart
Residence of mother (if deceased so state): Danville, Indiana
Birthplace of mother (State or foreign country): Indiana

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

Signed Constance Lynn Pinkerton
New Address 5821 Beachview Dr. apt. 350
Subscribed and sworn to before me this 11th day of April, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

Signed _____
Official Designation Pastor, Avon Christian Church
1st day of May, 1979.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 120

File 40

April 12, 1979
Date of Application

MALE

Medical Examination Report Dated 4-12-79

Name of Physician Glenn W. Baker, M.D.

FEMALE

Medical Examination Report Dated 4-12-79

Name of Physician Glenn W. Baker, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Deckard
Date of Birth Month November Day 30 Year 1948
Place of Birth (State or foreign country) Bloomington, Indiana
Residence Address 216 N. Green St. 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) Drivers License picture

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Frederick Deckard
Residence of father (if deceased so state) Bloomington, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Udema Ruth Eads
Residence of mother (if deceased so state) Brownsburg, Ind.
Birthplace of mother (State or foreign country) Bloomington, Ind.

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

Signed Larry D. DeckardNew Address 216 N. Green St. Brownsburg, Ind.Subscribed and sworn to before me this 12 day of April, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Vicky Middle L. Last Styers
Date of Birth Month December Day 27 Year 1947
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 216 N. Green St. 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) Drivers License picture

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

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Edo Ewald Sahmann
Residence of father (if deceased so state) Indianapolis, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Agnes McAdams
Residence of mother (if deceased so state) Indianapolis, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Vicky L. StyersNew Address 216 N. Green St. Brownsburg, Ind.Subscribed and sworn to before me this 12 day of April, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 wait 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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 12 day of April

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

I, John C. Mowrer hereby certify that on the 12 day of April

one thousand nine hundred and 79 at Danville County of Hendricks

State of Indiana, Groom Larry D. Deckard of Hendricks County, State of Indiana

and, Bride Vicky L. Styers 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 _____

Dated this 12 day of April, 1979. Signed John C. Mowrer

Official Designation Judge, Superior #2

12 day of April, 1979

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 121
File 40
Date of Application 4-12-79

MALE
Medical Examination Report Dated 3-28-79
Name of Physician Ronald Stigumiller

FEMALE
Medical Examination Report Dated 3-28-79
Name of Physician Ronald Stigumiller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Richard Samuel Snyder
Date of Birth 30 1944
Place of Birth (State or foreign country) Ind.
Residence Address 667 Mills Rd. Indianapolis, 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. House

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Snyder
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Alice Mc Conn
Residence of mother (if deceased so state): La Cresent, Minn.
Birthplace of mother (State or foreign country): Ind.

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

Signed Richard S. Snyder

New Address above

Subscribed and sworn to before me this 12 day of April, 1979.
Alex M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County 2 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 12th day of April, 1979, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Maurer, hereby certify that on the 12 day of April, 1979, at Danville, Hendricks County, State of Kentucky, and, Bride Marcia Lynn Otoupal 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 April, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of April, 1979.
Signed John C. Maurer
Official Designation Judge
Signed Alex M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Marcia Lynn Otoupal
Date of Birth 23 1946
Place of Birth (State or foreign country) Ind.
Residence Address 346 S. Wash. Danville, 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:
Holly Otoupal

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Martin
Residence of father (if deceased so state): Danville, Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Margaret Rausk
Residence of mother (if deceased so state): Danville, Ind.
Birthplace of mother (State or foreign country): Ind.

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

Signed Marcia L. Otoupal

New Address 667 Mills Road, Indianapolis, Ind.

Subscribed and sworn to before me this 12 day of April, 1979.
Alex M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 122
File April 12 1979
Date of Application

HENDRICKS
County

MALE
Medical Examination Report Dated 4-9-79
Name of Physician Joseph C. Kellin

FEMALE
Medical Examination Report Dated 4-9-79
Name of Physician Joseph C. Kellin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Jeffrey Alan Lee Jones
Date of Birth Sept. 5 1962
Place of Birth (State or foreign country) New Castle, Indiana
Residence Address Rt #2 Box 160
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Harvey Lee Jones
Residence of father (if deceased so state) New Castle, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Linda J. Cogswell
Residence of mother (if deceased so state) Cotesville, Ind.
Birthplace of mother (State or foreign country) New Castle, In.

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

Signed Jeffrey Alan Lee Jones
New Address Rt #2 Box 160 Cotesville

Subscribed and sworn to before me this 12 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed Linda Faye Dean Father
Signed Linda Faye Dean Mother

Subscribed and sworn to before me this 12 day of April, 1979
Glen M. Harvey Clerk

FEMALE APPLICANT

Name Wendy Dale Morris
Date of Birth Nov. 21 1960
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 10 1/2 West Main St. Danville, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☒
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Joe Morris
Residence of father (if deceased so state) Danville, In.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Claudia Monday
Residence of mother (if deceased so state) Danville, In.
Birthplace of mother (State or foreign country) Kentucky

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

Signed Wendy Dale Morris
New Address Rt #2 Box 160 Cotesville, Ind.

Subscribed and sworn to before me this 12 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____
_____ 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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 16 day of April.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, C. Raymond Kissler hereby certify that on the 16 day of April,
one thousand nine hundred and 79, at Danville, County of Hendricks,
State of Indiana, Groom Jeffrey Alan Lee Jones of Hendricks County, State of Indiana,
and, Bride Wendy Dale Morris 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 16 day of April, 1979.
Signed C. Raymond Kissler
Official Designation Baptist Minister
19 day of April, 1979.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 123

File

4-14-79
Date of Application

MALE

Medical Examination Report Dated 4-2-79
Name of Physician Frank Talenti

FEMALE

Medical Examination Report Dated 4-3-79
Name of Physician M.D. Scamahorn

Whoever procures the issuance of a license to marry by any false statement, representation or pretense

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Joseph Last Martin
Date of Birth Month June Day 19 Year 1954
Place of Birth (State or foreign country) Ind.
Residence Address Street or R. R. 11829 W. Lincoln Dr. City Wauwatosa Wisconsin
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 R. Martin
Residence of father (if deceased so state): Unknown

Birthplace of father (State or foreign country): Wauwatosa

9. Full maiden name of mother: Mrs. Jean Schneider

Residence of mother (if deceased so state): North Platte, Ne.

Birthplace of mother (State or foreign country): Ind.

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

Signed William J. Martin
New Address 11829 W. Lincoln Dr. Wauwatosa, Wis.

Subscribed and sworn to before me this 14 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 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 April, 1979.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____, authorizing the joining together as husband and wife I, Clifford L. Carmichael, hereby certify that on the 5th day of May, 1979, at _____, County of _____, State of _____, Groom: William Joseph Martin and, Bride: Sheryl Lynn Allen, 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, State of _____, Dated this 23rd day of April, 1979.

Signed Clifford L. Carmichael
Official Designation United Methodist Minister
8th day of May, 1979
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Signed _____
Official Designation _____
8th day of May, 1979
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 124

File

4-18-79
Date of Application

MALE

Medical Examination Report Dated 4-2-79

Name of Physician James Black

FEMALE

Medical Examination Report Dated 4-2-79

Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Stephen Howard Duncan
Date of Birth Nov. 2 1961
Place of Birth (State or foreign country) Ind.
Residence Address 507 Stephen Braunspurg 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Duncan
Residence of father (if deceased so state): Braunspurg, Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Mary M. Wurth
Residence of mother (if deceased so state): Braunspurg, Ind.
Birthplace of mother (State or foreign country): Ind.

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

Signed Steve Duncan

New Address

Subscribed and sworn to before me this 14 day of April, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Kimberly Paige Flint
Date of Birth April 1 1962
Place of Birth (State or foreign country) Ind.
Residence Address 109 East 4th Braunspurg 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Flint
Residence of father (if deceased so state): Braunspurg, Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Nana Underwood
Residence of mother (if deceased so state): Braunspurg, Ind.
Birthplace of mother (State or foreign country): Ind.

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

Signed Kimberly Flint

New Address

Subscribed and sworn to before me this 14 day of April, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Richard E. Duncan FatherSigned Mary M. Duncan Mother

Subscribed and sworn to before me this 14 day of April, 1979.
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 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 _____ of Indiana dated the 14 day of April, 1979, authorizing the joining together as husband and wife of Stephen L. Duncan and Kimberly Paige Flint.
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 April,
one thousand nine hundred and 79 at Danville County of Hendricks,
State of Indiana, Groom Stephen L. Duncan of Hendricks County, State of Indiana,
and, Bride Kimberly Paige Flint 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 14 day of April, 1979.

Signed John C. MaurerOfficial Designation Judge, Hendricks Superior #2Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of April, 1979.

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 124

File 4-18-79

Date of Application

MALE

Medical Examination Report Dated 4-2-79

Name of Physician James Black

FEMALE

Medical Examination Report Dated 4-2-79

Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Stephen Duncan
Date of Birth Nov 2 1961
Place of Birth (State or foreign country) Ind.
Residence Address 507 Stephen Brownsburg Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

FEMALE APPLICANT

Name Kimberly P Flint
Date of Birth April 1 1962
Place of Birth (State or foreign country) Ind.
Residence Address 109 East 4th 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.

- ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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, Tara L. Flint, hereby give my consent for
my Daughter, Kimberly P. Flint to
marry Stephen L. Duncan.

Tara L. Flint

Subscribed and sworn to before me this 6th day of APRIL
19 79.

Bernadette Hession
COUNTY RESIDENCE: HENDRICKS BERNADETTE HESSION
Notary Public
MY COMMISSION EXPIRES 2-27-83

signs, state facts which render the consent of the other parent unnecessary.

signs, state facts which render the consent of the other parent unnecessary.

I, Larry W. Flint, hereby give my consent for
my Daughter, Kimberly P. Flint to
marry Stephen L. Duncan.

Larry W. Flint

Subscribed and sworn to before me this 6th day of APRIL
19 79.

Bernadette Hession
COUNTY RESIDENCE: HENDRICKS BERNADETTE HESSION
Notary Public
MY COMMISSION EXPIRES 2-27-83

Dated this 14 day of April, 19 79.

Signed John A. Maurer #2

Official Designation Judge, Hendricks Superior 19 79

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of April, 19 79.

Signed Elen M. Harvey HENDRICKS Clerk
Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 125
File 4-16-79
Date of Application

MALE
Medical Examination Report Dated 4-2-79
Name of Physician A. P. Kibel

FEMALE
Medical Examination Report Dated 4-2-79
Name of Physician Robert Nation

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 C. Last Richman
Date of Birth Month Oct Day 17 Year 1934
Place of Birth (State or foreign country) Ind. Plainfield, In.
Residence Address Street or R. R. 4993 Fairway Dr. City Plainfield, In. 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) Dr. License
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Richman
Residence of father (if deceased so state) Wanatah, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Bernice Hood
Residence of mother (if deceased so state) Wanatah, Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Mollie Lubin
New Address 4993 Fairway Dr. Plainfield, Ind. 46068
Subscribed and sworn to before me this 16 day of April, 1979.
Alex M. Farney Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Hendricks
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day 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 April, 1979, authorizing the joining together as husband and wife of William C. Richman and Emily K. Bradshaw.
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 April, 1979, at 4993 Fairway Dr., Hendricks County, State of Indiana, and, Bride Emily K. Bradshaw 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 April, 1979.

Signed Edward Curtice
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 24 day of April, 1979.
Signed Alex M. Farney Clerk Hendricks Circuit Court

FEMALE APPLICANT

Name First Emily K. Middle Bradshaw Last
Date of Birth Month July Day 6 Year 1948
Place of Birth (State or foreign country) Ky
Residence Address Street or R. R. 4993 Fairway Dr. City Plainfield, In. 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) Dr. License
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Rufus McAnelly
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Dolly Brown
Residence of mother (if deceased so state) Liberty, Ky
Birthplace of mother (State or foreign country) Ky

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

Signed Emily M. Bradshaw
New Address 4993 Fairway Dr. Plainfield, Ind.
Subscribed and sworn to before me this 16 day of April, 1979.
Alex M. Farney Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Hendricks
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 126

File

April 16 1979
Date of Application

MALE

Medical Examination Report Dated 4-10-79

Name of Physician Ronald Stigmoller

FEMALE

Medical Examination Report Dated 4-10-79

Name of Physician Ronald Stigmoller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 L. Last Benge Jr.
Date of Birth Month July Day 1 Year 1956
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. City County State
R.R. #3 Box 427 Plainfield, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
1058

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 L. Benge Sr.
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bessie J. Gullen
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Virginia

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

Signed Richard L. Benge Jr.

New Address 4 Purpusa Dr.

Subscribed and sworn to before me this 16 day of April, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Donna Middle J. Last Giles
Date of Birth Month Feb Day 4 Year 1959
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. City County State
1 Purpusa Dr. Danville, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
Book 8 p. 4.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Giles Sr.
Residence of father (if deceased so state) Danville, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Simpson
Residence of mother (if deceased so state) Danville, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Donna J. Giles

New Address 4 Purpusa Dr.

Subscribed and sworn to before me this 16 day of April, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 April, 1979, authorizing the joining together as husband and wife

Richard L. Benge Jr. and Donna J. Giles

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 20th day of April

I, Raymond H. Duff hereby certify that on the _____ at _____ County of _____

one thousand nine hundred and 79 at _____ County, State of _____

State of Indiana, Groom Richard L. Benge, Jr. of _____ County, State of _____

and, Bride Donna J. Giles 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 20th day of April, 1979.

Signed Raymond H. Duff

Official Designation Christian Minister 10 day of May, 1979

Signed Glen M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 127
File 40
Date of Application 4-16-79

MALE
Medical Examination Report Dated 4-13-79
Name of Physician Wm. Wagner

FEMALE
Medical Examination Report Dated 4-13-79
Name of Physician Wm. Wagner

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Sinclair
Date of Birth Month July Day 26 Year 1947
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. 408 Hickory Lane City Plainfield 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: Fred Sinclair, Jr.
Residence of father (if deceased so state): 408 Hickory Lane, Plainfield, In.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Grace Fern Luehry
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Missouri

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

Signed X David L. Sinclair

New Address 1645 E. Main St. #6 Plainfield

Subscribed and sworn to before me this 16 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 April, 1979, authorizing the joining together as husband and wife of David L. Sinclair and Kay E. Wilkerson. Be it further remembered, the following marriage certificate was filed in my office, to-wit: 1, William M. Walter, one thousand nine hundred and 79, hereby certify that on the 21 day of April, 1979, at Plainfield, Hendricks County, State of Indiana, Groom David L. Sinclair and, Bride Kay Ellen Wilkerson, 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 April, 1979.

Signed Wm. M. Walter

Official Designation Presbyterian Minister
25 day of April, 1979

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 128

File

HENDRICKS

County

April 16, 1979
Date of Application

MALE

Medical Examination Report Dated 4-10-79

Name of Physician Joseph C. Kurlin

FEMALE

Medical Examination Report Dated 4-10-79

Name of Physician Joseph C. Kurlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Joy Last Joy
Date of Birth Month January Day 5 Year 1943
Place of Birth (State or foreign country) Pocahontas, Arkansas
Residence Address P.O. Box 402 Brownsburg, Ind. City Brownsburg County Ind. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ (time)
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree # 2287
☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children.
Lakisha Joy Lakisha Joy
Donella Joy
Donald Jr.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Ervin Eugene Joy
Residence of father (if deceased so state) Opford, Ind.

Birthplace of father (State or foreign country) Noland Ark.

9. Full maiden name of mother Velma Stokes

Residence of mother (if deceased so state) Opford, Ind.

Birthplace of mother (State or foreign country) Pocahontas, Ark.

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

County of _____ Signed Donald R. Joy

New Address _____

Subscribed and sworn to before me this 16 day of March, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Debra Middle Lynn Last Anderson
Date of Birth Month Aug Day 10 Year 1957
Place of Birth (State or foreign country) Lancaster, New Hampshire
Residence Address P.O. # 101 Plainfield, Ind. City Plainfield 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 # 328
☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 C. Anderson

Residence of father (if deceased so state) Plainfield, Ind.

Birthplace of father (State or foreign country) East Concord, Vt.

9. Full maiden name of mother Elvora May Holloway

Residence of mother (if deceased so state) Plainfield, Ind.

Birthplace of mother (State or foreign country) So. Lunenburg Vt.

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

County of _____ Signed Debra Lynn Anderson

New Address P.O. Box 101 Plainfield, Ind.

Subscribed and sworn to before me this 16 day of April, 1979

_____, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 20 day of April, 1979, authorizing the joining together as husband and wife of Donald E. Joy and Debra Lynn Anderson

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

I, Rev. Dillon Laffin, hereby certify that on the 21 day of April, 1979, at Plainfield, County of Hendricks, State of Indiana

one thousand nine hundred and 79, of Hendricks County, State of Indiana

State of Indiana, Groom Donald E. Joy of Hendricks County, State of Indiana

and, Bride Debra L. Anderson 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 20 day of April, 1979. Signed Dillon Laffin

Official Designation Minister _____, 1979.

Signed Glen M. Harvey _____ Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

No. 129
File April 16, 1979
Date of Application

MALE
Medical Examination Report Dated 3-31-79
Name of Physician Carl Heinlein

FEMALE
Medical Examination Report Dated 3-31-79
Name of Physician Carl Heinlein

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Richard Glenn Howard
Date of Birth March 6 1947
Place of Birth (State or foreign country) Indpls, Indiana
Residence Address 151 N. Tennessee, Danville, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Navy Wayne Howard
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Eva May Parker
Residence of mother (if deceased so state) Danville, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Glenn R. Howard
New Address 199 E. Columbia St.

Subscribed and sworn to before me this 16 day of April, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 April, 1979, authorizing the joining together as husband and wife of Glenn Richard Howard and Constance Hayes.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John P. Roof, hereby certify that on the 28 day of April, 1979, at Danville, County of Hendricks, State of Indiana, Groom Glenn Richard Howard and, Bride Constance Lynn Hayes 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 April, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1979.

Signed John P. Roof
Official Designation Episcopal Priest
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Herman Cummins
Residence of father (if deceased so state) Mooresville, Ind.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Jenola Neil Blaydes
Residence of mother (if deceased so state) Indpls, Ind.
Birthplace of mother (State or foreign country) Kentucky

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

Signed Constance L. Hayes
New Address 199 E. Columbia

Subscribed and sworn to before me this 16 day of April, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 130

File 40

4-16-79

Date of Application

MALE

Medical Examination Report Dated 4-12-79

Name of Physician Wm. L. Wagner

FEMALE

Medical Examination Report Dated 4-12-79

Name of Physician Wm. L. Wagner

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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
William Donald Pursel
Date of Birth Month Day Year
June 3 1957
Place of Birth (State or foreign country)
Nabbesville
Residence Address Street or R. R. City County State
RR 1 B4410 Danville 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. 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: Donald Frank Pursel

Residence of father (if deceased so state): Danville, Ind.

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Barbara Joann Demaree

Residence of mother (if deceased so state): Same

Birthplace of mother (State or foreign country): Indiana

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

Signed: William D Pursel

New Address: 124 Gordon Dr. Plfld.

Subscribed and sworn to before me this 16 day of April, 1979

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, HENDRICKS } ss:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Middle Last
Barbara J. Finckum
Date of Birth Month Day Year
March 19 1960
Place of Birth (State or foreign country)
North Salem
Residence Address Street or R. R. City County State
124 Gordon Dr. Plainfield 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. 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 Arthur Finckum

Residence of father (if deceased so state): Gary, Indiana

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Helen Juanita Wheeler

Residence of mother (if deceased so state): 8.12th St. Indpls, Ind.

Birthplace of mother (State or foreign country): Indiana

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

Signed: Barbara J. Finckum

New Address: 124 Gordon Dr. Plfld.

Subscribed and sworn to before me this 16 day of April, 1979

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, HENDRICKS } ss:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day 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 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 20th day of April, 1979, authorizing the joining together as husband and wife

William Donald Pursel and Barbara J. Finckum

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

I, Larry Lilly, hereby certify that on the 22 day of April

one thousand nine hundred and 79 at Danville, County of Hendricks

State of Indiana, Groom William Donald Pursel of Hendricks County, State of Indiana

and, Bride Barbara J. Finckum 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

Dated this 22 day of April, 1979

Signed: Larry Lilly

Official Designation: Notary

24 day of April, 1979

Signed: Ellen M. Harvey

HENDRICKS

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 131
File
April 16, 1979
Date of Application

MALE
Medical Examination Report Dated 4-10-79
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 4-10-79
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry 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
Charles S. Nelson
Date of Birth Month Day Year
August 16 1930
Place of Birth (State or foreign country)
Hendricks Co., Indiana
Residence Address Street or R. R. City County State
RR 3, Cloverdale, Putnam, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1964
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Divorced 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 Scott Nelson

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Ernest Nelson

Residence of father (if deceased so state) Brazil, Ind.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Pearl Elizabeth Mitchell

Residence of mother (if deceased so state) Danville, Ind.

Birthplace of mother (State or foreign country) Indiana

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

Signed Charles Nelson

New Address RR 3 Cloverdale Ind

Subscribed and sworn to before me this 16 day of April, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 April, 1979, authorizing the joining together as husband and wife

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

I, _____ and _____ 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____.

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

Signed _____

Official Designation _____

Signed _____ day of _____, 19____.

HENDRICKS Clerk

Circuit Court

FEMALE APPLICANT

Name First Middle Last
(Georganna) Elaine Plock
Date of Birth Month Day Year
June 9 1957
Place of Birth (State or foreign country)
Gene Haute, Ind.
Residence Address Street or R. R. City County State
127 N. West, Plainfield, Ven, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1977
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

Cassandra Ann Huber

Selina Jo Huber

George Henry Plock

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Henry Plock

Residence of father (if deceased so state) Plainfield, Ind.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Jo Anne Elaine Merley

Residence of mother (if deceased so state) Plainfield, Ind.

Birthplace of mother (State or foreign country) Indiana

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

Signed Elaine Plock

New Address RR 3 Box 111C, Cloverdale, IN

Subscribed and sworn to before me this 16 day of April, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 132

File

4-16-79

Date of Application

MALE

Medical Examination Report Dated 4-12-79

Name of Physician David B. Haggard

FEMALE

Medical Examination Report Dated 3-23-79

Name of Physician Bill E. Freelander

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 A Middle Newland Last
Date of Birth Month 2 Day 21 Year 59

Place of Birth (State or foreign country)

Residence Address 37 Connie Dr. Plainfield 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 w/picture

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 Ray Newland

Residence of father (if deceased so state): Indiana

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Ruth Darlene Poore

Residence of mother (if deceased so state): Indiana

Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

County of

Signed Richard A. Newland

New Address 37 Connie Dr. Plainfield

Subscribed and sworn to before me this 16th day of April, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Jammy J Middle Maxwell Last
Date of Birth Month 1 Day 19 Year 59

Place of Birth (State or foreign country)

Residence Address 37 Connie Dr. Plainfield 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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. Maxwell

Residence of father (if deceased so state): Indiana

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Shirley A. Fisher

Residence of mother (if deceased so state): Indiana

Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

County of

Signed Jammy J. Maxwell

New Address 37 Connie Dr. Plainfield

Subscribed and sworn to before me this 16th day of April, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 _____ 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 April, 1979, authorizing the joining together as husband and wife

of Richard A. Newland and Jammy J. Maxwell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joe D. Stump hereby certify that on the 20 day of April

at Danville, Hendricks County, State of Indiana

one thousand nine hundred and 79

State of Indiana, Groom Richard Allen Newland of Hendricks

and, Bride Jammy J. Maxwell 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 April, 1979.

Signed Joe D. Stump

Official Designation Pastor

24 day of April, 1979.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 133

File
April 16, 1979
Date of Application

MALE
Medical Examination Report Dated 4-2-79
Name of Physician John P. Calhoun

FEMALE
Medical Examination Report Dated 4-2-79
Name of Physician John P. Calhoun

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Daniel Joseph Smith
Date of Birth November 4, 1956
Place of Birth (State or foreign country) Indiana
Residence Address 54 E. Selden, 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) Drivers license
- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?
 - Are you afflicted with a transmissible disease?
 - Are you related to the female applicant closer than second cousin?
 - Are you now under the influence of intoxicating liquor?
 - Are you now under the influence of a narcotic drug?
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children?
If answer is "yes", it is required that this Application be 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 Elsworth Smith
Residence of father (if deceased so state): Brownsburg, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Mary Margaret Brower
Residence of mother (if deceased so state): Brownsburg, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed: Daniel J. Smith
New Address: 120 William Dr. Apt. B
Subscribed and sworn to before me this 16 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 April, 1979, authorizing the joining together as husband and wife of Daniel Joseph Smith and Brenda Iris Hupp. Be it further remembered the following marriage certificate was filed in my office, to-wit:
I, Jerry R. Nash, one thousand nine hundred and 79 hereby certify that on the 21 day of April, State of Indiana, Groom Daniel Joseph Smith at Brownsburg, County of Hendricks, and, Bride Brenda Iris Hupp 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, State of Indiana.
Dated this 21 day of April, 1979.

Signed: Jerry R. Nash
Official Designation: Minister
24 day of April, 1979
Signed: Glen M. Harvey
HENDRICKS Circuit Court

FEMALE APPLICANT
Name Brenda Iris Hupp
Date of Birth June 11, 1958
Place of Birth (State or foreign country) Indiana
Residence Address RR 3 Box 131, 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) Drivers license
- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?
 - Are you afflicted with a transmissible disease?
 - Are you related to the male applicant closer than second cousin?
 - Are you now under the influence of intoxicating liquor?
 - Are you now under the influence of a narcotic drug?
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children?
If answer is "yes", it is required that this Application be 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 Wayne Hupp
Residence of father (if deceased so state): Brownsburg, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Iris Arvenne Westbrook
Residence of mother (if deceased so state): Brownsburg, Ind.
Birthplace of mother (State or foreign country): Florida

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed: Brenda I. Hupp
New Address: 120 William Dr. Apt. B, Brownsburg
Subscribed and sworn to before me this 16 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 134
File 40
Date of Application 4-17-79

HENDRICKS
County

MALE
Medical Examination Report Dated 3-28-79
Name of Physician Malcolm D. Scamhorn

FEMALE
Medical Examination Report Dated 3-28-79
Name of Physician Malcolm D. Scamhorn

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Jeffrey J. Cartwood
Date of Birth April 16 56
Place of Birth (State or foreign country) Indianapolis
Residence Address 88, Box 277 Indianapolis, 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Earl Cartwood
Residence of father (if deceased so state) Brownsburg, In
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Marilyn Alena Cassidy
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Jeffrey J. Cartwood
New Address 88 Box 277 Indph. Ind.

Subscribed and sworn to before me this 17th day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

FEMALE APPLICANT

Name Carol D. Cummings
Date of Birth September 28 1955
Place of Birth (State or foreign country) Indianapolis
Residence Address RR 8 Box 277 Indianapolis, 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

Nathan J. Cummings

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Darrell D. Perry
Residence of father (if deceased so state) 5110 W. Exler Indianapolis, In
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Caraleyn Joanne Adams
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Carol D. Cummings
New Address RR 8 Box 277 Indph. Ind.

Subscribed and sworn to before me this 17th day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 21 day of April, 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Dennis O. Dodson hereby certify that on the 21 day of April,
one thousand nine hundred and 79 at Brownsburg County of Hendricks,
State of Indiana, Groom Jeffrey J. Cartwood of Hendricks County, State of Indiana,
and, Bride Carol D. Cummings 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 21 day of April, 1979. Signed Rev. Dennis O. Dodson
Official Designation Minister, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of April, 1979.
Signed Glen M. Harvey HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 135
File 40
Date of Application 4-17-79

MALE
Medical Examination Report Dated 4-11-79
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 4-11-79
Name of Physician David M. Hadley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name David Smith
Date of Birth March 25, 1960
Place of Birth (State or foreign country) California
Residence Address 340 Gordon Ct. Plainfield, 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) # 5562

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Smith, Sr.
Residence of father (if deceased so state): unknown
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Carolyn Sue Ireland
Residence of mother (if deceased so state): Illinois
Birthplace of mother (State or foreign country): California
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of: Hendricks

Signed David D. Smith
New Address SAME

Subscribed and sworn to before me this 17th day of April, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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: Hendricks

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ and filed
in _____ Court 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 17th day of April, 1979, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glen M. Harvey, hereby certify that on the 20 day of April, 1979, at Danville, Hendricks County, State of Indiana, Groom David D. Smith and, Bride Mary S. Stover were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 20 day of April, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of April, 1979.
Signed Glen M. Harvey
Official Designation Clerk Hendricks Co.
Signed Glen M. Harvey
HENDRICKS Circuit Court

FEMALE APPLICANT
Name Mary S. Stover
Date of Birth July 6, 1960
Place of Birth (State or foreign country) Indiana
Residence Address 340 Gordon Ct. Plainfield, 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) from Driver's license 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: Barney Tracy Stover
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Georgia Ellen Bishop
Residence of mother (if deceased so state): Plainfield, Ind.
Birthplace of mother (State or foreign country): Indiana
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of: Hendricks

Signed Mary S. Stover
New Address Same

Subscribed and sworn to before me this 17th day of April, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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: Hendricks

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 136

File 40

Date of Application 4-18-79

MALE

Medical Examination Report Dated 4-16-79

Name of Physician A. N. Scudder

FEMALE

Medical Examination Report Dated 4-16-79

Name of Physician A. N. Scudder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Lowell Martin Dellinger
Date of Birth August 26 1957
Place of Birth (State or foreign country) Indpls., Indiana
Residence Address 369 E Rd 200 S, Danville, Hen., 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Lowell Dellinger
Residence of father (if deceased so state): 209 S Rd 300 E, Danville, Ind.
Birthplace of father (State or foreign country): Ohio
9. Full maiden name of mother: Marjorie Jean Phillips
Residence of mother (if deceased so state): 209 S Rd 300 E, Danville, Ind.
Birthplace of mother (State or foreign country): Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Lowell DellingerNew Address 369 E Rd 200 SSubscribed and sworn to before me this 18 day of April, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Vikki Lynn Watson
Date of Birth May 18 1959
Place of Birth (State or foreign country) Indpls., Marion Co., Indiana
Residence Address 248 S. Jefferson, Danville, Hen., 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Emory Eugene Watson
Residence of father (if deceased so state): 248 S. Jefferson, Danville, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Doris Ann Drennan
Residence of mother (if deceased so state): 248 S. Jefferson, Danville, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Vikki Watson

New Address _____

Subscribed and sworn to before me this 18 day of April, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
HENDRICKS 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 23 day of April, 1979, authorizing the joining together as husband and wife Lowell Martin Dellinger and Vikki Lynn Watson

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 28th day of April, _____

at Danville _____ County of Hendricks,
one thousand nine hundred and 79 _____ State of Indiana
State of Indiana, Groom Lowell Martin Dellinger _____ County, State of Indiana
and, Bride Vikki Lynn Watson _____ 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 23rd day of April, 1979.

Signed Rev. William P. HendricksOfficial Designation Pastor Avon Christian Church

_____, Clerk

Signed Glen M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of May, 1979.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 137
File 40
Date of Application April 18 1979

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 4-17-79
Name of Physician Carl L. Heinlein

FEMALE
Medical Examination Report Dated 4-17-79
Name of Physician Carl L. Heinlein

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)"

MALE APPLICANT

Name George Edick
Date of Birth May 9 1950
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 11345 W. Washington St. Indpls Ind.
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) Drivers license #308-56-7476

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.
Amy Lynn Age 8

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 George Edick
Residence of father (if deceased so state): Indianapolis, Ind.
Birthplace of father (State or foreign country): Iowa
9. Full maiden name of mother: Freida Aldridge
Residence of mother (if deceased so state): deceased
Birthplace of mother (State or foreign country): Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed George L. Edick
New Address 11345 W. Washington

Subscribed and sworn to before me this 18 day of April, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day 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 _____ 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 April, 19 79, authorizing the joining together as husband and wife of George L. Edick and Mary B. Kleiber.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph D. Stump, hereby certify that on the 21 day of April, 19 79, at Danville, County of Hendricks, State of Indiana, Groom George L. Edick and, Bride Mary B. Kleiber 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, State of Indiana.
Dated this 21 day of April, 19 79.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19 _____

Signed Joseph D. Stump
Official Designation Pastor
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court
Date 24 day of April, 19 79

FEMALE APPLICANT

Name Mary B. Kleiber
Date of Birth May 9 1956
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 11345 W. Washington St. Indpls Ind.
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) Drivers License #304-64-2520

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 L. Lepton
Residence of father (if deceased so state): Danville, Ind.
Birthplace of father (State or foreign country): Bloomington, Ind.
9. Full maiden name of mother: Jean Clark
Residence of mother (if deceased so state): Danville, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary B. Kleiber
New Address 11345 W. Washington

Subscribed and sworn to before me this 18 day of April, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____, Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 138

HENDRICKS

County

File

Date of Application April 18, 1979

MALE

Medical Examination Report Dated 4-18-79Name of Physician David B. Haggard M.D.

FEMALE

Medical Examination Report Dated 4-18-79Name of Physician David B. Haggard M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Paul C. DeLois
Date of Birth July 5, 1949
Place of Birth (State or foreign country) Bangor, Maine
Residence Address RR #1 Box 288B Camby, 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 #1306-58-4609

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 James DeLois
Residence of father (if deceased so state) Plainfield, In.
Birthplace of father (State or foreign country) Maine

9. Full maiden name of mother Sona Low Battershall
Residence of mother (if deceased so state) Plainfield, In.
Birthplace of mother (State or foreign country) Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paul C. DeLois
New Address 328 Pickett Plainfield, In.

Subscribed and sworn to before me this 18 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paul C. DeLois
New Address 328 Pickett Plainfield, In.

Subscribed and sworn to before me this 18 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paul C. DeLois
New Address 328 Pickett Plainfield, In.

Subscribed and sworn to before me this 18 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paul C. DeLois
New Address 328 Pickett Plainfield, In.

Subscribed and sworn to before me this 18 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paul C. DeLois
New Address 328 Pickett Plainfield, In.

Subscribed and sworn to before me this 18 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paul C. DeLois
New Address 328 Pickett Plainfield, In.

Subscribed and sworn to before me this 18 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paul C. DeLois
New Address 328 Pickett Plainfield, In.

Subscribed and sworn to before me this 18 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paul C. DeLois
New Address 328 Pickett Plainfield, In.

Subscribed and sworn to before me this 18 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paul C. DeLois
New Address 328 Pickett Plainfield, In.

Subscribed and sworn to before me this 18 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Judy I. Barnett
Date of Birth Oct. 23, 1951
Place of Birth (State or foreign country) Indianapolis, In
Residence Address 328 Pickett Plainfield, 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 #1317-56-2748

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Eugene Wilson
Residence of father (if deceased so state) Plainfield, In.
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Katharine Minnup
Residence of mother (if deceased so state) Plainfield
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Judy I. Barnett
New Address 328 Pickett Plainfield, In.

Subscribed and sworn to before me this 18 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Judy I. Barnett
New Address 328 Pickett Plainfield, In.

Subscribed and sworn to before me this 18 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Judy I. Barnett
New Address 328 Pickett Plainfield, In.

Subscribed and sworn to before me this 18 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Judy I. Barnett
New Address 328 Pickett Plainfield, In.

Subscribed and sworn to before me this 18 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Judy I. Barnett
New Address 328 Pickett Plainfield, In.

Subscribed and sworn to before me this 18 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Judy I. Barnett
New Address 328 Pickett Plainfield, In.

Subscribed and sworn to before me this 18 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Judy I. Barnett
New Address 328 Pickett Plainfield, In.

Subscribed and sworn to before me this 18 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Judy I. Barnett
New Address 328 Pickett Plainfield, In.

Subscribed and sworn to before me this 18 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Judy I. Barnett
New Address 328 Pickett Plainfield, In.

Subscribed and sworn to before me this 18 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Superior Court of Indiana dated the 18 day of April, 1979, authorizing the joining together as husband and wife

of Paul C. DeLois and Judy I. Barnett
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Maurice hereby certify that on the 20 day of April, 1979, at Danville, County of Hendricks, State of Indiana

one thousand nine hundred and 79, of Hendricks County, State of Indiana

State of Indiana, Groom Paul C. DeLois of Hendricks County, State of Indiana

and, Bride Judy I. Barnett 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 April, 1979. Signed John C. Maurice
Official Designation Judge, Superior #2
20 day of April, 1979. Clerk

Signed Glen M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of April, 1979.

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 139

File
April 19, 79
Date of Application

MALE

Medical Examination Report Dated 4-11-79
Name of Physician Glenn W. Baker M.D.

FEMALE

Medical Examination Report Dated 4-11-79
Name of Physician Glenn W. Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Glenn First E. Middle Stringer Last
Date of Birth 1 Month 31 Day 57 Year
Place of Birth (State or foreign country) Greencastle, Indiana
Residence Address 11345 Washington St 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 Junior StringerResidence of father (if deceased so state) Greencastle, Ind.Birthplace of father (State or foreign country) Indiana9. Full maiden name of mother Dorothy May CallahanResidence of mother (if deceased so state) Greencastle, Ind.Birthplace of mother (State or foreign country) Ind.

State of Indiana, _____

County of HENDRICKS

I depose and state the information given in this application is true and correct.

Signed _____

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 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 _____ day of _____, 19____, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, _____ hereby certify that on the _____ day of _____, 19____, at _____, County of _____, State of Indiana, Groom _____ 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 _____ County, State of _____

Dated this _____ day of _____, 19____.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Signed _____

Official Designation _____

Signed _____ day of _____, 19____.

HENDRICKS

Clerk
Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 140

File

April 19, 1979
Date of Application

MALE

Medical Examination Report Dated 4/18/79

Name of Physician Ronald K. Stegemüller

FEMALE

Medical Examination Report Dated 4/18/79

Name of Physician Ronald K. Stegemüller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Jerry A. Arthur
Date of Birth June 5 1956
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address P.O. Box 120 Clayton 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 - picture

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 ArthurResidence of father (if deceased so state) deceasedBirthplace of father (State or foreign country) Indiana9. Full maiden name of mother Wilma Lucille WilliamsResidence of mother (if deceased so state) Clayton, Ind.Birthplace of mother (State or foreign country) IndianaState of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of

Signed Jerry A. ArthurNew Address ClaytonSubscribed and sworn to before me this 19 day of April, 1979Shirley M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Kathie J. Gregory
Date of Birth November 2 1958
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 7639 Cedarbrook Southport, 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 - picture

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 GregoryResidence of father (if deceased so state) Southport, Ind.Birthplace of father (State or foreign country) Indiana9. Full maiden name of mother Ezra Louise RedfordResidence of mother (if deceased so state) Southport, Ind.Birthplace of mother (State or foreign country) IndianaState of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of

Signed Kathie J. GregoryNew Address ClaytonSubscribed and sworn to before me this 19 day of April, 1979Shirley M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 20 day of April, and Kathie J. Gregory

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Maurer, hereby certify that on the 20 day of April, 1979, at Danville, County of Hendricks, State of Indiana, one thousand nine hundred and 79 of Hendricks County, State of Indiana, and, Bride Kathie J. Gregory 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 20 day of April, 1979.

Signed John C. Maurer
Official Designation Judge Superior #2

Clerk

Signed Shirley M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of April, 1979.

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 141
File 40
Date of Application 4-20-79

MALE
Medical Examination Report Dated 4-12-79
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 4-12-79
Name of Physician A. N. Scudder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Simathy D. Strode
Date of Birth September 28 1960
Place of Birth (State or foreign country) Indianapolis
Residence Address Box 122 Clayton 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 Claude Eldson Strode
Residence of father (if deceased so state) Clayton, Ind.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Hazel Mae Isenberg
Residence of mother (if deceased so state) Clayton, Ind.
Birthplace of mother (State or foreign country) Kentucky
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed X Sim Strode

New Address Clayton

Subscribed and sworn to before me this 20 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 & lge and filed in _____ 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 20 day of April, 1979, authorizing the joining together as husband and wife of Simathy D. Strode and Virginia L. McKinney.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Rev. Allie G. Wilson hereby certify that on the 28 day of April,
one thousand nine hundred and 79 at Jamestown County of Boone
State of Indiana, Groom Simathy D. Strode of Hendricks County, State of Indiana
and, Bride Virginia L. McKinney of Boone 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 April, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1979.

Signed Rev. Allie G. Wilson
Official Designation Ordained minister
7 day of May, 1979
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Virginia L. McKinney
Date of Birth December 9 1962
Place of Birth (State or foreign country) Indianapolis
Residence Address 10008 Santons Ct. Indpls. 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 Truman Alfred McKinney
Residence of father (if deceased so state) Advance, Ind.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Virginia Rose Land
Residence of mother (if deceased so state) Advance, Ind.
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed X Virginia McKinney

New Address Clayton

Subscribed and sworn to before me this 20 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Truman A. McKinney Father
Signed Virginia R. McKinney Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 142

File

April 20, 1979
Date of Application

MALE

Medical Examination Report Dated 4-2-79

Name of Physician Glen V. Ryan, M.D.

FEMALE

Medical Examination Report Dated 4-2-79

Name of Physician Glen V. Ryan, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Charles Alan Barker
Date of Birth January 10 1957
Place of Birth (State or foreign country) Indiana
Residence Address 1000 S. SR 267, Plainfield, 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)

ID from Purdue University

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Charles Barker
Residence of father (if deceased so state): Plainfield, IN
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Hella Katherine Jessup
Residence of mother (if deceased so state): Plainfield, IN
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Charles Alan BarkerNew Address: 1000 S. SR 267 Plainfield, IN 46168Subscribed and sworn to before me this 20 day of April, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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: I depose and state the information given in this application is true and correct.

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Natalie Ann Brannon
Date of Birth March 10 1957
Place of Birth (State or foreign country) Indiana
Residence Address 428 Gary St. Plainfield, 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 - picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Leslie James Brannon
Residence of father (if deceased so state): Plainfield, IN
Birthplace of father (State or foreign country): Indiana (Greene Co.)
9. Full maiden name of mother: Louise Lydia Thompson
Residence of mother (if deceased so state): Plainfield, IN
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Natalie Ann BrannonNew Address: 1000 S. SR 267 Plainfield, IN 46168Subscribed and sworn to before me this 20 day of April, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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: I depose and state the information given in this application is true and correct.

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____
HENDRICKS 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 20 day of April, 1979, authorizing the joining together as husband and wife

Charles Alan Barker and Natalie Ann Brannon

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Marc S. Hays hereby certify that on the 19th day of May, 1979, at Plainfield, County of Hendricks, State of Indiana

one thousand nine hundred and 79 at Hendricks County, State of Indiana

State of Indiana, Groom Charles A. Barker of Hendricks County, State of Indiana

and, Bride Natalie Ann Brannon 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 _____

Dated this 19th day of May, 1979

Signed Marc S. HaysOfficial Designation Pastor, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of May, 1979.

Signed Glen M. Harvey HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 143
File 40
Date of Application 4-20-79

MALE
Medical Examination Report Dated 3-29-79
Name of Physician Oscar Koumany, MD ABFP

FEMALE
Medical Examination Report Dated 3-29-79
Name of Physician Oscar Koumany, MD ABFP

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry 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
Cyrus Gregory Sowards
Date of Birth Month Day Year
July 18 1954
Place of Birth (State or foreign country) West Virginia
Residence Address Street or R. R. City County State
RR #1 Box 648, Plainfield, 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) Driver's license w/ picture
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Sowards
Residence of father (if deceased so state): Culloden, West Virginia
Birthplace of father (State or foreign country): West Virginia
9. Full maiden name of mother: Rosemary Sowards
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): West Virginia
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of: Hendricks

Signed: Cyrus Gregory Sowards
New Address: SAME

Subscribed and sworn to before me this 20th day of April, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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: Hendricks

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day 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 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 April, 1979, authorizing the joining together as husband and wife of _____ and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, S. Lee Homoki, _____ hereby certify that on the 5 day of May, 1979, at Evansville, _____ County, State of _____, Groom: Cyrus Gregory Sowards and Bride: Patricia Ann Patterson 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, State of _____.
Dated this 5 day of May, 1979.

Signed: S. Lee Homoki
Official Designation: Minister of the Gospel
Signed: Glen M. Harvey
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of May, 1979.

FEMALE APPLICANT
Name First Middle Last
Patricia Ann Patterson
Date of Birth Month Day Year
Oct 20 1959
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. City County State
RR #1 Box 648, Plainfield, Hend., Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree # 113-55-092416

- ☐ Other (Specify): _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Edward Patterson, Sr.
Residence of father (if deceased so state): Wadesville, Indiana
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Mary Helen Beach
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Indiana
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of: Hendricks

Signed: Patricia Ann Patterson
New Address: Same

Subscribed and sworn to before me this 20th day of April, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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: Hendricks

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 144
File 40
Date of Application April 25, 1979

HENDRICKS
County

MALE
Medical Examination Report Dated 4-20-79
Name of Physician Michael Neely, M.D.

FEMALE
Medical Examination Report Dated 4-20-79
Name of Physician Michael Neely, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 proscribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Bruce Allan Thrasher
Date of Birth Aug 24 1957
Place of Birth (State or foreign country) Ind.
Residence Address 411 Box 106 Morgan 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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. Thrasher
Residence of father (if deceased so state) Monrovia, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Frida Purcell
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bruce A Thrasher

New Address Monrovia

Subscribed and sworn to before me this 25 day of April, 1979.
Alan M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Katherine Elaine Davis
Date of Birth Aug 4 1961
Place of Birth (State or foreign country) Fla.
Residence Address 411 Box 10A Stilesville 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Davis
Residence of father (if deceased so state) Stilesville, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Janet McPhail
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Katherine Elaine Davis

New Address Monrovia

Subscribed and sworn to before me this 25 day of April, 1979.
Alan M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed Janet E Davis Mother

Subscribed and sworn to before me this 25 day of April, 1979.
Alan M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
HENDRICKS 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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 4th day of May, 1979.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Tom McGilliard hereby certify that on the 6th day of May, 1979, at 2:30 County of Hendricks, State of Indiana.

one thousand nine hundred and 79 at Morgan County, State of Indiana
State of Indiana, Groom Bruce Allan Thrasher of Hendricks County, State of Indiana
and, Bride Katherine Elaine 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 _____ County.
Dated this 6th day of May, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of May, 1979.
Signed Alan M. Harvey HENDRICKS Clerk
Circuit Court

No. 144
File 40
April 25, 1979
Date of Application

MALE
Medical Examination Report Dated 4-20-79
Name of Physician Michael Neely, M.D.

FEMALE
Medical Examination Report Dated 4-20-79
Name of Physician Michael D. M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "shall be fined in any sum not exceeding five hundred dollars (\$500.00)"

MALE APPLICANT

Name *Ernest Allen Thresher*

Date of Birth *Aug 24 1957*

Place of Birth (State or foreign country) *Ind.*

Residence Address *441 Bee Ave* Street or R. R. *Norman* City *Morgan* 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) *Ind. License*

1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>
If answer is "yes" has the adjudication been removed?		
	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>
2. Are you afflicted with a transmissible disease?	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>
3. Are you related to the female applicant closer than second cousin?	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>
4. Are you now under the influence of intoxicating liquor?	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>
5. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>
List the full names of any dependent children		

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes" it is required that this Application be 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. Whorshur
Residence of father (if deceased so state): Monrovia, D.
Birthplace of father (State or foreign country): Ind.

9. Full maiden name of mother: Frieda Purcell
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Ind.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

FEMALE APPLICANT

Name *First Katharine Middle Anne Last Davis*

Date of Birth *Month Aug Day 4 Year 1961*

Place of Birth (State or foreign country) *Fla.*

Residence Address *#1 Box 10A Hillside* Street or R. R. City 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?

2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
No ☒ Yes ☐

3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
No ☒ Yes ☐

4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
No ☒ Yes ☐

5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
No ☒ Yes ☐

6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes," it is required that this Application be 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 Eaves
Residence of father (if deceased so state) Michoville, Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Janet McPhail
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Ind.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Subscribed and sworn

CONSENT OF PAR

We, the parents, of

signs, state facts w/

State of Indiana

County of _____

Subscribed and sworn to before me this _____ day of _____, 20____.

COMPLETE LE

HENDR

in.....

I, Wilbur Dams, hereby give my consent for
my Daughter, Florence Elaine Dams to
marry Ernest Thacker.

Subscribed and sworn to before me this 28th day of APRIL
1979.

Wilbur Davis

Ellen J. Shelton

Notary Public

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 _____
of Indiana dated the 4th day of May, 1979, authorizing the joining together as husband and wife
Katherine Elaine Davis

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 6th day of May

I, Tom McGilliard hereby certify that on the _____ day of _____ County of Hendricks

one thousand nine hundred and 79 at 2:30 County of Indiana
State of Indiana, Groom **Bruce Allan Thrasher** of **Morgan** County, State of Indiana
and **Hendricks** County, State of Indiana
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

Filed and
10 day of May, 1979.
Clerk

Signed Glen M. Harvey HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 145
File 40
Date of Application April 24 1979

MALE
Medical Examination Report Dated 4-23-79
Name of Physician Larry M. Lovell

FEMALE
Medical Examination Report Dated 4-23-79
Name of Physician Larry M. Lovell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Devin R. Reich
Date of Birth December 7 1956
Place of Birth (State or foreign country) Illinois
Residence Address 415 S. Kentucky St. Danville, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Reid
Residence of father (if deceased so state) Stillville, Ill.
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Madam Mac Trigg
Residence of mother (if deceased so state) Stillville, Ill.
Birthplace of mother (State or foreign country) Illinois

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Devin R. Reich
New Address 415 S. Kentucky St.

Subscribed and sworn to before me this 24 day of April, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 April, 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, August V. Huber, hereby certify that on the 28 day of April, 1979, at Monrovia, Morgan County, State of Indiana, Groom Devin R. Reich and Bride Debbi L. Gross were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.

Dated this 28 day of April, 1979.

Signed August V. Huber
Official Designation Minister
Signed Glen M. Harvey
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Debbi L. Gross
Date of Birth July 20 1958
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address R.R. #1 Box 130 Monrovia, 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) divorced twice (picture)
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Lee Gross
Residence of father (if deceased so state) Indianapolis, Ill.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marla Joy Sue
Residence of mother (if deceased so state) Monrovia, Ill.
Birthplace of mother (State or foreign country) Illinois

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Debbi L. Gross
New Address 415 S. Kentucky St.

Subscribed and sworn to before me this 24 day of April, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-3-2
Effective July 1, 1972

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 146

File 40

4-26-79

Date of Application

MALE

Medical Examination Report Dated 4-24-79

Name of Physician David B. Haggard

FEMALE

Medical Examination Report Dated 4-24-79

Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. IC 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Robert M. Kruttschevski
Date of Birth October 29 1938
Place of Birth (State or foreign country) Clinton
Residence Address 704 Raymond Street or R. R. Plainfield City 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):

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children:
Gracey Leigh Kruttschevski

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Bruno August Kruttschevski
Residence of father (if deceased so state): Clinton, Illinois
Birthplace of father (State or foreign country): Poland
9. Full maiden name of mother: Corene Mongell McKinney
Residence of mother (if deceased so state): Clinton, Ill.
Birthplace of mother (State or foreign country): Georgia

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Robert M. KruttschevskiNew Address: 5840 Bar-Rel W. Dr. IndianapolisSubscribed and sworn to before me this 26 day of April, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Barbara Lee Amos
Date of Birth June 4 1937
Place of Birth (State or foreign country) Indianapolis
Residence Address 5840 Bardell W. Dr. Street or R. R. Indpls. City 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):

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children:
Nancy Lynn Amos

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Bymaster
Residence of father (if deceased so state): Crawfordsville, In
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Helen Lark
Residence of mother (if deceased so state): Deceased
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Barbara L. AmosNew Address: 5840 Bar-Rel W. Dr. IndianapolisSubscribed and sworn to before me this 26 day of April, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 April, 1979, authorizing the joining together as husband and wife of Robert M. Kruttschevski and Barbara Lee Amos

Be it further remembered the following marriage certificate was filed in my office, to-wit: 19th day of May, 1979

I, Jeffery A. Trees hereby certify that on the _____ day of _____ at Plainfield U.M. Church County of Hendricks, State of Indiana, one thousand nine hundred and 79 of Hendricks County, State of Indiana, and, Bride Barbara Lee Amos 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 19 day of May, 1979

Signed: Rev. Jeffery A. Trees

Minister

Official Designation May, 1979

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of _____, 19____
Signed: Glen M. Harvey HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 147
File 4-26-79
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 4-16-79
Name of Physician M. O. Scamaron

FEMALE
Medical Examination Report Dated 4-16-79
Name of Physician M. O. Scamaron

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Michael John Good
Date of Birth Sept. 3, 1956
Place of Birth (State or foreign country) Ind.
Residence Address 1027 Logan Street or R. R. Browning City Ind. 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 Mat Good
Residence of father (if deceased so state) Browning, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Jan Mage
Residence of mother (if deceased so state) Browning, Ind.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Michael John Good
New Address 609 South School

Subscribed and sworn to before me this 26 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
in _____ 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 1st day of May, 1979, authorizing the joining together as husband and wife of Michael John Good and Reuelaine Reed.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Dennis L. Dodson,
one thousand nine hundred and 79 hereby certify that on the 12th day of May,
State of Indiana, Groom Michael John Good at Corinth Church, County of Hendricks,
and, Bride Reuelaine Reed 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, State of Indiana.
Dated this 1st day of May, 1979

Signed Rev. Dennis L. Dodson
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 15 day of May, 1979
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 148

File

April 27, 1979
Date of Application

MALE

Medical Examination Report Dated 4-25-79

Name of Physician William L. Wagner

FEMALE

Medical Examination Report Dated 4-25-79

Name of Physician William L. Wagner

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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
Gordon Eugene Knauer
Date of Birth Month Day Year
May 27 1952
Place of Birth (State or foreign country)
Putnam Co. Greencastle, Ind.
Residence Address Street or R. R. City County State
429 C Big Hill Circle, Indpls. 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 Licenses #306-60-6649

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Raymond Knauer
Residence of father (if deceased so state): Greencastle, Ind.
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Florence Wilma Rigdon
Residence of mother (if deceased so state): Greencastle, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Gordon Eugene Knauer
New Address: 429 C Big Hill Circle, Indpls. Ind.

Subscribed and sworn to before me this 27 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed: _____ Father
Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Middle Last
Eleanor Delores Larson
Date of Birth Month Day Year
Sept. 17 1955
Place of Birth (State or foreign country)
Cook Co. Ill.
Residence Address Street or R. R. City County State
R.R. #1 Box 675, Plainfield, 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) #11255-666602

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Marcus John Larson
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Michigan

9. Full maiden name of mother: Carol Ann Cokain
Residence of mother (if deceased so state): Plainfield, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Eleanor Delores Larson
New Address: 429 C Big Hill Circle, Indpls. Ind.

Subscribed and sworn to before me this 27 day of April, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed: _____ Father
Signed: _____ Mother

Subscribed and sworn to before me this _____ day 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 _____
HENDRICKS 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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the _____ day of _____, and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jeffrey A. Trues hereby certify that on the _____ day of _____, _____

at _____, County of _____, State of _____
one thousand nine hundred and _____ of _____
State of Indiana, Groom: Gordon Eugene Knauer of _____
and, Bride: Eleanor Delores Larson 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 _____
County, _____

Dated this _____ day of _____, 1979. Signed: Rev. Jeffrey A. Trues

Official Designation: Minister, 1979.
Signed: Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1979.

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 149
File 4-27-79
Date of Application

MALE
Medical Examination Report Dated 4-25-79
Name of Physician D. Wright

FEMALE
Medical Examination Report Dated 4-25-79
Name of Physician D. Wright

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Donald Lee McClelland
Date of Birth 10-14-1953
Place of Birth (State or foreign country) Indpls.
Residence Address 1441 N. Shoff Indpls. 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: William J. McClelland
Residence of father (if deceased so state): Niagara Falls, N.Y.
Birthplace of father (State or foreign country): Pa.
9. Full maiden name of mother: Clara Fisher
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Pa.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Donald L. McClelland
New Address 512 1/2 6th St. Niagara Falls, N.Y.

Subscribed and sworn to before me this 27 day of April, 1979.
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, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Ellen Margaret Wagenknecht
Date of Birth 10-18-1957
Place of Birth (State or foreign country) Indpls.
Residence Address 443 N. Main St. Brownsville, 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: Howard Wagenknecht
Residence of father (if deceased so state): Same
Birthplace of father (State or foreign country): Pa.
9. Full maiden name of mother: Norma J. Chase
Residence of mother (if deceased so state): Niagara Falls
Birthplace of mother (State or foreign country): Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Ellen M. Wagenknecht
New Address 512 1/2 6th St. Niagara Falls, N.Y.

Subscribed and sworn to before me this 27 day of April, 1979.
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, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day 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 Clark County _____ Court by written order issued 3 days previous 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 _____
of Indiana dated the 27th day of April, 1979, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Donald Lee McClelland and Ellen Margaret Wagenknecht
John C. Mawrer hereby certify that on the 30 day of April,
one thousand nine hundred and 79 at Danville, County of Hendricks,
State of Indiana, Groom Donald Lee McClelland of Marion County, State of Indiana,
and, Bride Ellen Margaret Wagenknecht 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 30 day of April, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____
Signed John C. Mawrer
Official Designation Judge, Superior #2
2 day of May, 1979.
Signed Ellen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 150

File 40

4-30-79
Date of Application

MALE
Medical Examination Report Dated 4-24-79
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 4-24-79
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Steven Allen Larkin
Date of Birth November 12 1957
Place of Birth (State or foreign country) Indianapolis
Residence Address RR 3 Bx 276 City Plainfield 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 w/photo

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Larkin
Residence of father (if deceased so state): Plainfield, Ind.
Birthplace of father (State or foreign country): Kentucky

9. Full maiden name of mother: Carolyn Louise Bates
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Steven A Larkin

New Address 3139 South Smith Rd
Indpls, In 46221

Subscribed and sworn to before me this 30 day of April, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Deborah Lynn Masten
Date of Birth July 11 1960
Place of Birth (State or foreign country) Lebanon
Residence Address RR 2 Bx 251 City Plainfield 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Dale Masten
Residence of father (if deceased so state): Plainfield, Ind.
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Ramona Pearl Sparks
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Deborah Lynn Masten

New Address 339 S. Smith Rd, Indpls, In 46221

Subscribed and sworn to before me this 30 day of April, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 _____, 1979, authorizing the joining together as husband and wife
of Indiana dated the 4th day of May, 1979, Steven Allen Larkin and Deborah Lynn Masten

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 5th day of May
I, Rev. William P. Hendricks hereby certify that on the _____ at Avon, Washington Twnsp, County of Hendricks
one thousand nine hundred and 79 _____ County, State of Indiana
State of Indiana, Groom Steven Allen Larkin of Hendricks County, State of Indiana
and, Bride Deborah Lynn Masten 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 4th day of May, 1979 Signed Rev. William P. Hendricks
Official Designation Pastor, Avon Christian Church
5th day of June, 1979

Filed and recorded in accordance with the laws of the State of Indiana this _____ Signed Glen M. Harvey HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 151
File 40
4-30-79
Date of Application

MALE
Medical Examination Report Dated 4-13-79
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 4-13-79
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry 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
John Richard Hills
Date of Birth Month Day Year
March 23 1949
Place of Birth (State or foreign country)
Eureka California
Residence Address Street or R. R. City County State
R3, Box 383 Clayton, 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) Miss Louise w/picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Russell Hills
Residence of father (if deceased so state): Sacramento, Ca.
Birthplace of father (State or foreign country): California
9. Full maiden name of mother: Mary Louise Shirley
Residence of mother (if deceased so state): Clayton, In.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X John R. Hills

New Address: RR#3 Box 383 Clayton

Subscribed and sworn to before me this 30 day of April, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 May, 1979, authorizing the joining together as husband and wife of John Richard Hills and Beverly Jane Denham.
Be it further remembered, the following marriage certificate was filed in my office, to-wit: Myron Barnard hereby certify that on the 5th day of May, 1979, at Indianapolis, County of Marion, State of Indiana, Groom John Richard Hills of Hendricks County, State of Indiana, and, Bride Beverly Jane Denham 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 May, 1979.

Signed Myron Barnard

Official Designation Judge
8th day of May, 1979.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 152

File

May 1, 1979
Date of Application

MALE

Medical Examination Report Dated 4-30-79

Name of Physician John T. Pickerville, M.D.

FEMALE

Medical Examination Report Dated 4-30-79

Name of Physician John T. Pickerville, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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
Freddie R. Royal
Date of Birth Month Day Year
September 15 1937
Place of Birth (State or foreign country)
Mullet
Residence Address Street or R. R. City County State
R#3 Box 704 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) Married License (picture)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Vikki Royal
Ramona Royal

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be 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): Cherokee, N.C.

9. Full maiden name of mother: S. Lorraine Woods

Residence of mother (if deceased so state): Cocoa Beach, Fla.

Birthplace of mother (State or foreign country): Gorgia

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Freddie R. Royal

New Address: R# Box 208-B, Lytton Ind.

Subscribed and sworn to before me this 1st day of May, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Middle Last
Deborah S. Evans
Date of Birth Month Day Year
September 13 1956
Place of Birth (State or foreign country)
Indianapolis
Residence Address Street or R. R. City County State
R#3 Box 704 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) Married License (picture)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Russel Clinton Evans

Residence of father (if deceased so state): Brownsburg, Ind.

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Ruth Lorraine Hansen

Residence of mother (if deceased so state): Brownsburg, Ind.

Birthplace of mother (State or foreign country): Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Deborah S. Evans

New Address: R#1 Box 208B, Lytton

Subscribed and sworn to before me this 1st day of May, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 written 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 _____

of Indiana dated the 1st day of May, 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D. Wilson hereby certify that on the 4th day of May, 1979, at Lytton, County of Hendricks, State of Indiana, one thousand nine hundred and 79

State of Indiana, Groom Freddie R. Royal of Hendricks County, State of Indiana, and, Bride Deborah S. Evans 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 4th day of May, 1979.

Signed Joseph D. Wilson

Official Designation Minister, 1979

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 153

File

May 1, 1979
Date of Application

MALE
Medical Examination Report Dated 4-30-79

Name of Physician G. W. Scudder

FEMALE

Medical Examination Report Dated 4-30-79

Name of Physician G. W. Scudder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Lynn Last Herrick
Date of Birth Month Day Year 1958

Place of Birth (State or foreign country) Iowa

Residence Address Street or R. R. City County State 418 Grandon Dr. Indianapolis

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
- If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 W. Herrick, Sr.

Residence of father (if deceased so state): Ames, Iowa

Birthplace of father (State or foreign country): Iowa

9. Full maiden name of mother: Ida Lipe

Residence of mother (if deceased so state): Ames, Iowa

Birthplace of mother (State or foreign country): Iowa

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of

Signed Robert L. Herrick

New Address 418 Grandon Dr. Indianapolis, Ind.

Subscribed and sworn to before me this 1 day of May, 1979

Allen 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, HENDRICKS } ss:

County of

Signed

Signed

Subscribed and sworn to before me this day 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 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 May, 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry R. Nash

one thousand nine hundred and 79 hereby certify that on the 27 day of May

State of Indiana, Groom Robert Lynn Herrick at Brownsburg

and, Bride Anita Ann Hawkey 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, State of Indiana

Dated this 27 day of May, 1979

Signed Jerry R. Nash

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of May, 1979

Signed Allen M. Harney

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 154

File 40

5-1-79

Date of Application

MALE
Medical Examination Report Dated 4-30-79

Name of Physician Eric Clark

FEMALE

Medical Examination Report Dated 4-30-79

Name of Physician Eric Clark

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 J. Last Campbell
Date of Birth August 28 1957
Place of Birth (State or foreign country) Indpls. Indiana
Residence Address 6668 W. Jackson, Indpls. Marion, 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 Jack Lee Campbell
Residence of father (if deceased so state) Indpls. Indiana
Birthplace of father (State or foreign country) Illinois

9. Full maiden name of mother Carol Francis Cooney
Residence of mother (if deceased so state) Indpls. Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed John Campbell
New Address 5320 Tara Court N

Subscribed and sworn to before me this 1 day of May, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Jill Middle C. Last Rosengarten
Date of Birth June 22 1959
Place of Birth (State or foreign country) Evansville, Indiana
Residence Address RR 1 Box 135, Demille, 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 William John Rosengarten
Residence of father (if deceased so state) Danville, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Agnes Jean Hoebel
Residence of mother (if deceased so state) Danville, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed Jill C. Rosengarten
New Address 5320 Tara Court North Apt. F, Indianapolis

Subscribed and sworn to before me this 1 day of May, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 and filed in

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 May, 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Charles Noll, hereby certify that on the 5 day of May,

one thousand nine hundred and 79, at Brownsburg, County of Hendricks

State of Indiana, Groom John Francis Campbell of Marion County, State of Indiana,

and, Bride Jill Celeste Rosengarten 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

Dated this 5 day of May, 1979.

Signed Rev. Charles Noll

Official Designation Catholic Priest

day of May, 1979

Signed Glen M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 11

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

No. 155
File 40
5-279
Date of Application

MALE
Medical Examination Report Dated 4-26-79
Name of Physician Loren H. Martin

FEMALE
Medical Examination Report Dated 4-26-79
Name of Physician Loren H. Martin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name James E. Jones
Date of Birth Nov. 3, 1934
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 3066 E. 5th Ave.
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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Garry Jones
Sherry Jones

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Esurett Foster Jones
2314 S. Union
Residence of father (if deceased so state) Indpls. Ind.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Lee Brantle
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed James E. Jones
New Address 407 Meadow Dr. Danville

Subscribed and sworn to before me this 2 day of May, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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.

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 May, 1979, authorizing the joining together as husband and wife of James E. Jones and Janette Mink.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Victor H. Schoen hereby certify that on the 12th day of May, 1979, at Indianapolis, County of Marion, State of Indiana, one thousand nine hundred and 79 and, Bride Janette Mink 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, State of _____ Indiana.
Dated this 12th day of May, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of May, 1979.
Signed Victor H. Schoen
Official Designation Garfield Park, United Church of Christ
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Janette Mink
Date of Birth September 14, 1941
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 402 Meadow Dr. Danville, 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 Lic. w/ photo

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Jay W. Mink, Jr.
Jason M. Mink

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Luther Woodall
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Agnes Mattie Bulworth
1449 E. Pleasant Sun Hwy Indpls. Ind.
Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) Tennessee

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Janette Mink
New Address 407 Meadow Dr. Danville

Subscribed and sworn to before me this 2 day of May, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 156

File

Date of Application May 3 1979

MALE

Medical Examination Report Dated 4/30/79

Name of Physician Irving Cohen, M.D.

FEMALE

Medical Examination Report Dated 4/30/79

Name of Physician Irving Cohen, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name David W. Sembach
Date of Birth November 27 1953
Place of Birth (State or foreign country) Colorado Springs, Colo.
Residence Address 625 Simmons Plainfield 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. None

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Compton Sembach
Residence of father (if deceased so state) Anaheim Calif.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Ann Creger
Residence of mother (if deceased so state) Miami Fla.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David W. Sembach
New Address 320 Holiday Dr. Plainfield Ind.

Subscribed and sworn to before me this 3rd day of May, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Ann E. Hardin
Date of Birth January 19 1954
Place of Birth (State or foreign country) Indiana
Residence Address 320 Holiday Dr. Plainfield 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. None

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Hardin
Residence of father (if deceased so state) Plainfield Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary E. Parker
Residence of mother (if deceased so state) Plainfield Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ann E. Hardin
New Address 320 Holiday Dr. Plainfield, Ind.

Subscribed and sworn to before me this 3rd day of May, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 11 day of May, and Ann E. Hardin
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Maurer hereby certify that on the 11 day of May,
at Danville, County of Hendricks,
one thousand nine hundred and 79,
State of Indiana, Groom David W. Sembach of Hendricks County, State of Indiana,
and, Bride Ann E. Hardin 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 11 day of May, 1979.

Signed John C. Maurer
Official Designation Judge, Superior Court #2
14 day of May, 1979.
Signed Glen M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 157

File
Date of Application May 3, 1979Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 4-30-79
Name of Physician W. Haggard

FEMALE
Medical Examination Report Dated 4-30-79
Name of Physician W. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Joe Last Gibbs
Date of Birth Month June Day 26 Year 1955
Place of Birth (State or foreign country) Ind.
Residence Address Street or R. R. City County State
At 2 Box 467 Juds 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) Dr. License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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): Plainfield, Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Eleanor Under
Residence of mother (if deceased so state): Plainfield, Ind.
Birthplace of mother (State or foreign country): Pa.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed Mike Gibbs
New Address 3236 Six Points Rd

Subscribed and sworn to before me this 3 day of May, 1979.
Alex M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 May, 1979, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ and _____ hereby certify that on the _____ day of _____, 19____, at _____ County of _____ State of Indiana, Groom _____ 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____.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.
Signed _____ Official Designation _____
Signed _____ Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Sandra Middle Denise Last Doane
Date of Birth Month June Day 2 Year 1949
Place of Birth (State or foreign country) Ind.
Residence Address Street or R. R. City County State
1036 Old St Rd Juds 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) Dr. License

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

Christine Doane

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Buttz
Residence of father (if deceased so state): Plainfield, Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Naomi Patrick
Residence of mother (if deceased so state): Plainfield, Ind.
Birthplace of mother (State or foreign country): Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed Sandra Doane
New Address 3236 Six Points Rd

Subscribed and sworn to before me this 3 day of May, 1979.
Alex M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 158
File
Date of Application May 4, 1979

HENDRICKS
County

MALE
Medical Examination Report Dated 5-3-79
Name of Physician Forrest R. Bull

FEMALE
Medical Examination Report Dated 5-3-79
Name of Physician Forrest R. Bull

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Rick J. Crabb
Date of Birth August 27, 1951
Place of Birth (State or foreign country) Brazil
Residence Address RR # 2 Centerville, 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 Lee

- Are you now or have you ever been adjudged to be of unsound mind? No Yes
- Are you afflicted with a transmissible disease? No Yes
- Are you related to the female applicant closer than second cousin? No Yes
- Are you now under the influence of intoxicating liquor? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be 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 M. Crabb
Residence of father (if deceased so state): Centerville, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Hazel M. Murphy
Residence of mother (if deceased so state): Centerville, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rick J. Crabb
New Address RR 15 Bx 53 W. Terre Haute, IN 47605
Subscribed and sworn to before me this 4 day of May, 1979
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, HENDRICKS } ss:
County of
Signed Father
Signed Mother
Subscribed and sworn to before me this day of 1979
Clerk

FEMALE APPLICANT

Name Vicki Lynn Russell
Date of Birth May 7, 1959
Place of Birth (State or foreign country) May
Residence Address 1599 N. State Rd. Mousville, 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) Student ID

- Are you now or have you ever been adjudged to be of unsound mind? No Yes
- Are you afflicted with a transmissible disease? No Yes
- Are you related to the male applicant closer than second cousin? No Yes
- Are you now under the influence of intoxicating liquor? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be 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 Allen Russell
Residence of father (if deceased so state): Mousville, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Beverly Jo Eubank
Residence of mother (if deceased so state): Mousville, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Vicki Lynn Russell
New Address RR 15, Bx 53 W. Terre Haute 47905
Subscribed and sworn to before me this 4 day of May, 1979
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, HENDRICKS } ss:
County of
Signed Father
Signed Mother
Subscribed and sworn to before me this day of 1979
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 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 County Court, Indiana dated the 8th day of May, 1979, authorizing the joining together as husband and wife of Rick J. Crabb and Vicki Lynn Russell.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 9th day of May, 1979, at Clayton, Ind., County of Hendricks, State of Indiana, Groom Rick J. Crabb, of Hendricks County, State of Indiana, and, Bride Vicki Lynn Russell, 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, Indiana.
Dated this 9th day of May, 1979.
Signed Faris D. Franz
Official Designation Pastor, Clayton United Presbyterian Church
Signed Glen M. Harney
Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of May, 1979.

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 159

File 5-4-79
Date of Application

MALE

Medical Examination Report Dated 4-25-79

Name of Physician William L. Wagner

FEMALE

Medical Examination Report Dated 4-25-79

Name of Physician William L. Wagner

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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
Lawrence Allen Hatton
Date of Birth Month Day Year
May 4 1958
Place of Birth (State or foreign country)
Indianapolis, Indiana
Residence Address Street or R. R. City County State
110 Lawton Danville, 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 Lic. (picture)
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Allen Hatton
Residence of father (if deceased so state) Indianapolis, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith J. Stuck
Residence of mother (if deceased so state) Indianapolis, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed Lawrence Allen Hatton
New Address 110 Lawton Danville

Subscribed and sworn to before me this 4 day of May, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Middle Last
Allison Kay Long
Date of Birth Month Day Year
October 11 1957
Place of Birth (State or foreign country)
Indianapolis, Indiana
Residence Address Street or R. R. City County State
110 Lawton Danville, 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 Lic. (picture)
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Bert Lowell Long
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Ann Padgett
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed Allison Kay Long
New Address 110 Lawton Danville

Subscribed and sworn to before me this 4 day of May, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 May, 1979, authorizing the joining together as husband and wife of Lawrence Allen Hatton and Allison Kay Long. Be it further remembered, the following marriage certificate was filed in my office, to-wit: 1, Rev. Kenneth E. Vetter, hereby certify that on the 19 day of May, 1979, at Bartlett Chapel U. M., County of Hendricks, State of Indiana, Groom Lawrence Allen Hatton of Hendricks County, State of Indiana and, Bride Allison Kay Long 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 May, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1979.

Signed Rev. Kenneth E. Vetter
Official Designation Pastor, Bartlett Chapel United Methodist Church
Signed Glen M. Harvey
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 160

File 40

Date of Application 5-4-79

MALE

Medical Examination Report Dated 5-2-79

Name of Physician Carl H. Heinlein

FEMALE

Medical Examination Report Dated 5-2-79

Name of Physician Carl H. Heinlein

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Harold C. Rumpel
Date of Birth May 3 1926
Place of Birth (State or foreign country) Indiana
Residence Address 1421 Sabrina Ct. Plainfield, 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Amos Rumpel
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jessie Parrish
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed

Harold C. Rumpel

New Address

SameSubscribed and sworn to before me this 4th day of May, 1979.Glen M. Harvey

HENDRICKS

Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed

Father

Signed

Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Wilma L. Bricker
Date of Birth July 14 1937
Place of Birth (State or foreign country) Illinois
Residence Address 1421 Sabrina Ct. Plainfield, 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Lyle L. Cox
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Lottie Myrtle Schonkewiler
Residence of mother (if deceased so state) Williamport, Indiana
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed

Wilma L. Bricker

New Address

1421 Sabrina Ct. Plainfield, Ind.Subscribed and sworn to before me this 4th day of May, 1979.Glen M. Harvey

HENDRICKS

Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed

Father

Signed

Mother

Subscribed and sworn to before me this _____ day 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 _____ Court by written order issued _____

in _____ County _____ 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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 5th day of May and Wilma L. Bricker

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 18th day of May

I, David J. VanCuren hereby certify that on the _____ day of _____ at Clermont (Indianapolis), County of Marion

one thousand nine hundred and 79 of Hendricks County, State of Indiana

State of Indiana, Groom Harold C. Rumpel of Hendricks County, State of Indiana

and, Bride Wilma L. Bricker 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 _____

Dated this 8th day of May, 1979. Signed David J. VanCuren

Official Designation

Minister

21 day of May, 1979Signed Glen M. Harvey

HENDRICKS

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 161
File 40
Date of Application 5-4-79

MALE
Medical Examination Report Dated 5-2-79
Name of Physician A. M. Sudder

FEMALE
Medical Examination Report Dated 5-2-79
Name of Physician A. M. Sudder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 L. Last Mitchell
Date of Birth Month 6 Day 8 Year 52
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. Oakhurst Trailer Park Lot 99 B'burg, Hend, Ind
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) # 113-52-045124

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Harvey Elin
Residence of father (if deceased so state): 430 Wagon Dr., Brownsburg, Ind
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Maudie Mildred Hester
Residence of mother (if deceased so state): deceased
Birthplace of mother (State or foreign country): Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of: HENDRICKS

Signed: Dennis Mitchell

New Address: OAKHURST TR, LOT 99 Brownsburg, Ind

Subscribed and sworn to before me this 4th day of May, 1979.
Elin M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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: HENDRICKS

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day 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 8th day of May, 1979, authorizing the joining together as husband and wife of Dennis L. Mitchell and Susan L. Brocker.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jim Bledsoe,
one thousand nine hundred and 79, hereby certify that on the 19 day of May, 1979, at Sarkine Park, County of Hendricks, State of Indiana,
State of Indiana, Groom Dennis Lee Mitchell and, Bride Susan Lynn Brocker 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, State of Indiana.
Dated this 19 day of May, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Signed: Jim Bledsoe
Official Designation: Assoc. Min. Kingsway Ave. Church
29 day of May, 1979.
Signed: Elin M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Susan Middle L. Last Brocker
Date of Birth Month 5 Day 17 Year 1960
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. 329 N Jefferson, B'burg, Hend Ind
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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Brocker
Residence of father (if deceased so state): 329 N Jefferson, Brownsburg, Ind
Birthplace of father (State or foreign country): Michigan
9. Full maiden name of mother: Phyllis Elizabeth Hester
Residence of mother (if deceased so state): same
Birthplace of mother (State or foreign country): Michigan
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of: HENDRICKS

Signed: Susan L. Brocker

New Address: Oakhurst Tr. Park Lot 99

Subscribed and sworn to before me this 4th day of May, 1979.
Elin M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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: HENDRICKS

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
_____, Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1937

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 162

File 40

5-4-79
Date of Application

MALE
Medical Examination Report Dated 5-1-79
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 5-1-79
Name of Physician Glenn Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Garry Ralph Willis
Date of Birth 8-15-56
Place of Birth (State or foreign country) Indiana
Residence Address 627 Barrett Street City Danville, Ind. 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) Drivers Lic. With picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Willis Jr.
Residence of father (if deceased so state) 467 W Main Danville, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alta Lea Sawyer
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Mo.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Garry Ralph Willis

New Address 627 Barrett Street Danville

Subscribed and sworn to before me this 4 day of May, 1979.
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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Patricia Sue Niles
Date of Birth 2-1-56
Place of Birth (State or foreign country) Indiana
Residence Address 627 Barrett Street City Danville 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) Drivers Lic. With picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Perry Lewis
Residence of father (if deceased so state) RR 1 Box 106 Ligon, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Ruth Yvonne Lewis
Residence of mother (if deceased so state) Ind. Same
Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patricia S. Niles

New Address 627 Barrett St. Danville

Subscribed and sworn to before me this 4 day of May, 1979.
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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ Circuit Court of Indiana dated the 10th day of May, 1979, authorizing the joining together as husband and wife of Garry Ralph Willis and Patricia Sue Niles

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John P. Roof hereby certify that on the 20 day of May, 1979, at Danville, Hendricks County of Indiana, one thousand nine hundred and 79 of Hendricks County, State of Indiana, State of Indiana, Groom Garry Ralph Willis of Hendricks County, State of Indiana, and, Bride Patricia Sue Niles 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 20 day of May, 1979.

Signed John P. Roof Episcopal Priest
Official Designation May, 1979
Clerk
Signed Glenn M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 163
File
Date of Application 5-07-79

MALE
Medical Examination Report Dated 4-30-79
Name of Physician Dr. J. L. Park

FEMALE
Medical Examination Report Dated 4-30-79
Name of Physician Dr. J. J. Buttr

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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
Craig Eugene Penn
Date of Birth Month Day Year
9 04 1958
Place of Birth (State or foreign country) Wabash, Ind.
Residence Address R. #1 Box 102 Apt 6 Danville 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: Harold Eugene Penn
Residence of father (if deceased so state): Indiana
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Betty Jo Heddings
Residence of mother (if deceased so state): Indiana
Birthplace of mother (State or foreign country): Kansas

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed: Craig Eugene Penn

New Address: R1 Box 102 Apt 6 Danville

Subscribed and sworn to before me this 7 day of May, 1979.
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, HENDRICKS } ss:
County of _____

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day 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 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 May, 1979, authorizing the joining together as husband and wife of Craig Eugene Penn and Mary Louise Thomas. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Norman L. Weaver, one thousand nine hundred and 79 hereby certify that on the 19 day of May, State of Indiana, Groom: Craig Eugene Penn at Danville, County of Hendricks and, Bride: Mary Louise Thomas of Wabash 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, State of Indiana. Dated this 19 day of May, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of May, 1979.
Signed: Norman L. Weaver Minister
Signed: Glen M. Harney Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Mary Louise Thomas
Date of Birth Month Day Year
2 7 1957
Place of Birth (State or foreign country) Crawfordville, Ind.
Residence Address R. #2 Box 13-A Danville Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree 57-014913

- ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Everett Thomas
Residence of father (if deceased so state): Indiana
Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Mary Lou Shillings
Residence of mother (if deceased so state): Indiana
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed: Mary Louise Thomas

New Address: R1 Box 102 Apt 6 Danville

Subscribed and sworn to before me this 7 day of May, 1979.
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, HENDRICKS } ss:
County of _____

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
_____. Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of LC 31-1-42
Effective July 1, 1977

Re-Marriage STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 164

File

Date of Application

MALE

Medical Examination Report Dated

Name of Physician

FEMALE

Medical Examination Report Dated

Name of Physician

ALL QUESTIONS MUST BE ANSWERED. LC 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Donald Winsted
Date of Birth June 24 1929
Place of Birth (State or foreign country) Ind.
Residence Address 966 Highland Dr. Plainfield 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children:
Rochelle Winsted Mary Jane Winsted
Rene Winsted
Rene Winsted

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 WinstedResidence of father (if deceased so state): deceasedBirthplace of father (State or foreign country): Ind.9. Full maiden name of mother: Gertrude PurpurnResidence of mother (if deceased so state): Plainfield, Ind.Birthplace of mother (State or foreign country): Ind.State of Indiana, HENDRICKS } ss: I depose and state the information givenCounty of HENDRICKS in this application is true and correct.Signed: Donald WinstedNew Address: 966 Highland Dr.Subscribed and sworn to before me this 7 day of May, 1979.Don M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Wanda Jane Winsted
Date of Birth June 15 1941
Place of Birth (State or foreign country) Ind.
Residence Address 966 Highland Dr. Plainfield 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children:
None

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Lawell J. HubbardResidence of father (if deceased so state): Camby, Ind.Birthplace of father (State or foreign country): Ind.9. Full maiden name of mother: Mary LaneResidence of mother (if deceased so state): Camby, Ind.Birthplace of mother (State or foreign country): Ind.State of Indiana, HENDRICKS } ss: I depose and state the information givenCounty of HENDRICKS in this application is true and correct.Signed: Wanda WinstedNew Address: 966 Highland Dr.Subscribed and sworn to before me this 7 day of May, 1979.Don M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 15 day of May and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ day of _____, _____ County of _____

I, _____ hereby certify that on the _____ day of _____, _____ County, State of _____

one thousand nine hundred and _____ at _____ County, State 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 _____

Dated this _____ day of _____, 19____. Signed _____

Official Designation _____, 19____. Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____. Signed _____ Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 165

File 5/8/79
Date of ApplicationForm Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977MALE
Medical Examination Report Dated 5/4/79
Name of Physician M. D. Scanaborn, M.D.FEMALE
Medical Examination Report Dated 5/4/79
Name of Physician M. D. Scanaborn, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Max Last Roberts
Date of Birth Month 4 Day 26 Year 1940
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. City County State
9140 Key Lane Ellettsville Marion 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 & 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.
Christa Dawn Roberts, age 7

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Ora Roberts
Residence of father (if deceased so state): Indiana
Birthplace of father (State or foreign country): Illinois

9. Full maiden name of mother: Ora P. Ahl
Residence of mother (if deceased so state): Indiana
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Russell M. Roberts

New Address 402 W. Meridian Pittsboro

Subscribed and sworn to before me this 8 day of May, 1979.
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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 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 May, 1979, authorizing the joining together as husband and wife

of Russell Max Roberts and Mary Cathleen Vandevier
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William Charles McGraw

one thousand nine hundred and 79 hereby certify that on the 12th day of May
State of Indiana, Groom Russell Max Roberts at Pittsboro, County of Hendricks
and, Bride Mary Cathleen Vandevier 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, State of Indiana
Dated this 15th day of May, 1979

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of May, 1979

Signed William C. McGraw
Official Designation Minister, Pittsboro Christian Church
Signed Glen M. Harney Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 166

File
May 8, 1979
Date of Application

MALE
Medical Examination Report Dated 4-19-79
Name of Physician Adrian M. Olick

FEMALE
Medical Examination Report Dated 4-19-79
Name of Physician Adrian M. Olick

ALL QUESTIONS MUST BE ANSWERED. IC 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Eric First M Middle Last Schwartzel
Date of Birth November 8 Year 1953
Place of Birth (State or foreign country) Kentucky
Residence Address 10028 Lake of Lanterns Indpls 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) Drivers License w/pretax

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 B. Schwartzel
Residence of father (if deceased so state) Oklahoma
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Sara Ann Quinn
Residence of mother (if deceased so state) Kansas
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Eric M. Schwartzel

New Address 10028 Lake of Lanterns

Subscribed and sworn to before me this 8 day of May, 1979

Glen M. Harvey Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1979

Clerk

FEMALE APPLICANT

Name Helen First M Middle Last Helms
Date of Birth 11 6 Year 1946
Place of Birth (State or foreign country) Indiana
Residence Address 10028 Lake of Lanterns Indpls 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 D. Richardson
Residence of father (if deceased so state) New Jersey
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Eugene O. Newlin
Residence of mother (if deceased so state) Indiana
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Helen M. Helms

New Address 10028 Lake of Lanterns

Subscribed and sworn to before me this 8 day of May, 1979

Glen M. Harvey Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1979

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 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 14 day of May, 1979, authorizing the joining together as husband and wife Eric M. Schwartzel and Helen M. Helms

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 26th day of May Hendricks Indiana

I, John C. Mowrer hereby certify that on the 26th day of May at Hendricks County, State of Indiana, Groom Eric M. Schwartzel of Hendricks County, State of Indiana

and, Bride Helen M. Helms 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, 1979 Signed John C. Mowrer Judge

Official Designation 30 day of May, 1979 Clerk

Signed Glen M. Harvey Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 167
File
Date of Application May 9, 1979

MALE
Medical Examination Report Dated May 9, 1979
Name of Physician Michael Day

FEMALE
Medical Examination Report Dated May 9, 1979
Name of Physician Michael Day

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Stephen Michael Chasteen
Date of Birth June 28, 1951
Place of Birth (State or foreign country) Ind.
Residence Address Rt 2 Box 321-1 Clayton 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) Armed Forces S.D.

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.
Stephanie Michael Chasteen

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Chasteen
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Irma Spears
Residence of mother (if deceased so state) Clayton Ind.
Birthplace of mother (State or foreign country) Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed [Signature] New Address Rt 2 Box 321-1 Clayton, 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, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day 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 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 14 day of May, 1979, authorizing the joining together as husband and wife of Stephen M. Chasteen and Pamela Kay Knight. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Alan W. Hughes, hereby certify that on the 17 day of May, 1979, at New Winchester, County of Hendricks, State of Indiana, Groom Stephen M. Chasteen and, Bride Pamela Kay 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, State of Indiana. Dated this 17 day of May, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of May, 1979.
Signed Alan W. Hughes
Official Designation Minister of Christ
Signed Glen M. Harvey
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 168

File 40

5-10-79

Date of Application

MALE

Medical Examination Report Dated 4-30-79

Name of Physician James Black

FEMALE

Medical Examination Report Dated 4-30-79

Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Rickey E. Simonson
Date of Birth February 6, 1952
Place of Birth (State or foreign country) Brazil
Residence Address 521 Tomahawk Trail 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) Driver's Lic w/ photo

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Jerry Keith Simonson

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Keith Simonson
Residence of father (if deceased so state) Brazil
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Ann Miller
Residence of mother (if deceased so state) Brazil
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rickey E. Simonson
New Address 521 Tomahawk Trail Indpls.

Subscribed and sworn to before me this 10 day of May, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Pennie G. Herrington
Date of Birth September 23, 1957
Place of Birth (State or foreign country) Brazil
Residence Address 9929 Medallion Dr. 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Willis Herrington
Residence of father (if deceased so state) Medallion Dr. Indpls. In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margaret Jane Bayer
Residence of mother (if deceased so state) 718 Marwood Indpls. In.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Pennie G. Herrington
New Address 521 Tomahawk Trail Indpls.

Subscribed and sworn to before me this 10 day of May, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
HENDRICKS 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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 15 day of May, 1979.

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 19 day of May, 1979, at Indianapolis, County of Marion, State of Indiana, Groom Rickey E. Simonson of Hendricks County, State of Indiana, and Bride Pennie G. Herrington of _____ County, State of _____.

one thousand nine hundred and 79
State of Indiana, Groom Rickey E. Simonson of Hendricks County, State of Indiana, and Bride Pennie G. Herrington 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 _____ County.
Dated this 19 day of May, 1979.

Signed Rev. Jerry G. Van Lue
Official Designation Minister & Pastor, 1979
_____ day of May, 1979

Signed Glen M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of _____, 19____.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 169

File
May 11, 1979
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 5-2-79
Name of Physician Larry Lowell

FEMALE
Medical Examination Report Dated 5-2-79
Name of Physician Larry Lowell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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
Timothy Lee Mounce
Date of Birth Month Day Year
July 1959
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
77 Purpusa Dr. Danville Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
116-59-38679

- ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Sherman Mounce
Residence of father (if deceased so state): Danville, Ind.
Birthplace of father (State or foreign country): Ind.

9. Full maiden name of mother: Clara Phelps
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Ind.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS } in this application is true and correct.

Signed Timothy Lee Mounce
New Address 1191 Lincoln Street Apt B-1

Subscribed and sworn to before me this 11 day of May, 1979.
Alan W. Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS }

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day 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.

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 May, 1979, authorizing the joining together as husband and wife of Timothy Lee Mounce and Vickie Lynn Williams. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Alan W. Hughes

one thousand nine hundred and 79 hereby certify that on the 19th day of May, 1979, at New Winchester, County of Hendricks, State of Indiana, Groom Timothy Lee Mounce and, Bride Vickie Lynn Williams 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 May, 1979.

Signed Alan W. Hughes
Official Designation Minister of Christ
Filed and recorded in accordance with the laws of the State of Indiana this 22 day of May, 1979.
Signed Alan W. Hughes Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name First Middle Last
Vickie Lynn Williams
Date of Birth Month Day Year
June 1960
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
1512 Box 123 Danville Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
1143

- ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Williams
Residence of father (if deceased so state): Danville, Ind.
Birthplace of father (State or foreign country): Ind.

9. Full maiden name of mother: Arlene Watson
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Ind.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS } in this application is true and correct.

Signed Vickie Lynn Williams
New Address 1191 Lincoln Street Apt B-1

Subscribed and sworn to before me this 11 day of May, 1979.
Alan W. Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS }

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 170
File _____
Date of Application 5-11-79

HENDRICKS County

MALE
Medical Examination Report Dated 5-9-79
Name of Physician Larry D. Lovell, M.D.

FEMALE
Medical Examination Report Dated 5-9-79
Name of Physician Larry D. Lovell, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Michael First Knights Middle Knights Last
Date of Birth 11 Month 03 Day 1960 Year
Place of Birth (State or foreign country) Massachusetts
Residence Address 320 N. Jefferson Street or R. R. Brownsburg 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) Driver's License w/ picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Phillip Lawrence Knights
Residence of father (if deceased so state) P.O. Box 215, Adams, Ind.
Birthplace of father (State or foreign country) Massachusetts

9. Full maiden name of mother Yvonne Narcangilo
Residence of mother (if deceased so state) P.O. Box 215, Adams, Ind.
Birthplace of mother (State or foreign country) Massachusetts

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Michael Knights
New Address 320 N. Jefferson B. Burg.
Subscribed and sworn to before me this 11 day of May, 1979
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Cynthia First Russell Middle Russell Last
Date of Birth 2 Month 22 Day 61 Year
Place of Birth (State or foreign country) Indiana
Residence Address 320 N. Jefferson Street or R. R. Brownsburg 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 #2458

☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Wayne Russell
Residence of father (if deceased so state) 3055 Eaglecliff Dr., Indpls., Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Deanna Louise Branch
Residence of mother (if deceased so state) 503 Locust Ln. Brownsburg, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Cynthia Russell
New Address 320 N. Jefferson B. Burg.
Subscribed and sworn to before me this 11 day of May, 1979
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day 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 _____
HENDRICKS 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 _____ Circuit Court of Indiana dated the 15 day of May, 1979, authorizing the joining together as husband and wife of Michael Knights and Cynthia Russell.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mowrer hereby certify that on the 2nd day of June,
at Danville County of Hendricks,
one thousand nine hundred and 79 at Hendricks County, State of Indiana,
State of Indiana, Groom Michael Knights of Hendricks County, State of Indiana,
and, Bride Cynthia Russell 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 2nd day of June, 1979
Signed John C. Mowrer Judge, Superior #2
Official Designation June, 1979
Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of _____, 19____
Signed Glen M. Harney HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 171

File
May 11-1979
Date of Application

MALE
Medical Examination Report Dated May 9, 1979
Name of Physician James Black

FEMALE
Medical Examination Report Dated May 9, 1979
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Jeffrey Curtis Land
Date of Birth 4 24 79
Place of Birth (State or foreign country) Indiana
Residence Address 925 Ardley Indpls Marion 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 Guy Nelson Land
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janet Carol Brown
Residence of mother (if deceased so state) Indiana
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed [Signature]
New Address Westlake Arms

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, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 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 16th day of May, 1979, authorizing the joining together as husband and wife of Jeffrey C. Land and Kelly M. Lamm.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Donald Tyler

one thousand nine hundred and 79 hereby certify that on the 18 day of May,
State of Indiana, Groom Jeffrey C. Land at Brownsburg County of Hendricks
and, Bride Kelly M. Lamm 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, State of Indiana.
Dated this 18 day of May, 1979.

Signed Rev. Donald Tyler
Official Designation Baptist Minister
Filed and recorded in accordance with the laws of the State of Indiana this 23 day of May, 1979.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 172

File _____

HENDRICKS County

May 11, 1979
Date of Application

MALE

Medical Examination Report Dated 5/11/79
Name of Physician Ronald K. Stigsmoller M.D.

FEMALE

Medical Examination Report Dated 5/11/79
Name of Physician Ronald K. Stigsmoller M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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
Dennis L. McIntyre
Date of Birth Month Day Year
July 30 1952
Place of Birth (State or foreign country)
Michigan, In.
Residence Address Street or R. R. City County State
14565 Kelly Rd. Mishawaka, 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 #1309-56-3699

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Eugene M. McIntyre
Residence of father (if deceased so state) Bremen, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Marie Oakley
Residence of mother (if deceased so state) Bremen, In.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Dennis L. McIntyre
New Address 14565 Kelly Rd. Mishawaka, In.

Subscribed and sworn to before me this 11th day of May, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name First Middle Last
Teresa Kay Myers
Date of Birth Month Day Year
May 27 1957
Place of Birth (State or foreign country)
Michigan, In.
Residence Address Street or R. R. City County State
R.R. #2 Box 276 Piffd. 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 #1305-68-487

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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. Myers
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Julia Alberta Allen
Residence of mother (if deceased so state) Plainfield, In.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Teresa Kay Myers
New Address 14565 Kelly Rd. Mishawaka, In.

Subscribed and sworn to before me this 11th day of May, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 18th day of May, 1979, authorizing the joining together as husband and wife of _____ and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____

I, _____ hereby certify that on the 26 day of May, _____

at _____ County of _____

one thousand nine hundred and 79 _____ County, State of _____

State of Indiana, Groom _____ of _____

and, Bride _____ 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 _____

County, _____

Dated this 18 day of May, 1979.

Signed Rev. Dennis L. Dodson
Minister May 19, 79

Official Designation _____ day of _____, 19____.

Signed Glen M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

No. 173
File _____
Date of Application May 11, 1979

MALE
Medical Examination Report Dated 5/9/79
Name of Physician Jack L. Walters

FEMALE
Medical Examination Report Dated 5/9/79
Name of Physician Jack L. Walters M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Lester R. Trent
Date of Birth Oct 5, 1951
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address P.O. Box 72 North Salem, 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) Divorce License #306-62-3371

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Marshall D. Trent
Residence of father (if deceased so state) Rt #1 Box 218 Pittsboro
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Bertha E. Cobb
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Lester R. Trent
New Address P.O. Box 72 North Salem
Subscribed and sworn to before me this 15 day of May, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____

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.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ County _____ Court dated the 15th day of May, 1979, authorizing the joining together as husband and wife of Lester R. Trent and Donna R. Mills.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Sherman Essex, hereby certify that on the 19th day of May, 1979, at Pittsboro, _____ County of Hendricks, State of Indiana, one thousand nine hundred and 79, _____ County, State of Indiana,
State of Indiana, Groom Lester R. Trent and, Bride Donna R. Mills 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, _____ State of Indiana.
Dated this 19th day of May, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1979.
Signed Sherman Essex Minister
Official Designation 22 day of May, 1979
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Donna R. Mills
Date of Birth June 2, 1952
Place of Birth (State or foreign country) Marlow, Okla.
Residence Address 1528 S. Mendian, Lebanon, 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) Divorce License #304-56-3638

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Jessie (Arben) Hicks
Residence of father (if deceased so state) Lebanon, Ind.
Birthplace of father (State or foreign country) Okla.
9. Full maiden name of mother Zelma Mattie Manola Cates
Residence of mother (if deceased so state) Lebanon, Ind.
Birthplace of mother (State or foreign country) Okla.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Donna R. Mills
New Address Box 72 North Salem, Ind.
Subscribed and sworn to before me this 11th day of May, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 174

File 40

5-14-79

Date of Application

MALE

Medical Examination Report Dated 5-9-79

Name of Physician Joseph C. Kerlin

FEMALE

Medical Examination Report Dated 5-9-79

Name of Physician Joseph C. Kerlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name John J. Carter
Date of Birth September 10 1953
Place of Birth (State or foreign country) Indianapolis
Residence Address 855 W. Main Danville Ind. 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Julian Carter
Residence of father (if deceased so state) Danville, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margaret Jean Dunn
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) New York
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X John J. CarterNew Address 889 West Clinton Danville

Subscribed and sworn to before me this 14 day of May, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Nancy L. Clark
Date of Birth April 2 1957
Place of Birth (State or foreign country) Indianapolis
Residence Address 889 W. Clinton Danville Ind. 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Wallace Oliver Clark
Residence of father (if deceased so state) Zionsville, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Unita Carolyn Gedigo
Residence of mother (if deceased so state) Danville, Ind.
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Nancy L. ClarkNew Address 889 West Clinton Danville

Subscribed and sworn to before me this 14 day of May, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 _____
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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 18 day of May, and John J. Carter and Nancy L. Clark

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, George W. Coffin hereby certify that on the 19 day of May,
one thousand nine hundred and 79 at Danville County of Hendricks
State of Indiana, Groom John J. Carter of Hendricks County, State of Indiana,
and, Bride Nancy L. Clark 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 19 day of May, 1979.

Signed George W. Coffin

Catholic Priest

Official Designation May, 1979

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of _____, 19____.
Signed Glen M. Harvey HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 175

File

May 14, 1979

Date of Application

MALE
Medical Examination Report Dated 5-7-79
Name of Physician Thomas Morelto

FEMALE
Medical Examination Report Dated 5-7-79
Name of Physician Thomas Morelto

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Don M. Traut
Date of Birth August 20, 1935
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address RR 8 Box 3458, Indpls, Hen, 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

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

- Full name of father: George E. Traut
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Indiana
- Full maiden name of mother: Mary May Wheeler
Residence of mother (if deceased so state): Deceased
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Don M. Traut

New Address RR 8 Box 3458

Subscribed and sworn to before me this 14 day of May, 1979
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Vera L. Litzelman
Date of Birth September 16, 1933
Place of Birth (State or foreign country) Keelsville, Indiana
Residence Address 615 Simmons, Plainfield, Hen, 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

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

- Full name of father: Roy Hassler
Residence of father (if deceased so state): Madison, WV
Birthplace of father (State or foreign country): Indiana
- Full maiden name of mother: Gladys Irene Jessup
Residence of mother (if deceased so state): Indpls, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Vera L. Litzelman

New Address

Subscribed and sworn to before me this 14 day of May, 1979
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 May, 1979, authorizing the joining together as husband and wife of Don M. Traut and Vera L. Litzelman. Be it further remembered, the following marriage certificate was filed in my office, to-wit: William R. Kell one thousand nine hundred and 79 hereby certify that on the 2 day of June at Indianapolis, State of Indiana, Groom Don M. Traut and, Bride Vera L. Litzelman 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 May, 1979.

Signed William R. Kell

Official Designation Minister, United Methodist Church
5 day of June, 1979

Signed Allen M. Garney HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 176

File

May 14 1979
Date of Application

HENDRICKS

County

MALE

Medical Examination Report Dated May 7, 1979

Name of Physician David M. Hedley

FEMALE

Medical Examination Report Dated May 7, 1979

Name of Physician David M. Hedley M.D.

ALL QUESTIONS MUST BE ANSWERED I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Last Jr.
Date of Birth Month 3 Day 15 Year 1949
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. City County State
223 W. Main St. Plainfield
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 R. Stahl, Jr.
Residence of father (if deceased so state): Plainfield, Ind.
Birthplace of father (State or foreign country): Indianapolis, Ind.

9. Full maiden name of mother: Elizabeth M. Latendresse
Residence of mother (if deceased so state): Plainfield, Ind.
Birthplace of mother (State or foreign country): Marion, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Margaret Thies
New Address: 223 W. Main St.

Subscribed and sworn to before me this 14th day of May, 1979
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, HENDRICKS } ss:
County of: HENDRICKS

Signed: Father
Signed: Mother

Subscribed and sworn to before me this day of 1979
Clerk

FEMALE APPLICANT

Name First Margaret Middle Last Niles
Date of Birth Month 12 Day 5 Year 1950
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. City County State
223 W. Main St. Plainfield, 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 E. Swenford
Residence of father (if deceased so state): Plainfield, Ind.
Birthplace of father (State or foreign country): Charleston, Ill.

9. Full maiden name of mother: Dorothy M. Miley
Residence of mother (if deceased so state): Plainfield, Ind.
Birthplace of mother (State or foreign country): Indianapolis, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: John R. Stahl, Jr.
New Address: 223 W. Main St.

Subscribed and sworn to before me this 14th day of May, 1979
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, HENDRICKS } ss:
County of: HENDRICKS

Signed: Father
Signed: Mother

Subscribed and sworn to before me this day of 1979
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 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 18 day of May, 1979, authorizing the joining together as husband and wife John R. Stahl, Jr. and Margaret J. Niles

Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, John C. Mowrer hereby certify that on the 19th day of May, at Danville, Hendricks County, State of Indiana, Groom John R. Stahl, Jr. and, Bride Margaret J. Niles 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 19th day of May, 1979

Signed John C. Mowrer Judge, Hendricks Superior C

Official Designation day of May, 1979

Signed Glen M. Harney HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of May, 1979

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 177

File

May 14, 1979
Date of ApplicationForm Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE

Medical Examination Report Dated May 8, 1979
Name of Physician E. J. O'Brien MD

FEMALE

Medical Examination Report Dated May 8, 1979
Name of Physician E. J. O'Brien MD

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Richard Henry Bettge
 Date of Birth Oct 11 1929
 Place of Birth (State or foreign country) Indianapolis, In
 Residence Address Box 211 Piffa
 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 William J. Bettge
 Residence of father (if deceased so state) deceased
 Birthplace of father (State or foreign country) Chicago, Ill
 9. Full maiden name of mother Elizabeth C. Hess
 Residence of mother (if deceased so state) Anderson, In.
 Birthplace of mother (State or foreign country) Zanesville, Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard H. BettgeNew Address Box 211 Plainfield Ind

Subscribed and sworn to before me this 14th day of May, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Patricia Joann Doughty
 Date of Birth Oct 13 1931
 Place of Birth (State or foreign country) Wankakee, Ill
 Residence Address 5037 Delta Dr. 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 male applicant closer than second cousin? No ☒ Yes ☐
 4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
 If answer is "yes", it is required that this Application be 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 Clifford Kitchin
 Residence of father (if deceased so state) Lowell, In.
 Birthplace of father (State or foreign country) Missouri
 9. Full maiden name of mother Audrey May Powers
 Residence of mother (if deceased so state) deceased
 Birthplace of mother (State or foreign country) Missouri

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patricia Joann DoughtyNew Address Box 211 Plainfield Ind.

Subscribed and sworn to before me this 14th day of May, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 May, 1979, authorizing the joining together as husband and wife of Richard Henry Bettge and Patricia Joann Doughty.
 Be it further remembered, the following marriage certificate was filed in my office, to-wit:
 I, Edison C. White, hereby certify that on the 20 day of May, 1979, at Plainfield, County of Hendricks, State of Indiana, Groom Richard Henry Bettge and, Bride Patricia Joann Doughty 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, State of Indiana.
 Dated this 20 day of May, 1979.

Signed Edison C. WhiteOfficial Designation MinisterSigned Glen M. Harvey, 1979HENDRICKS Circuit CourtFiled and recorded in accordance with the laws of the State of Indiana this 25 day of May, 1979

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 178

File 40

5-14-78

Date of Application

MALE Medical Examination Report Dated 5-9-79

Name of Physician Robert K. Stirlign

FEMALE

Medical Examination Report Dated 5-9-79

Name of Physician Robert K. Stirlign

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Harry Middle G Last Gowan
Date of Birth Month September Day 20 Year 1945
Place of Birth (State or foreign country) Reese Grove
Residence Address Street or R. R. RR #1 Box 193 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) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

Candi Sue GowanRandall Lee GowanDaniel Lynn Gowan

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be 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 Pierson GowanResidence of father (if deceased so state) Whitestown, Ind.Birthplace of father (State or foreign country) Indiana9. Full maiden name of mother Martha Jane MullinResidence of mother (if deceased so state) SameBirthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Harry P. GowanNew Address R.R. #1 Box 193 Danville, Ind.Subscribed and sworn to before me this 14 day of May, 1979Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Karen Middle L Last Siddons
Date of Birth Month February Day 2 Year 1950
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. RR #1 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) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 Lee SiddonsResidence of father (if deceased so state) Indpls. Ind.Birthplace of father (State or foreign country) Indiana9. Full maiden name of mother Helen HagerResidence of mother (if deceased so state) Danville, Ind.Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Karen L. SiddonsNew Address RR #1 Box 193 DanvilleSubscribed and sworn to before me this 14 day of May, 1979Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ of Indiana dated the 18th day of May, 1979, authorizing the joining together as husband and wife

of Harry P. Gowan and Karen L. Siddons

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____

I, Edward Curtice hereby certify that on the 18 day of May, _____

at Avon, County of Hendricks

one thousand nine hundred and 79 at _____ County, State of Indiana

State of Indiana, Groom Harry P. Gowan of Hendricks County, State of Indiana

and, Bride Karen L. Siddons 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 18 day of May, 1979 Signed Edward Curtice Minister

Official Designation _____ May _____, 1979

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

Signed Glen M. Harvey HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 179
File
Date of Application May 14 1979

MALE
Medical Examination Report Dated 5-4-79
Name of Physician Lawrence A. Rutz MD

FEMALE
Medical Examination Report Dated May 4 1979
Name of Physician Lawrence A. Rutz MD

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry 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 Melvin Last Dennemann
Date of Birth Month 10 Day 28 Year 1935
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Street or R. R. 9026 Rushmore Blvd. City Indianapolis 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 Edward James Dennemann
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Helen Mae Sabbach
Residence of mother (if deceased so state) Indianapolis, In.
Birthplace of mother (State or foreign country) Indianapolis, In.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Edward J. Dennemann
New Address 3415 N. Central

Subscribed and sworn to before me this 14 day of May, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 May, 1979, authorizing the joining together as husband and wife of Edward Melvin Dennemann and Jerri Celeste Nehez.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Wendell W. Mayer, hereby certify that on the 20 day of May, 1979, at Indianapolis, State of Indiana, Groom Edward Melvin Dennemann of Marion County, State of Indiana, and, Bride Jerri Celeste Nehez 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 May, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of May, 1979.
Signed Wendell W. Mayer Judge
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Jerri Middle Celeste Last Nehez
Date of Birth Month 10 Day 23 Year 1938
Place of Birth (State or foreign country) Virginia
Residence Address Street or R. R. 1036 Springcrest Pkwy. 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Ernest Utz
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) West Virginia
9. Full maiden name of mother Mary Ellen Rawls
Residence of mother (if deceased so state) Arkansas
Birthplace of mother (State or foreign country) Louisiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Jerri C. Nehez
New Address 3415 N. Central

Subscribed and sworn to before me this 14 day of May, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 180

File

May 14, 1979

Date of Application

MALE

Medical Examination Report Dated 5-7-79

Name of Physician R. L. Veach

FEMALE

Medical Examination Report Dated 5-7-79

Name of Physician R. L. Veach

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Timm Gregory Buche
Date of Birth June 18 1951
Place of Birth (State or foreign country) Ind.
Residence Address 3414 Glen Arm Dr. Marion 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 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Buche
Residence of father (if deceased so state): Conroe Point, Ind.

Birthplace of father (State or foreign country): Ind.

9. Full maiden name of mother: Barbara Hoepfner

Residence of mother (if deceased so state): same

Birthplace of mother (State or foreign country): Ind.

State of Indiana, } ss: I depose and state the information given
County of: HENDRICKS in this application is true and correct.

Signed: Timm G. Buche
New Address: 3414 Glen Arm Dr.

Subscribed and sworn to before me this 14 day of May, 1979

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, } ss:
County of: HENDRICKS

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 18th day of May, 1979, authorizing the joining together as husband and wife

Timm Gregory Buche and Elizabeth Ann Conley

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John Michael Hirsch hereby certify that on the 26 day of May, 1979, at _____ County of _____

one thousand nine hundred and 79 at Marion County, State of Indiana

State of Indiana, Groom Timm Gregory Buche of Hendricks County, State of Indiana

and, Bride Elizabeth Ann Conley 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 _____

County. _____

Dated this 26th day of May, 1979

Signed: Rev. John Michael Hirsch
Official Designation: Pastor, Glendale Christian Church
June 4, 1979

Signed: Glen M. Harney Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 181

File

May 14, 1979
Date of Application

MALE

Medical Examination Report Dated 5-14-79
Name of Physician Wm. Wagner

FEMALE

Medical Examination Report Dated 5-14-79
Name of Physician Wm. Wagner

Whoever procures the issuance of a license to marry by any false statement, representation or pretense

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry 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
William Charles Chabra
Date of Birth Month Day Year
Apr 16 1958
Place of Birth (State or foreign country)
Ind.
Residence Address Street or R. R. City County State
Rt 1 Box 505 Plainfield 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. Francis

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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. Chabra
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) N. Jersey
9. Full maiden name of mother Margie Horton
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William C. Chabra
New Address R.R. 1 Box 505

Subscribed and sworn to before me this 14 day of May, 1979.
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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 May, 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: William Charles Chabra and Barbara Elizabeth Bates
I, Jeffery A. Trees

one thousand nine hundred and 79 hereby certify that on the 19 day of May

State of Indiana, Groom William Charles Chabra at Plainfield U.M. Church, County of Hendricks

and, Bride Barbara Elizabeth Bates 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, State of Indiana

Dated this 19 day of May, 1979

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of May, 1979.

Signed Rev. Jeffery A. Trees Minister

Official Designation _____ day of May, 1979.
Signed Glen M. Harney Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 182

File

Date of Application May 16

MALE
Medical Examination Report Dated 5-15-79

Name of Physician Jimmy Cochran

FEMALE

Medical Examination Report Dated 5-15-79

Name of Physician Jimmy Cochran

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Samuel DeWayne Goodpaster
Date of Birth April 27 1965
Place of Birth (State or foreign country) Ind.
Residence Address RR 1 Coatesville City Ind. 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Goodpaster
Residence of father (if deceased so state) Coatesville, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Phyllis Hudson
Residence of mother (if deceased so state) Indpls. Ind.
Birthplace of mother (State or foreign country) Tenn.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Samuel Goodpaster
New Address RR 1 Coatesville Ind

Subscribed and sworn to before me this 16 day of May, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Mickey Elaine Fruits
Date of Birth April 19 1965
Place of Birth (State or foreign country) Ind.
Residence Address RR 3 Box 355 Clayton City Ind. 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Fruits
Residence of father (if deceased so state) Clayton, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Marjorie Sanders
Residence of mother (if deceased so state) Clayton, Ind.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Mickey Fruits
New Address RR 1 Coatesville, Ind

Subscribed and sworn to before me this 16 day of May, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
HENDRICKS 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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 21st day of May and Mickey Elaine Fruits
Samuel DeWayne Goodpaster

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, Tom McGilliard hereby certify that on the 25th day of May _____
one thousand nine hundred and 79 at 7:30 P.M. _____ County of Hendricks
State of Indiana, Groom Samuel DeWayne Goodpaster of Putnam County, State of Indiana
and, Bride Mickey Elaine Fruits 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 25 day of May, 1979

Signed Tom McGilliard
Official Designation Minister, Stilesville Christian Church
30 day of May, 1979

Signed Glen M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 183
File _____
Date of Application 5-16-79

MALE
Medical Examination Report Dated 5-16-79
Name of Physician Michael P. Bubb, M.D.

FEMALE
Medical Examination Report Dated 5-16-79
Name of Physician Michael P. Bubb, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Harry Mitchell Hirschman
Date of Birth 3 27 1956
Place of Birth (State or foreign country) Paris, Illinois
Residence Address 27 North St., New Palestine, Hancock 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 w/picture
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father Harry Richard Hirschman
Residence of father (if deceased so state) 6375 Eagle Rd., Indianapolis, Ind.
Birthplace of father (State or foreign country) Illinois
- Full maiden name of mother Patricia Metcalf
Residence of mother (if deceased so state) Casey, Illinois
Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Harry Mitchell Hirschman
New Address 27 North St., New Palestine, IN.

Subscribed and sworn to before me this 16 day of May, 1979.
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, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day 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.

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, 1979, authorizing the joining together as husband and wife of Harry Mitchell Hirschman and Sandra Jane Yates.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Elton E. Carlson, hereby certify that on the 26 day of May, 1979, at Brownsburg, County of Indiana, State of Indiana, Groom Harry Mitchell Hirschman of Hancock County, State of Indiana, and, Bride Sandra Jane Yates 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, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of July, 1979.
Signed Elton E. Carlson Official Designation Gospel Minister
Signed Glen M. Harney Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Sandra Jane Yates
Date of Birth 1 28 1960
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 58 E. Tilden, Brownsburg, Hendricks 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
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father John Franklin Yates
Residence of father (if deceased so state) 58 E. Tilden, Brownsburg
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Myra Jane Reinke
Residence of mother (if deceased so state) 58 E. Tilden, Brownsburg
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sandra Jane Yates
New Address 27 North St., New Palestine

Subscribed and sworn to before me this 16 day of May, 1979.
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, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 184

File 40

5-16-79

Date of Application

MALE

Medical Examination Report Dated 5-14-79

Name of Physician Paul Stanley Lewis

FEMALE

Medical Examination Report Dated 5-14-79

Name of Physician Paul Stanley Lewis

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Albert Middle Raymond Last McAnany
Date of Birth January 12 1926
Place of Birth (State or foreign country) Indianapolis
Residence Address 4208 Elmhurst Street or R. R. City Indpls. Marion 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 McAnany
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) New York

9. Full maiden name of mother Mildred Agnes Grimes
Residence of mother (if deceased so state) Indpls. In.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Albert R McAnany

New Address 7815 E- 56th St.

Subscribed and sworn to before me this 16 day of May, 1979.
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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name First Rebecca Ann Middle Cook Last
Date of Birth September 27 1941
Place of Birth (State or foreign country) Indianapolis
Residence Address 437 Murphy Ln. Street or R. R. City Indpls. Hend. 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 E. Barker
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Lydia Fay Baldwin
Residence of mother (if deceased so state) Indianapolis, In.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Rebecca A Cook

New Address 7815 E- 56th St.

Subscribed and sworn to before me this 16 day of May, 1979.
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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 22 day of May, 1979, authorizing the joining together as husband and wife Albert Raymond McAnany and Rebecca Ann Cook

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Walter F. Neal hereby certify that on the 1st day of June at Indianapolis, County of Marion, State of Indiana, Groom Albert Raymond McAnany of Hendricks County, State of Indiana, and, Bride Rebecca Ann Cook 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 1st day of June, 1979.
Signed Walter F. Neal
Official Designation United Methodist Church
June 1979
Clerk

Signed Glen M. Harney HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 185
File
May 17, 1979
Date of Application

MALE
Medical Examination Report Dated 5-9-79
Name of Physician Justin Lane

FEMALE
Medical Examination Report Dated 5-9-79
Name of Physician Justin Lane

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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
Date of Birth Month Day Year
Place of Birth (State or foreign country)
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 Henry Haase
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Virginia Johnson
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Mitchell Paul Haase
New Address 343 Eastern Ave. 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, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day 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 May 1979, authorizing the joining together as husband and wife Mitchell Paul Haase and Pamela Sue Sargent
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Rev. Dillon Laffin
one thousand nine hundred and 79 hereby certify that on the 2 day of June
State of Indiana, Groom Mitchell Paul Haase at Plainfield, County of Hendricks
and, Bride Pamela Sue Sargent 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, State of _____
Dated this 21st day of May, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of June, 1979.
Signed Rev. Dillon Laffin
Official Designation Minister
Signed Ellen M. Garvey
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
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 E. Sargent
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Kaye Duane Rudy
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Pamela Sue Sargent
New Address 343 Eastern Avenue 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, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-42
Effective July 1, 1957

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 186

File 40

Date of Application
5-17-79

MALE

Medical Examination Report Dated 5-16-79

Name of Physician Larry D. Lovall

FEMALE

Medical Examination Report Dated 5-16-79

Name of Physician Larry D. Lovall

ALL QUESTIONS MUST BE ANSWERED IN 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Fred Middle Last Kenworthy
Date of Birth Month October Day 25 Year 1943
Place of Birth (State or foreign country) Monrovia
Residence Address Street or R. R. 1555 Watson Rd. City Mooreville 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children:
Joseph Eugene Kenworthy

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Joseph Kenworthy
Residence of father (if deceased so state): Mooreville, In.
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Evabelle Dehoney
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed: x Fred L. Kenworthy

New Address 9518 Harmon Dr Indpls

Subscribed and sworn to before me this 17 day of May, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Delray Middle Last Silkwood
Date of Birth Month April Day 28 Year 1955
Place of Birth (State or foreign country) Chillicothe
Residence Address Street or R. R. 9518 Harley Dr. City Indianapolis County Mo 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children:
Diana Jean Silkwood
Georgia Louise Silkwood
Michael Leroy Silkwood

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Tom Wilson
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Missouri

9. Full maiden name of mother: Margaret Lucis Breeden
Residence of mother (if deceased so state): Deceased
Birthplace of mother (State or foreign country): Missouri

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed: x Delray D. Silkwood

New Address 9518 Harmon Dr Indianapolis

Subscribed and sworn to before me this 17 day of May, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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

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... 1979, authorizing the joining together as husband and wife of Indiana dated the 21st day of May, 1979, and Delray D. Silkwood

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 25 day of May 1979

I, J. V. Boles hereby certify that on the 25 day of May 1979 at Danville, County of Hendricks

one thousand nine hundred and 79 at Marion, County, State of Indiana

State of Indiana, Groom Fred L. Kenworthy of Marion, County, State of Indiana

and, Bride Delray Diane Silkwood 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

Dated this 25 day of May, 1979 Signed: J. V. Boles

Official Designation Judge, Hendricks Circuit Court May 1979

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of May, 1979

Signed: Glen M. Harvey HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 187
File 40
Date of Application 5-17-79

MALE
Medical Examination Report Dated 5-5-79
Name of Physician C.A. Rau

FEMALE
Medical Examination Report Dated 5-5-79
Name of Physician C.A. Rau

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Robert Leland Mettler
Date of Birth April 20 1919
Place of Birth (State or foreign country) Indiana
Residence Address 249 N. Salem Rd., Danville, 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) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 David Mettler
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Marie Zook
Residence of mother (if deceased so state): deceased
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Robert Leland Mettler
New Address 249 Old N. Salem Rd. Danville

Subscribed and sworn to before me this 17th day of May, 1979.
Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 May, 1979, authorizing the joining together as husband and wife of Robert Leland Mettler and Doris Marie Collins.
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 1st day of June, one thousand nine hundred and 79, at Danville, County of Hendricks, State of Indiana, and, Bride Doris Marie Collins of Jennings 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 May, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of June, 1979.
Signed Dr. Joseph D. Stump Official Designation Pastor
Signed Glen M. Hawley Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 188

File

May 16 1979
Date of Application

MALE

Medical Examination Report Dated 5/12/79

Name of Physician David B. Haggard, M.D.

FEMALE

Medical Examination Report Dated 5/12/79

Name of Physician David B. Haggard, M.D.

ALL QUESTIONS MUST BE ANSWERED. IC 31-1-3-4 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Bryan Kent Halfaker
Date of Birth November 31 1956
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 5824 Council Ring Blvd. Kokomo, Ind.
Previous Marital Status: Never Married ☒ OR ☐ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) Driver's license - picture

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children:

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Jacob Richard Halfaker
Residence of father (if deceased so state): Plainfield, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Carla Jean Owens
Residence of mother (if deceased so state): Plainfield, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Bryan Kent Halfaker
New Address 5824 Council Ring Blvd Kokomo

Subscribed and sworn to before me this 16 day of May, 19 79
Shirley 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, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 ____

Clerk

FEMALE APPLICANT

Name Janice Ann May
Date of Birth April 27 1958
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 10014 Mulberry Dr. Indianapolis, Ind.
Previous Marital Status: Never Married ☒ OR ☐ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) Driver's license - picture

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children:

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Marvin May
Residence of father (if deceased so state): Indianapolis, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Wanda Lee Williams
Residence of mother (if deceased so state): Indianapolis, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Janice Ann May
New Address _____

Subscribed and sworn to before me this 16 day of May, 19 79
Shirley 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, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ of Indiana dated the 16 day of May, 19 79, authorizing the joining together as husband and wife of Bryan Kent Halfaker and Janice Ann May

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Thomas Glen May hereby certify that on the 19 day of May, 19 79, at Plainfield Christian Church of Hendricks County, State of Indiana

one thousand nine hundred and 79 of Howard County, State of Indiana,
State of Indiana, Groom Bryan Kent Halfaker of Hendricks County, State of Indiana,
and, Bride Janice Ann 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 _____ County.
Dated this 19 day of May, 19 79

Signed Thomas Glen May
Official Designation Minister May, 19 79
22 day of _____
Signed Shirley M. Harney HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 187
File
May 18, 1979
Date of Application

MALE
Medical Examination Report Dated 5-3-79
Name of Physician Lisa Ernst M.D.

FEMALE
Medical Examination Report Dated 5-3-79
Name of Physician Lisa Ernst M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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
Date of Birth Month Day Year
Place of Birth (State or foreign country)
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: Layton Duane Carter
Residence of father (if deceased so state): R.R. # 8, Greensburg, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Clara Mae Bricbert
Residence of mother (if deceased so state): Greensburg, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed Donald D. Carter
New Address R.R. # 1 Box 138, Stilesville

Subscribed and sworn to before me this 18 day of May, 1979.
Lisa M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 May, 1979, authorizing the joining together as husband and wife of Donald D. Carter and Karen Sue Hayden.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Tom McGilliard, hereby certify that on the 26 day of May, 1979, at 1:30 P.M., State of Indiana, Groom Donald D. Carter, County of Hendricks, and, Bride Karen Sue Hayden, County of Putnam, 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, State of Indiana.
Dated this 26 day of May, 1979.

Signed Tom McGilliard
Official Designation Minister Stilesville Christian Church
Filed and recorded in accordance with the laws of the State of Indiana this 30 day of May, 1979.
Signed Lisa M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
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: Otis Lee Hayden, Jr.
Residence of father (if deceased so state): Indianapolis, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Audrey Agnes Brown
Residence of mother (if deceased so state): Stilesville, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed Karen Sue Hayden
New Address R.R. # 1 Box 138, Stilesville, Ind.

Subscribed and sworn to before me this _____ day of _____, 19____.
Lisa M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

Form Prescribed By
Indiana State Board of
Health under Authority
of LC 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 190

File

May 15, 1979
Date of Application

MALE

Medical Examination Report Dated 5-10-79

Name of Physician Alex Berry

FEMALE

Medical Examination Report Dated 5-9-79

Name of Physician Thomas Walper

ALL QUESTIONS MUST BE ANSWERED. LC 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Michael Joseph Meunier
Date of Birth June 21, 1955
Place of Birth (State or foreign country) Ind.
Residence Address 451 S. Weinbach, Evansville, 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Meunier
Residence of father (if deceased so state): Braunshurg, Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Elana Bajt
Residence of mother (if deceased so state): Braunshurg, Ind.
Birthplace of mother (State or foreign country): Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed

Michael J. Meunier

New Address

451 S. Weinbach, Evansville

Subscribed and sworn to before me this 13th day of May, 1979.
Alex M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Jacqueline Anne Bain
Date of Birth Aug. 5th, 1958
Place of Birth (State or foreign country) Ind.
Residence Address 1022 Logan, 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Jockie C. Bain
Residence of father (if deceased so state): Braunshurg, Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Mary Porter
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed

Jacqueline A. Bain

New Address

451 S. Weinbach, Evansville

Subscribed and sworn to before me this 18 day of May, 1979.
Alex M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
HENDRICKS 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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 22 day of May and Jacqueline Anne Bain

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 2 day of June
I, Rev. Charles Noll hereby certify that on the _____ day of _____, County of Hendricks,
one thousand nine hundred and 79 at Brownsburg County, State of Indiana
State of Indiana, Groom Michale Joseph Meunier of Hendricks County, State of Indiana
and, Bride Jacqueline Anne Bain of _____ 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 22 day of May, 1979 Signed Rev. Charles Noll
Official Designation Catholic Priest June, 1979

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of _____
Signed Alex M. Harvey HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 191
File
Date of Application May 18, 1979

MALE
Medical Examination Report Dated May 15, 1979
Name of Physician David B. Haggard, M.D.

FEMALE
Medical Examination Report Dated May 15, 1979
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name David Carl Cox, Jr.
Date of Birth May 6, 1952
Place of Birth (State or foreign country) Fairmont Heights, Maryland
Residence Address 141 Hopkins, Little Creek, Michigan
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Earl Cox, Sr.
Residence of father (if deceased so state): Boston, Mass.
Birthplace of father (State or foreign country): North Carolina
9. Full maiden name of mother: Bertha Lee Lucas
Residence of mother (if deceased so state): Boston, Mass.
Birthplace of mother (State or foreign country): Tenn.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed: David Earl Cox, Jr.
New Address: 1508 Grandville, Pontiac, Michigan
Subscribed and sworn to before me this 18 day of May, 1979.
Glen M. Harvey, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 June, 1979, authorizing the joining together as husband and wife of David Earl Cox, Jr. and Rosalind Jean Sworn.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Charles W. Beadles, hereby certify that on the 30 day of June, 1979, at Plainfield, Hendricks County, State of Indiana, Groom David Earl Cox and Bride Rosalind Jean Sworn were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 30 day of June, 1979.

Signed: Rev. Charles W. Beadles
Official Designation: _____
Signed: Glen M. Harvey, Clerk HENDRICKS Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this 5 day of July, 1979.

FEMALE APPLICANT
Name Rosalind Jean Sworn
Date of Birth May 22, 1954
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 869 N. Vine, Plainfield, 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) Divorce 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 Spencer Sworn
Residence of father (if deceased so state): Plainfield, In.
Birthplace of father (State or foreign country): Indianapolis, In.
9. Full maiden name of mother: Rose Marie Brown
Residence of mother (if deceased so state): Plainfield, In.
Birthplace of mother (State or foreign country): Tenn.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed: Rosalind Jean Sworn
New Address: 1508 Grandville, Pontiac, Michigan
Subscribed and sworn to before me this 18 day of May, 1979.
Glen M. Harvey, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 192

File

May 18, 1979

Date of Application

MALE

Medical Examination Report Dated 5-12-79

Name of Physician Eric Clark, M.D.

FEMALE

Medical Examination Report Dated 5-12-79

Name of Physician Eric Clark, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Thomas Patrick Long
Date of Birth May 26 1954
Place of Birth (State or foreign country) Indiana
Residence Address 40 N. Green St. Apt. #9 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)driver's license (picture)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 W. Long
Residence of father (if deceased so state): Indianapolis, Ind.
Birthplace of father (State or foreign country): Tennessee
9. Full maiden name of mother: Ruby E. Smith
Residence of mother (if deceased so state): Indianapolis, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Thomas Patrick LongNew Address 40 N. Green St. Apt. #9

Subscribed and sworn to before me this 18 day of May, 1979
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, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Jennifer Lynn Schutte
Date of Birth November 21 1954
Place of Birth (State or foreign country) Indiana
Residence Address 40 N. Green St. Apt. #9 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)driver's license (picture)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 A. Schutte
Residence of father (if deceased so state): Wt. Vernon, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Margorie E. Silener
Residence of mother (if deceased so state): Wt. Vernon, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Jennifer Lynn SchutteNew Address 40 N. Green St. Apt. #9 Brownsburg, Ind.

Subscribed and sworn to before me this 18 day of May, 1979
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, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 by written order issued _____ and filed _____
in _____ County _____ 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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 13 day of May, and Thomas Patrick Long and Jennifer Lynn Schutte

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the 9 day of June,
I, George H. Hoag, at Brownsburg, County of Hendricks,
one thousand nine hundred and 49, County, State of Indiana,
State of Indiana, Groom Thomas Patrick Long of Hendricks County, State of Indiana,
and, Bride Jennifer Lynn Schutte 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 9 day of June, 1979. Signed George H. Hoag
Official Designation Lutheran Minister, 1979.
Signed Glen M. Harney Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 193

File

5-18-79

Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE

Medical Examination Report Dated 5-12-79
Name of Physician David B. Haggard, M.D.

FEMALE

Medical Examination Report Dated 5-12-79
Name of Physician David B. Haggard, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Robert Eugene Davis
Date of Birth 12/16/1960
Place of Birth (State or foreign country) Indiana
Residence Address 1103 Pierce Dr., Plainfield Hendricks, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
#15882

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Lee Davis
Residence of father (if deceased so state) Indianapolis, Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Donna Lois Green
Residence of mother (if deceased so state) 1103 Pierce Dr., Mft., Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Robert E. DavisNew Address 1103 Pierce Dr.

Subscribed and sworn to before me this 18 day of May, 1979.
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, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 23rd day of May, 1979, authorizing the joining together as husband and wife of Robert Eugene Davis and Karen Sue Edmondson.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Donny L. DeLong, hereby certify that on the 26 day of May, 1979, at Danville, County of Hendricks, State of Indiana, Groom Robert Eugene Davis and, Bride Karen Sue 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, State of Indiana.
Dated this 26 day of May, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1979.
Signed Donny L. DeLong
Official Designation Ordained Minister
Signed Glen M. Harney Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Karen Sue Edmondson
Date of Birth 11/23/1959
Place of Birth (State or foreign country) Indiana
Residence Address P.O. Box A, Clayton Hendricks, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
#15059

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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) P.O. Box A, Clayton, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Evelyn Mabel Dykes
Residence of mother (if deceased so state) P.O. Box A, Clayton, Ind.
Birthplace of mother (State or foreign country) Florida

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Karen S. EdmondsonNew Address 1103 Pierce Drive

Subscribed and sworn to before me this 18 day of May, 1979.
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, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

Re - Marriage
STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 194
File 40
Date of Application 5-21-79

MALE
Medical Examination Report Dated 5-1-79
Name of Physician Glenn W. Baker

FEMALE
Medical Examination Report Dated 5-4-79
Name of Physician Ronald B. Frank

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Salvatore Ferraro
Date of Birth January 1 1939
Place of Birth (State or foreign country) Florida
Residence Address 521 Nelson Dr. 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) 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.
Lynda Jude Ferraro
Lori Ann Ferraro

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Angelo Ferraro
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Frances Molinari
Residence of mother (if deceased so state) Lansdale, Pa.
Birthplace of mother (State or foreign country) Pa.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Salvatore Ferraro

New Address 521 Nelson Drive Brownsburg

Subscribed and sworn to before me this 21 day of May, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Helen Ferraro
Date of Birth July 16 1940
Place of Birth (State or foreign country) Philadelphia
Residence Address Stanbridge Apt. Lansdale Pa.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 J. Strain
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Pa.
9. Full maiden name of mother Anna M. Doyle
Residence of mother (if deceased so state) Warren, New Jersey
Birthplace of mother (State or foreign country) Pa.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Helen M. Ferraro

New Address 521 Nelson Drive Brownsburg Ind.

Subscribed and sworn to before me this 21 day of May, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 Waiver and filed in Circuit 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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 21 day of May, 1979, and

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 21st day of May

I, Robert J. Gilday hereby certify that on the 21st day of May, 1979, at St. Malachy Church, Brownsburg Hendricks County, State of Indiana

one thousand nine hundred and 79 at Hendricks County, State of Indiana

State of Indiana, Groom Salvatore Ferraro of Hendricks County, State of Indiana

and, Bride Helen M. Ferraro 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 _____

Dated this 21st day of May, 1979. Signed Robert J. Gilday

Official Designation Associate Pastor _____

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of May, 1979. Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 195
File 5-21-79
Date of Application

MALE
Medical Examination Report Dated 4-24-79
Name of Physician Dr. Thomas Walter

FEMALE
Medical Examination Report Dated 4-24-79
Name of Physician Dr. Thomas Walter

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry to any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Leo Nelson Skaggs
Date of Birth 9/2/1918
Place of Birth (State or foreign country) Indiana
Residence Address 2166 Fontana Dr. Hendricks 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 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: Howard Russell Skaggs
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Lillian A. Cumming
Residence of mother (if deceased so state): Deceased
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed Leo N. Skaggs
New Address 2166 Fontana Dr.

Subscribed and sworn to before me this day of 1979, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 1979, Clerk

FEMALE APPLICANT

Name Annabelle Dillon
Date of Birth 5/19/22
Place of Birth (State or foreign country) Indiana
Residence Address 2166 Fontana Dr. Hendricks 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 D. Duxteron
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Illinois
9. Full maiden name of mother: Daisy M. Probst
Residence of mother (if deceased so state): Deceased
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed Annabelle Dillon
New Address 2166 Fontana Dr.

Subscribed and sworn to before me this day of 1979, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 1979, 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 Waiver and filed in Court 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 24th day of May 1979, authorizing the joining together as husband and wife of Leo Nelson Skaggs and Annabelle Dillon.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Maurer, hereby certify that on the 24th day of May 1979, at Danville, Hendricks County, State of Indiana, Groom Leo Nelson Skaggs and, Bride Annabelle Dillon, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 24th day of May 1979.

Signed John C. Maurer

Official Designation Judge
25 day of May 1979
Signed Glen M. Harvill Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 196

File 40

5-21-79

Date of Application

MALE

Medical Examination Report Dated 5-3-79

Name of Physician Irving Cohen

FEMALE

Medical Examination Report Dated 5-3-79

Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Jamie S. Stapleton
Date of Birth December 9 1957
Place of Birth Anderson, Ind.
Residence Address 120 William Dr. Apt. E 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Michael Stapleton
Residence of father (if deceased so state) Brownsburg, Ind.
Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Ramona Bernice Walker
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Jamie Stapleton
New Address 120 William Dr. Apt. E/Burg.

Subscribed and sworn to before me this 21 day of May, 1979.
Elen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Julie L. Hatleli
Date of Birth July 24 1966
Place of Birth Indianapolis
Residence Address R2 Box 1650 Brownsburg Hend. Co.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Orlando Hatleli
Residence of father (if deceased so state) Brownsburg, Ind.
Birthplace of father (State or foreign country) Minnesota
9. Full maiden name of mother Jean Kathleen Grant
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Minnesota

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Julie Hatleli
New Address 120 William Dr. Apt. E/Burg.

Subscribed and sworn to before me this 21 day of May, 1979.
Elen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
HENDRICKS 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 25 day of May, 1979, authorizing the joining together as husband and wife
Jamie S. Stapleton and Julie L. Hatleli

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Charles Noll hereby certify that on the 26th day of May,
Brownsburg County of Hendricks
Hendricks County, State of Indiana

one thousand nine hundred and 79 of Hendricks County, State of Indiana
State of Indiana, Groom Jamie S. Stapleton
and, Bride Julie L. Hatleli

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 25th day of May, 1979.
Signed Rev. Charles Noll
Official Designation Catholic Priest May, 1979.
Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of _____, 19____.
Signed Elen M. Harvey HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 197

File 40

May 21, 1979
Date of Application

MALE
Medical Examination Report Dated 5-11-79
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 5-11-79
Name of Physician Joseph C. Kerlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Cleve Bishop
Date of Birth September 8 1958
Place of Birth (State or foreign country) Michigan
Residence Address 2804 E. 55th Place Indpls. 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 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 Robert Eugene Bishop
Residence of father (if deceased so state) Farmington Hills, Mich.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Gueth Ann Thorman
Residence of mother (if deceased so state) Pittsboro, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed [Signature]

New Address

Subscribed and sworn to before me this 21 day of May, 19 79

Glen M. Harway Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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:

Signed

Father

Signed

Mother

Subscribed and sworn to before me this _____ day 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 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 May, 19 79, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Cleve A. Bishop and Sandra J. Gehring

I, Dr. Joseph D. Stump, hereby certify that on the 26 day of May, 19 79

State of Indiana, Groom Cleve A. Bishop at Danville County of Hendricks

and, Bride Sandra J. Gehring 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, State of Indiana

Dated this 26 day of May, 19 79.

Signed Dr. Joseph D. Stump

Official Designation Pastor

Signed Glen M. Harway, 19 79

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19 ____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 198

File _____

HENDRICKS

County

5-22-79

Date of Application

MALE

Medical Examination Report Dated 5-21-79Name of Physician James Black, M.D.

FEMALE

Medical Examination Report Dated 5-11-79Name of Physician Thomas M. Walker, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Paul David Hall
Date of Birth July 6 1959
Place of Birth (State or foreign country) Indiana (Clinton)
Residence Address Rt. 1 Box 373 Clintonville Hendricks Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
#59-910389
☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? ☒ No ☐ Yes
If answer is "yes", has the adjudication been removed? ☐ No ☐ Yes
- Are you afflicted with a transmissible disease? ☒ No ☐ Yes
- Are you related to the female applicant closer than second cousin? ☒ No ☐ Yes
- Are you now under the influence of intoxicating liquor? ☒ No ☐ Yes
- Are you now under the influence of a narcotic drug? ☒ No ☐ Yes
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? ☐ No ☐ Yes
If answer is "yes", it is required that this Application be 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 Delbert Hall
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith Ann Becker
Residence of mother (if deceased so state) Indiana
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Paul David HallNew Address 455 GRAY FE 1054 S3, CA 96601

Subscribed and sworn to before me this 22 day of May, 1979.
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, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Dorothy Anne Finlay
Date of Birth June 14 1958
Place of Birth (State or foreign country) Brazil, South America
Residence Address 236 N. Cross Danville Hendricks 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? ☒ No ☐ Yes
If answer is "yes", has the adjudication been removed? ☐ No ☐ Yes
- Are you afflicted with a transmissible disease? ☒ No ☐ Yes
- Are you related to the male applicant closer than second cousin? ☒ No ☐ Yes
- Are you now under the influence of intoxicating liquor? ☒ No ☐ Yes
- Are you now under the influence of a narcotic drug? ☒ No ☐ Yes
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? ☐ No ☐ Yes
If answer is "yes", it is required that this Application be 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 Finlay
Residence of father (if deceased so state) Danville, Indiana
Birthplace of father (State or foreign country) Ireland
9. Full maiden name of mother Betty Jean Berry
Residence of mother (if deceased so state) Danville, Indiana
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Dorothy Anne FinlayNew Address Bremerton WA

Subscribed and sworn to before me this 22 day of May, 1979.
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, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____
HENDRICKS 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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 26 day of May and Dorothy Anne Finlay

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ronald E. McDugle hereby certify that on the 26 day of May,
one thousand nine hundred and 79 at Danville County of Hendricks
State of Indiana, Groom Paul David Hall of Hendricks County, State of Indiana
and, Bride Dorothy Anne Finlay 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 26 day of May, 1979.

Signed Rev. Ronald E. McDugle
MinisterOfficial Designation _____ May 1979

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of _____
Signed Glen M. Harney HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 199
File _____
Date of Application 5-22-79

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 5-21-79
Name of Physician Joseph C. Kerlin, M.D.

FEMALE
Medical Examination Report Dated 5-21-79
Name of Physician Joseph C. Kerlin, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Richard H. Barker, Jr.
Date of Birth 12-26-1956
Place of Birth (State or foreign country) Dearborn, Michigan
Residence Address 1720 Englewood, Allen Park, Michigan
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/ picture
- Are you now or have you ever been adjudged to be of unsound mind? ☒ No ☐ Yes
 - If answer is "yes", has the adjudication been removed? ☒ No ☐ Yes
 - Are you afflicted with a transmissible disease? ☒ No ☐ Yes
 - Are you related to the female applicant closer than second cousin? ☒ No ☐ Yes
 - Are you now under the influence of intoxicating liquor? ☒ No ☐ Yes
 - Are you now under the influence of a narcotic drug? ☒ No ☐ Yes
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? ☒ No ☐ Yes
- If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father Richard H. Barker, Jr.
Residence of father (if deceased so state) Allen Park, Michigan
Birthplace of father (State or foreign country) Kentucky
- Full maiden name of mother Dorothy M. Lowe
Residence of mother (if deceased so state) Allen Park, Michigan
Birthplace of mother (State or foreign country) Michigan

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed Richard H. Barker, Jr.
New Address 205 S. Manning Hillsdale, Mich.
Subscribed and sworn to before me this 22 day of May, 19 79
Allen 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, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day 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 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 May, 19 79, authorizing the joining together as husband and wife of Richard H. Barker, Jr. and Catherine Marie Chapman.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Larry McMahan hereby certify that on the 2nd day of June, 19 79, at Danville, County of Hendricks, State of Indiana, Groom Richard Harold Barker, Jr. of Hillsdale, County, State of Michigan and, Bride Catherine Marie 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 2nd day of June, 19 79.

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of June, 19 79
Signed Larry McMahan Official Designation Episcopal Priest
Signed Allen M. Harney Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Catherine Marie Chapman
Date of Birth 4-01-1957
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 4 Todd Terrace, Danville, Hendricks, 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 w/ picture
- Are you now or have you ever been adjudged to be of unsound mind? ☒ No ☐ Yes
 - If answer is "yes", has the adjudication been removed? ☒ No ☐ Yes
 - Are you afflicted with a transmissible disease? ☒ No ☐ Yes
 - Are you related to the male applicant closer than second cousin? ☒ No ☐ Yes
 - Are you now under the influence of intoxicating liquor? ☒ No ☐ Yes
 - Are you now under the influence of a narcotic drug? ☒ No ☐ Yes
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? ☒ No ☐ Yes
- If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father Bilbert Edgar Chapman
Residence of father (if deceased so state) deceased - Ind.
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Catherine Marie Barrett
Residence of mother (if deceased so state) 4 Todd Terrace, Danville, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed Catherine M. Chapman
New Address 205 S. Manning Hillsdale, Mich.
Subscribed and sworn to before me this 22 day of May, 19 79
Allen 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, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____, Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 200

File

5-22-79

Date of Application

MALE

Medical Examination Report Dated 5-15-79

Name of Physician Wm. Edwards, M.D.

FEMALE

Medical Examination Report Dated 5-15-79

Name of Physician Wm. Edwards, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Paul D. Lauman
Date of Birth 5 03 1960
Place of Birth (State or foreign country) Ohio
Residence Address P.O. Box 118, Cartersburg Hendricks 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) Driver's License with picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Walter Lauman
Residence of father (if deceased so state) Indianapolis, Indiana
Birthplace of father (State or foreign country) Ohio

9. Full maiden name of mother Mary Ann Gonder
Residence of mother (if deceased so state) Indianapolis, Indiana
Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Paul D. LaumanNew Address P.O. Box 118 CartersburgSubscribed and sworn to before me this 22 day of May, 1979

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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 26 day of May, 1979, and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____

I, John O. McIntyre hereby certify that on the 26 day of May, _____

at Clayton _____, County of Hendricks _____

one thousand nine hundred and 79 _____, County, State of Indiana _____

State of Indiana, Groom Paul D. Lauman _____ of Hendricks _____, County, State of HENDRICKS _____

and, Bride Jo Anne Penrod _____ 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 _____

County. _____

Dated this 26 day of May, 1979 _____

Official Designation Minister _____, 1979 _____

Signed Glen M. Harney HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 201
File 5-23-79
Date of Application

MALE
Medical Examination Report Dated May 18, 1979
Name of Physician James M. McGadden

FEMALE
Medical Examination Report Dated May 18, 1979
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name James Ogden
Date of Birth 1 27 1953
Place of Birth (State or foreign country) Texas
Residence Address 5 Coddington W. Lafayette Tipton 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 w/picture
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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. Ogden
Residence of father (if deceased so state) Illinois
Birthplace of father (State or foreign country) Kansas

9. Full maiden name of mother Barbara J. Blaker
Residence of mother (if deceased so state) Illinois
Birthplace of mother (State or foreign country) Chicago, Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed James A. Ogden
New Address 5 Coddington W. Lafayette, IN. 47906

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, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day 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.

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, 1979, authorizing the joining together as husband and wife of James A. Ogden and Cynthia Ann Sands.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clifford L. Carmichael & Wm. G. Cook, do hereby certify that on the 16 day of June, 1979, at Brownsburg, State of Indiana, Groom James Armstead Ogden and, Bride Cynthia Ann Sands of Tipton 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, State of Indiana.
Dated this 30 day of May, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1979.
Signed Clifford L. Carmichael & Wm. G. Cook
Official Designation Ministers
Signed Shen M. Harsh
Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Cynthia Ann Sands
Date of Birth 4 6 1958
Place of Birth (State or foreign country) Indiana
Residence Address R#1 Box 303 J. 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) Drivers license w/picture
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Henry Ward Sands
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Maryland

9. Full maiden name of mother Mary Anna Creager
Residence of mother (if deceased so state) Indiana
Birthplace of mother (State or foreign country) Maryland

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Cynthia A. Sands
New Address 5 Coddington M.H.P., W. Lafayette, IN. 47906

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, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-102
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 202

File 40

5-23-79
Date of Application

MALE

Medical Examination Report Dated 5-14-79

Name of Physician O. Kaurany

FEMALE

Medical Examination Report Dated 5-14-79

Name of Physician O. Kaurany

ALL QUESTIONS MUST BE ANSWERED IN 31-1-3-6 prescribed "False Statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Jay Middle Harlan Last Gibbs
Date of Birth Month January Day 14 Year 1954
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. 602 Fowler Rd City Mooresville 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)

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Willard Gibbs
Residence of father (if deceased so state): Mooresville, Ind.
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Ella Jean Harlan
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS } in this application is true and correct.

Signed: Jay Harlan Gibbs
New Address: Newton Road Mooresville, Ind.

Subscribed and sworn to before me this 23 day of May, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS }

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

FEMALE APPLICANT

Name First Cynda Middle Lou Last Mills
Date of Birth Month June Day 29 Year 1955
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. 1253 Overpick Rd City Mooresville 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)

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Glenn Wilfred Mills
Residence of father (if deceased so state): Overpick Rd
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Nancy Lee Wagaman
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Michigan

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS } in this application is true and correct.

Signed: Cynda Lou Mills
New Address: Fowler Rd Mooresville, Ind.

Subscribed and sworn to before me this 23 day of May, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS }

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ 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 30th day of May, 1979, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rex Miller hereby certify that on the 2nd day of June,
one thousand nine hundred and seventy-nine at Mooresville, County of Morgan,
State of Indiana, Groom Jay Harlan Gibbs of Hendricks County, State of Indiana,
and, Bride Cynda Lou Mills 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 _____
County.

Dated this 2nd day of June, 1979. Signed: Rex Miller
Official Designation: Minister, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of June, 1979.
Signed: Glen M. Harvey Clerk HENDRICKS Circuit Court