No. 203

File

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

May 23 1979
Date of Application

MALE
Medical Examination Report Dated 5-11-79
Name of Physician Larry Lovell

FEMALE
Medical Examination Report Dated 5-11-79
Name of Physician Larry 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: First Gary Middle Dean Last Gamble
Date of Birth: Month May Day 2 Year 1958
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. Rt 6 Box 75 City Brownsburg County Ha. State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed Gary Gamble
New Address 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Alisa Middle Joan Last Bryant
Date of Birth: Month April Day 2 Year 1961
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 206 Joan Ave. City Brownsburg County Ha. State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed Alisa Bryant
New Address 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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* 29 *day of* May, 1979, *authorizing the joining together as husband and wife* Gary Dean Gamble *and* Alisa Joan Bryant

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

I, Rev. Ted D. Stephenson hereby certify that on the 2 day of June, one thousand nine hundred and 1979 at Indianapolis, County of Marion, State of Indiana, Groom Gary Dean Gamble of Hendricks County, State of Indiana, and, Bride Alisa Joan Bryant of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2 day of June, 1979.

Signed Ted D. Stephenson
Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* June, 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. 204

File

5-24-79 Date of Application

MALE
Medical Examination Report Dated 5-14-79
Name of Physician Thomas Walker, M.D.

FEMALE
Medical Examination Report Dated 5-14-79
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: First Brent Middle Dee Last Grout

Date of Birth: Month 6 Day 13 Year 1958

Place of Birth (State or foreign country) Topeka, Kansas

Residence Address: Street or R. R. 5210 N.E. Indian Creek Rd. City Topeka County Shawnee State Kansas

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 Bruce Valdean Grant
   Residence of father (if deceased so state) 5210 N.E. Indian Creek Rd. Topeka
   Birthplace of father (State or foreign country) Kansas
9. Full maiden name of mother Esther Leah Martin
   Residence of mother (if deceased so state) 5210 N.E. Indian Creek Rd, Topeka
   Birthplace of mother (State or foreign country) Kansas

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

Signed Brent Dee Grant

New Address 10225 Osceola #369 Indpls.

Subscribed and sworn to before me this 24 day of May, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Cheryl Middle Ann Last Lukenbill

Date of Birth: Month 1 Day 11 Year 1955

Place of Birth (State or foreign country) Greencastle, Indiana

Residence Address: Street or R. R. 321 S. Green St. City Brownsburg County Hendricks State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) 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 Marion Lee Lukenbill
   Residence of father (if deceased so state) 321 S. Green St. Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Grace Henderson
   Residence of mother (if deceased so state) 321 S. Green St., Brownsburg, In.
   Birthplace of mother (State or foreign country) Illinois

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

Signed Cheryl A. Lukenbill

New Address 10225 Osceola #369 Indpls.

Subscribed and sworn to before me this 24 day of May, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 31st day of May, 1979, authorizing the joining together as husband and wife Brent Dee Grant and Cheryl Ann Lukenbill

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

I, Donald E. Raymond hereby certify that on the 2 day of June, one thousand nine hundred and 79 at Brownsburg, County of Hendricks State of Indiana, Groom Brent Dee Grant of Shawnee County, State of Kansas, and, Bride Cheryl Ann Lukenbill of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2 day of June, 19 79. Signed Donald E. Raymond

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of June, 19 79.

Signed Glen M. Harney Clerk HENDRICKS Circuit Court

278

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. 205

File

5-24-79
Date of Application

MALE
Medical Examination Report Dated 5-21-79
Name of Physician L. H. Ellis

FEMALE
Medical Examination Report Dated 5-21-79
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 Ronald Middle Wayne Last Johnson

Date of Birth: Month 7 Day 23 Year 1959

Place of Birth (State or foreign country) Lebanon Indiana

Residence Address: Street or R. R. R.D. Box 26 City Lizton 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 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 Leonard Leslie Johnson
   Residence of father (if deceased so state) P.O. Box 26, Lizton, In.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Laura Maryella Hale
   Residence of mother (if deceased so state) P.O. Box 26 Lizton, In.
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Ronald Wayne Johnson
New Address Maxwell St El Paso Texas

Subscribed and sworn to before me this 24 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Penny Middle Jo Last Adams

Date of Birth: Month 4 Day 09 Year 1961

Place of Birth (State or foreign country) Beech Grove, Indiana

Residence Address: Street or R. R. R. #3 Box 158 City Danville County Hend. 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 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 Clifford Donald Adams
   Residence of father (if deceased so state) R. #3 Box 158 Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn Earlene McLaughlin
   Residence of mother (if deceased so state) R. #3 Box 158 Danville, In.
   Birthplace of mother (State or foreign country) Texas

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

Signed Penny Jo Adams
New Address Maxwell St El Paso Texas

Subscribed and sworn to before me this 24 day of May, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 24 day of May, 19 79, authorizing the joining together as husband and wife Ronald Wayne Johnson and Penny Jo Adams

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

I, Hubert C. Greer hereby certify that on the 26 day of May, one thousand nine hundred and 79 at Plainfield, County of Hendricks, State of Indiana, Groom Ronald W. Johnson of Hendricks County, State of Indiana, and, Bride Penny Jo Adams of Hendricks County, State of Indiana, were by me united 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, 19 79

Signed Hubert C. Greer
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of May, 19 79

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. 206

File

May 24 1979
Date of Application

MALE
Medical Examination Report Dated 5-21-79
Name of Physician Dr. M.O. Samuelson

FEMALE
Medical Examination Report Dated 5-21-79
Name of Physician Dr. M.O. Samuelson

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 Ray Last Stevenson

Date of Birth: Month May Day 20 Year 1958

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

Residence Address: Street or R. R. R.R.#5 Box 125 City Danville County — State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers Lic. (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 William Donald Stevenson
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Christine Clara Groover
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Donald Ray Stevenson

New Address RR 5 Bx 156

Subscribed and sworn to before me this 24 day of May, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Theresa Middle Anne Last Heinlein

Date of Birth: Month November Day 17 Year 1959

Place of Birth (State or foreign country): Lexington Kentucky

Residence Address: Street or R. R. R.R.#1 Box 109 City Pittsboro County — State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Bank Identification

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

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

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

Signed Theresa Anne Heinlein 156

New Address Pittsboro, RR 5, Box ~~125~~ 79

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

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 6 day of June, 19 79, authorizing the joining together as husband and wife Donald Ray Stevenson and Theresa Anne Heinlein

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

I, Rev. Charles Noll hereby certify that on the 10th day of June, one thousand nine hundred and seventy nine at Brownsburg, County of Hendricks, State of Indiana, Groom Donald Ray Stevenson of Hendricks County, State of Indiana, and, Bride Theresa Anne Heinlein of Hendricks County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 6th day of June, 19 79. Signed Rev. Charles Noll

Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of June, 19 79.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

No. 207

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

File

May 24, 1979
Date of Application

MALE
Medical Examination Report Dated 5-22-79
Name of Physician J. Keegan

FEMALE
Medical Examination Report Dated 5-22-79
Name of Physician J. Keegan, 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 David Middle E. Last Lavender

Date of Birth: Month Mar Day 29 Year 1929

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1397 Maumee Dr. City Columbus County Bartholomew State Ohio

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Dr. Keegan

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

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

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

Signed David E. Lavender
New Address Covington, Indiana

Subscribed and sworn to before me this 24 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Mary Middle J. Last Hostetler

Date of Birth: Month Feb. Day 7 Year 1945

Place of Birth (State or foreign country) Mich.

Residence Address: Street or R. R. 1300 Presidential Dr. City Columbus County Bartholomew State Ohio

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Dr. Keegan

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

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

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

Signed Mary Jane Hostetler
New Address Covington, Indiana

Subscribed and sworn to before me this 24 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 29 day of May, 19 79, authorizing the joining together as husband and wife David E. Lavendar and Mary J. Hostetler

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

I, John C. Mourer hereby certify that on the 29 day of May, one thousand nine hundred and 76, at Danville, County of Indiana, State of Indiana, Groom David E. Lavendar of Franklin County, State of Indiana, and, Bride Mary J. Hostetler of Franklin County, State of Indiana, were by me united 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, 19 79.

Signed John C. Mourer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 31 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. 208

File

May 24 1979
Date of Application

MALE
Medical Examination Report Dated May 14, 1979
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated May 15, 1979
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: First Larry Middle L. Last Wing

Date of Birth: Month 12 Day 10 Year 1958

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

Residence Address: Street or R. R. R R #1 City Liston, County, State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) 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 Lawrence E. Wing
   Residence of father (if deceased so state) Liston, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Marie McMillian
   Residence of mother (if deceased so state) Liston, In
   Birthplace of mother (State or foreign country) Indiana

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

Signed x Larry L. Wing
New Address RR#1 Box 34A Pittsboro

Subscribed and sworn to before me this 24 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Robin Middle Lynn Last Stalling

Date of Birth: Month 4 Day 21 Year 1959

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

Residence Address: Street or R. R. RR #1 Box 35 City Pittsboro, County, State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License

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

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

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

Signed x Robin Stalling
New Address R.R.1 Box 34A Pittsboro

Subscribed and sworn to before me this 24 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 May, 1979, authorizing the joining together as husband and wife Larry L. Wing and Robin Lynn Stalling

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

I, Lavern Wing hereby certify that on the 2 day of June, one thousand nine hundred and 79 at Liston, County of Hendricks, State of Indiana, Groom Larry L. Wing of Hendricks County, State of Indiana, and, Bride Robin Lynn Stalling of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2 day of June, 1979.

Signed Lavern Wing
Official Designation Minister - First Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of June, 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. 209

File

May 25, 1979
Date of Application

MALE
Medical Examination Report Dated 5-17-79
Name of Physician David B. Haggard, M.D.

FEMALE
Medical Examination Report Dated 5-17-79
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: First Charles Middle Herman Last Muston, Jr.
Date of Birth: Month 3 Day 23 Year 1957
Place of Birth (State or foreign country): Indianapolis, Indiana
Residence Address: Street or R. R. R.#1 Box 136 City Plainfield County Hend. 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 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 Charles Herman Muston,
   Residence of father (if deceased so state) R.#1 Box 136, Plfd., In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Harriett Jane Kepner
   Residence of mother (if deceased so state) R.#1 Box 136, Plfd., In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Charles Herman Muston Jr
New Address 101 Crawford Apt. 326 Terre Haute

Subscribed and sworn to before me this 25 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Kimberly Middle Ann Last Glessner
Date of Birth: Month 7 Day 20 Year 1957
Place of Birth (State or foreign country): Indianapolis, Indiana
Residence Address: Street or R. R. 1412 Dallas Dr., City Plainfield County Hend. 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 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 Ronald Glessner
   Residence of father (if deceased so state) 1412 Dallas Dr., Plfd., In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Ann See
   Residence of mother (if deceased so state) 1412 Dallas Dr., Plfd., In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Kimberly Ann Glessner
New Address 101 Crawford Apt 326 Terre Haute

Subscribed and sworn to before me this 25 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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* 30 *day of* May, 19 79, *authorizing the joining together as husband and wife* Charles Herman Muston Jr *and* Kimberly Ann Glessner

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

I, Thomas Earl Chittenden hereby certify that on the 3 day of June one thousand nine hundred and 79 at Plainfield, County of Hendricks, State of Indiana, Groom Charles Herman Chittenden, Jr. Hendricks County, State of Indiana, and, Bride Kimberly Ann Glessner of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3 day of June, 19 79.

Signed Thomas E. Chittenden
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* June, 19 79.

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. 210

File 40

5-25-79 Date of Application

MALE
Medical Examination Report Dated 5-21-79
Name of Physician James Black

FEMALE
Medical Examination Report Dated 5-21-79
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 Mark Middle K. Last Atkinson

Date of Birth: Month June Day 23 Year 1957

Place of Birth (State or foreign country): St. Charles Missouri

Residence Address: 3106 Illinois Street or R. R. Middletown City Butler County Ohio 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.
   Sara Yvonne Atkinson
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be 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 L. Atkinson
   Residence of father (if deceased so state) Trenton, Ohio
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Doris M. Bacon
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Missouri

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

Signed X Mark K. Atkinson
New Address 3106 Illinois, Middletown OH

Subscribed and sworn to before me this 25 day of May, 19 79.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Debra Middle M. Last Bacon

Date of Birth: Month July Day 26 Year 1958

Place of Birth (State or foreign country): Peoria Illinois

Residence Address: RR 3 Bx 180H Street or R. R. Brownsburg City Hendricks County In State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) 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 Alfred S. Bacon, Jr.
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) New Jersey
9. Full maiden name of mother Betty Jean Green
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Tennessee

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

Signed X Debra M. Bacon
New Address 3106 Illinois Ave. Middletown, OH 45042

Subscribed and sworn to before me this 25 day of May, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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, 19 79, authorizing the joining together as husband and wife of Indiana dated the 5th day of June and Mark K. Atkinson and Debra M. Bacon

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

I, Clifford L. Carmichael hereby certify that on the 9th day of June, one thousand nine hundred and seventy-nine at Brownsburg, County of Hendricks State of Indiana, Groom Mark Kevin Atkinson of Butler County, State of Ohio, and, Bride Debra Marie Bacon of Hendricks County, State of Indiana, were by me united 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 June, 19 79.

Signed Clifford L Carmichael
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of June, 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. 211

File

May 25, 1979
Date of Application

MALE
Medical Examination Report Dated 5/18/79
Name of Physician Larry D Lovell

FEMALE
Medical Examination Report Dated 5/19/79
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: First John Middle R. Last Carter

Date of Birth: Month Oct Day 17 Year 1955

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

Residence Address: Street or R. R. RR #1 Box 404 City Pfd. County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License

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

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

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

Signed John Carter
New Address RR 1, Box 454 Plainfield Ind

Subscribed and sworn to before me this 25 day of May, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Patricia Middle Ann Last Coffey

Date of Birth: Month April Day 23 Year 1959

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R. R. 428 Southside City Plainfield County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Patricia A. Coffey
New Address RR 1 Box 454, Plainfield

Subscribed and sworn to before me this 25 day of May, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 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 29 day of May, 19 79, authorizing the joining together as husband and wife John R. Carter and Patricia Ann Coffey

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

I, Johnie Edwards hereby certify that on the 31 day of May, one thousand nine hundred and 79 at Plainfield, County of Hendricks, State of Indiana, Groom John R. Carter of Hendricks County, State of Indiana, and, Bride Patricia Ann Coffey of Hendricks County, State of Indiana, were by me united 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, 19 79.

Signed Johnie Edwards
Official Designation Evangelist Church of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of June, 19 79.

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. 212

File

May 29 1979
Date of Application

MALE
Medical Examination Report Dated 5-23-79
Name of Physician Glen W. Baker

FEMALE
Medical Examination Report Dated 5-23-79
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 Robert Middle J. Last Becker Jr.

Date of Birth: Month October Day 12 Year 1960

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

Residence Address: Street or R. R. RR 3 Bx 49 City Brownsburg County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Norbert J. Becker
   Residence of father (if deceased so state) 28 Marionna Ct. Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith A. Bruce
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

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

Signed x Robert J Becker Jr

New Address RR 3 Box 49 Brownsberg

Subscribed and sworn to before me this 29 day of May, 19 79

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Phyllis Middle A. Last Burnham

Date of Birth: Month July Day 7 Year 1959

Place of Birth (State or foreign country) Chicago Illinois

Residence Address: Street or R. R. RR 3 Box 49 City Brownsburg County State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers Lic.

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

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

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

Signed x Phyllis A Burnham

New Address Route 3 Box 49 Brownsburg

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

Signed.....Father

Signed.....Mother

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

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 6 day of June, 19 79, authorizing the joining together as husband and wife Robert J. Becker, Jr. and Phyllis A. Burnham

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

I, Clif;ford L. Carmichael hereby certify that on the 12 day of June, one thousand nine hundred and 79 at Brownsburg, County of Hendricks, State of Indiana, Groom Robert James Becker, Jr. of Hendricks County, State of Indiana, and, Bride Phyllis Ann Burnham of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 6th day of June, 19 79. Signed Clifford L. Carmichael

Official Designation United Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of June, 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. 213

File

May 29, 1979
Date of Application

MALE
Medical Examination Report Dated 5-25-79
Name of Physician D. E. Gillespie

FEMALE
Medical Examination Report Dated May 25, 1979
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: First Donald Middle R. Last Burger
Date of Birth: Month Feb. Day 25 Year 1932
Place of Birth (State or foreign country) Vigo Co. Indiana
Residence Address: Street or R. R. 9906 Hoosier City Pndpls County Hen. State 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Donald Jeffery Burger
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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)
   Birthplace of father (State or foreign country)
9. Full maiden name of mother Lina Lessie Burger
   Residence of mother (if deceased so state) Detroit, Michigan
   Birthplace of mother (State or foreign country) Indiana

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

Signed Donald R Burger
New Address 1106 Brookside Dr
Subscribed and sworn to before me this 29 day of May, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Lois Middle M. Last Johnson
Date of Birth: Month Sept Day 10 Year 1935
Place of Birth (State or foreign country) Hendricks Co., Indiana
Residence Address: Street or R. R. 1106 Brookside Dr. City Plainfield County Hen. State Ind.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1978
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.
   Kelly Ray Muncy Kendra Maria Muncy
   Kenny Jay Muncy
   Kimberly Sue Muncy
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Jethro Parsons
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Edna Ora Hull
   Residence of mother (if deceased so state) Indpls, Ind.
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Lois M. Johnson
New Address 1106 Brookside Dr.
Subscribed and sworn to before me this 29 day of May, 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, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 29 *day of* May, 19 79, *authorizing the joining together as husband and wife* Donald R. Burger *and* Lois M. Johnson'

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

I, Teal O'Neil Younce hereby certify that on the 1 day of June, one thousand nine hundred and 79, at Rochester, County of Fulton, State of Indiana, Groom Donald R. Burger of Hendricks County, State of Indiana, and, Bride Lois M. Johnson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1 *day of* June, 19 79.

Signed Teal O. Younce
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* June, 19 79.

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. 214

File

5-29-79 Date of Application

MALE
Medical Examination Report Dated 5-8-79
Name of Physician David M. Haggard

FEMALE
Medical Examination Report Dated 5-8-79
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: First Ivan Middle Lee Last Hamilton

Date of Birth: Month 10 Day 31 Year 1912

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 571 Kimberly Lane City Plainfield County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Driver's Licence 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 Earl De Vere Hamilton
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Vera Waters
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Illinois

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

Signed × Ivan L. Hamilton
New Address 571 Kimberly Lane

Subscribed and sworn to before me this 29 day of May, 19 79.
Glen M. Harney Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Mary Middle Frances Last Shute

Date of Birth: Month 3 Day 24 Year 1928

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R. # 1 Box 279 Avon Parkway Dr. City Danville County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Driver's Licence 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.
   Glen Alan Shute - age 16

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Cornelius Jones
   Residence of father (if deceased so state) Waynetown In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Daisy Ernest Clark
   Residence of mother (if deceased so state) Waynetown, In.
   Birthplace of mother (State or foreign country) Kentucky

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

Signed × Mary F Shute
New Address 571 Kimberly Lane, Plainfield

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 1st day of June, 19 79, authorizing the joining together as husband and wife Ivan Lee Hamilton and Mary Frances Shute

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

I, Edward Curtice hereby certify that on the 2nd day of June, one thousand nine hundred and 79 at Avon, County of Hendricks, State of Indiana, Groom Ivan Lee Hamilton of Hendricks County, State of Indiana, and, Bride Mary Frances Shute of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of June, 19 79.

Signed Edward B. Curtice
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of June, 19 79.

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. 215

File

5-29-79
Date of Application

MALE
Medical Examination Report Dated 5-23-79
Name of Physician Larry D. Lovall

FEMALE
Medical Examination Report Dated 5-23-79
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: First William Middle Edson Last Larison

Date of Birth: Month 3 Day 14 Year 55

Place of Birth (State or foreign country) Indianapolis In

Residence Address: 507 Street or R. R. Enderly Ave City Brownsburg County State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Drivers Lics W/Pic

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Clayton Larson
   Residence of father (if deceased so state) 285 Raintree Dr. Danville
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Patricia Ann Pearson
   Residence of mother (if deceased so state) 1115 Wistonb, Indianapolis
   Birthplace of mother (State or foreign country) Ind

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

Signed William Edson Larson

New Address 507 Enderly Ave Apt #1 Brownsburg, In

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Charlene Middle Last Stidham

Date of Birth: Month 5 Day 2 Year 57

Place of Birth (State or foreign country) Indianapolis In

Residence Address: 502 Street or R. R. Enderly Ave City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Tracy Michele Stidham
   Doniel Ray 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 Merle Fields
   Residence of father (if deceased so state) 7675 State rd 44 Martinsville
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Nancy Jane Eversole
   Residence of mother (if deceased so state) Same as father
   Birthplace of mother (State or foreign country) Ky

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

Signed Charlene Stidham

New Address 507 Enderly Ave, Apt 1 Brownsburg, Ind

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

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 5th day of June, 19 79, authorizing the joining together as husband and wife William Edson Larison and Charlene Stidham

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

I, Gary L. Wade hereby certify that on the 8 day of June, one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom William Edson Larison of Hendricks County, State of Indiana, and, Bride Charlene 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.

Dated this 8 day of June, 19 79

Signed Gary L. Wade

Official Designation Licensed Lay Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of July, 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. 216
File 40
5-30-79 Date of Application

MALE
Medical Examination Report Dated 5-16-79
Name of Physician Ronald Stegemoller

FEMALE
Medical Examination Report Dated 5-16-79
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: First Billy Middle Joe Last Mackey
Date of Birth: Month March Day 19 Year 1955
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR#1 Box 78 APT 2 City Clayton 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) ID from Indiana Youth Center

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Arvil Mackey
   Residence of father (if deceased so state) RR 3 Bot 56 Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Thulla Mae Dunn
   Residence of mother (if deceased so state) Dead
   Birthplace of mother (State or foreign country) Indiana

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

Signed Billy Joe Mackey
New Address RR 1 Box 78 Apt. 2 CLAYTON

Subscribed and sworn to before me this 30th 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Deborah Middle Gwen Last Western
Date of Birth: Month July Day 8 Year 1953
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR#1 Box 78 APT 2, City Clayton County Hend., State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Indiana State Police Report

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

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

Signed Deborah Western
New Address RR #1, Box 78 Apt 2

Subscribed and sworn to before me this 30th 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, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30th day of May, 1979, authorizing the joining together as husband and wife Billy Joe Mackey and Deborah Gwen Western

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

I, John C. Mowrer hereby certify that on the 2 day of June, at Danville, County of Hendricks, one thousand nine hundred and 79 State of Indiana, Groom Billy Joe Mackey of Hendricks County, State of Indiana, and, Bride Deborah Gwen Western of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2 day of June, 19 79.

Signed John C. Mowrer
Official Designation Judge, Superior #2

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of June, 19 79.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

No. 217

File 40

5-30-79
Date of Application

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated 5-29-79
Name of Physician E. Kourney

FEMALE
Medical Examination Report Dated 5-29-79
Name of Physician E. Kourney

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 E., Last Fenn
Date of Birth: Month January, Day 15, Year 1959
Place of Birth (State or foreign country) In.
Residence Address: 1944 Plummer, Street or R. R.; Moorsville, City; —, County; In., State

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers 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 Robert Fenn
   Residence of father (if deceased so state) Frankfort, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Frances Dempsey
   Residence of mother (if deceased so state) Moaresville, In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Donald E Fenn
New Address 1924 S R 144 Moorsville Ind

Subscribed and sworn to before me this 30 day of May, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Mary, Middle Susan, Last Cody
Date of Birth: Month July, Day 25, Year 1959
Place of Birth (State or foreign country) In
Residence Address: 1924 St. Rd. 144, Street or R. R.; Moaresville, City; Morgan, County; In., State

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

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

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

Signed X Mary Susan Cody
New Address 1924 St. Rd. 144 Moorsville

Subscribed and sworn to before me this 30 day of May, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4 day of June, 19 79, authorizing the joining together as husband and wife Donald E Fenn and Mary Susan Cody

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

I, Rev. Richard Zore hereby certify that on the 9th day of June, one thousand nine hundred and seventy-nine at Plainfield, County of Hendricks, State of Indiana, Groom Donald E Fenn of Hendricks County, State of Indiana, and, Bride Mary Susan Cody 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 9th day of June, 19 79.

Signed Rev. Richard Zore
Official Designation Roman Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of June, 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. 218
File 40
5-31-79 Date of Application

MALE
Medical Examination Report Dated 5-29-79
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 5-29-79
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 Burl Middle E. Last Erwin Jr.
Date of Birth: Month June Day 10 Year 1943
Place of Birth (State or foreign country) Clay Co., Indiana
Residence Address: Street or R. R. RR 2, Bx 314, City Clayton, County Hen., State Ind
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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.
   Charles Edward Erwin
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be 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 Edward Erwin Sr.
   Residence of father (if deceased so state) Crawfordsville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia Fern Sinders
   Residence of mother (if deceased so state) Kokomo, Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed ☒ Burl E. Erwin Jr.
New Address R.R. #2 Box 314 Clayton, Ind. 46118

Subscribed and sworn to before me this 31 day of May, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Clara Middle J. Last Kelso
Date of Birth: Month Sept Day 26, Year 1928
Place of Birth (State or foreign country) Marion Co, Indiana
Residence Address: Street or R. R. RR2 Bx314, City Clayton, County Hen., State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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 Herbert Ransom Balay
   Residence of father (if deceased so state) Martinsville, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Idena Marie Apple
   Residence of mother (if deceased so state) Muncie, Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed ☒ Clara J. Kelso
New Address R.R. 2 Box 314 Clayton, Ind.

Subscribed and sworn to before me this 31 day of May, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 31st day of May, 19 79, authorizing the joining together as husband and wife Burl E. Erwin, Jr. and Clara J. Kelso

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

I, Everett V. Smock hereby certify that on the 2 day of June one thousand nine hundred and 79 at Hazelwood, County of Hendricks, State of Indiana, Groom Brul E. Erwin, Jr. of Hendricks County, State of Indiana, and, Bride Clara J. Kelso 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 2 day of June, 19 79

Signed Everett V. Smock
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of June, 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. 219

File ~~5-31-79~~ 410

5-31-79
Date of Application

MALE
Medical Examination Report Dated 5-21-79

Name of Physician Larry D Lowell

FEMALE
Medical Examination Report Dated 5-21-79

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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First [redacted] Middle Eugene Fred Last Gray

Date of Birth: Month 3 Day 15 Year 1956

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt #2 Box 307 City Clayton County Hend. State Ind.

Previous Marital Status: Never Married X 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 X Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No X Yes ☐
3. Are you related to the female applicant closer than second cousin? No X Yes ☐
4. Are you now under the influence of intoxicating liquor? No X Yes ☐
5. Are you now under the influence of a narcotic drug? No X Yes ☐
6. List the full names of any dependent children.

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

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

Signed Eugene F Gray
SAME
New Address

Subscribed and sworn to before me this 31st 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Susan Middle Paulette Last Vaughn

Date of Birth: Month 12 Day 25 Year 1954

Place of Birth (State or foreign country) Tennessee

Residence Address: Street or R. R. Rt #2 Box 307 City Clayton County Hend. State Ind.

Previous Marital Status: Never Married X 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 X Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No X Yes ☐
3. Are you related to the male applicant closer than second cousin? No X Yes ☐
4. Are you now under the influence of intoxicating liquor? No X Yes ☐
5. Are you now under the influence of a narcotic drug? No X Yes ☐
6. List the full names of any dependent children.

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

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

Signed Susan P. Vaughn
New Address RR. 2 Box 307 Clayton Ind.

Subscribed and sworn to before me this 31st 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 31st *day of* May, 19 79, *authorizing the joining together as husband and wife* Eugene Fred Gray *and* Susan Paulette Vaughn

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

I, Stevan W. Ranson hereby certify that on the 31st day of May, one thousand nine hundred and 79 at Hazelwood, County of Hendricks, State of Indiana, Groom Eugene Fred Gray of Putnam County, State of Indiana, and, Bride Susan Paulette Vaughn of Davidson County, State of Tennessee, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 31st *day of* May, 19 79.

Signed Stevan W. Ranson

Official Designation Minnister

Filed and recorded in accordance with the laws of the State of Indiana this 4th *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

No. 220

HENDRICKS County

Re-Marriage

File

June 1, 1979
Date of Application

MALE
Medical Examination Report Dated 5/27/79
Name of Physician M.D. Scamahorn

FEMALE
Medical Examination Report Dated 5/27/79
Name of Physician M.D. 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: First John Middle H. Last Anderson

Date of Birth: Month May Day 17 Year 1950

Place of Birth (State or foreign country) Oklahoma

Residence Address: Street or R. R. 4885 Fairway Dr. City Plainfield County . State

Previous Marital Status: Never Married ☐ OR 1 time

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) # 60-017423

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

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

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

Signed X John H. Anderson

New Address 4885 Fairway Dr.

Subscribed and sworn to before me this 1st day of June, 1979

Glen M Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Teresa Middle Last Anderson

Date of Birth: Month Oct Day 6 Year 1953

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

Residence Address: Street or R. R. 4885 Fairway Dr. City Plainfield County . State

Previous Marital Status: Never Married ☐ OR 1 time

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) # 10308

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

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

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

Signed X Teresa Anderson

New Address 4885 FAIRWAY DR.

Subscribed and sworn to before me this 1st day of June, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* 7 *day of* June, 19 79, *authorizing the joining together as husband and wife* John H. Anderson *and* Teresa Anderson.

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

I, J. V. Boles *hereby certify that on the* 9 *day of* June, *one thousand nine hundred and* 79 *at* Hendricks Co. Courthouse *County of* Hendricks *State of Indiana, Groom* John H. Anderson *of* Hendricks *County, State of* Indiana, *and, Bride* Teresa Sue 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* HENDRICKS *County.*

Dated this 9 *day of* June, 19 79.

Signed J. V. Boles

Official Designation Judge, Hendricks Circuit Ct.

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* June, 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. 221
File 40
6/1/79 Date of Application

MALE
Medical Examination Report Dated 5-29-79
Name of Physician William Wagner

FEMALE
Medical Examination Report Dated 5-29-79
Name of Physician 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: First Randall Middle K. Last Long
Date of Birth: Month 1 Day 17 Year 58
Place of Birth (State or foreign country) Anderson Ind.
Residence Address: Street or R. R. 476 Simmons Pl Apt Ad City Plfd County Hend State Ind
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers 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 Russell Barton Long
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marjorie Louise Bayliff
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

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

Signed Randall K. Long
New Address 31-1 Hilltop Dr. Lafayette In.

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Diana Middle K. Last Dark
Date of Birth: Month 8 Day 6 Year 57
Place of Birth (State or foreign country) Crawfordsville Ind.
Residence Address: Street or R. R. RR 3 City Kingman County Fountain 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 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 FRANKLIN EDWARD DARK
   Residence of father (if deceased so state) DECEASED
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother GeorgAnna Madden
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

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

Signed Diana K. Dark
New Address 31-1 Hilltop Dr., West Lafayette In.

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... 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 8 day of June, 19 79, authorizing the joining together as husband and wife Randall K. Long and Diana K. Dark
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Larry Mc Millan hereby certify that on the 9th day of June, one thousand nine hundred and seventy-nine at Plainfield, County of Hendricks, State of Indiana, Groom Randall Long of Hendricks County, State of Indiana, and, Bride Diana Dark of Fountain County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 9th day of June, 19 79.

Signed Larry Mc Millan
Official Designation Minister of the Church of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 20th day of June, 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. 222

File

June 1 1979 Date of Application

MALE
Medical Examination Report Dated 5-3, 1979
Name of Physician Charles W. Link

FEMALE
Medical Examination Report Dated 5/3/79
Name of Physician Charles W. Link

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 [illegible] Last Honeyman

Date of Birth: Month 1 Day 11 Year 1950

Place of Birth (State or foreign country): Dayton Ohio

Residence Address: Street or R. R. 5705 Pote City Irving County Mr. State Indpls

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) # 334

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Delbert Honeyman
   Residence of father (if deceased so state) Greenwood, Ind.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Rita Celia Barnes
   Residence of mother (if deceased so state) Greenwood, In
   Birthplace of mother (State or foreign country) Dayton Ohio

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

Signed Michael L Honeyman

New Address Indpls In

Subscribed and sworn to before me this 1st day of June, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Beverly Middle A. Last Massa

Date of Birth: Month 7 Day 9 Year 1959

Place of Birth (State or foreign country): Cookeville Tenn.

Residence Address: 119 Street or R. R. Kentucky City St. Pete County Pfd. State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) # 141-59-43490

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

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

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

Signed Beverly A. Massa

New Address.....

Subscribed and sworn to before me this 1st day of June, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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 Circuit Court of Indiana dated the 6 day of June, 19 79, authorizing the joining together as husband and wife Michael Honeyman and Beverly A. Massa

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

I, Talmage Haggard hereby certify that on the 16 day of June one thousand nine hundred and 79 at Indianapolis, County of Marion State of Indiana, Groom Michael Honeyman of Marion County, State of Indiana and, Bride Beverly A. Massa of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 day of June, 19 79

Signed Talmage Haggard

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of June, 19 79

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

No. 223
File 40

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

June 1, 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 May 30, 1979
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated May 30, 1979
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: First E. Middle Darrell Last Croy
Date of Birth: Month December Day 27 Year 1919
Place of Birth (State or foreign country): Bloomington City Indiana County State
Residence Address: Street or R. R. 314 E. Main St. Brownsburg, 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Croy
   Residence of father (if deceased so state): deceased
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Sadie Moore
   Residence of mother (if deceased so state): Bloomington, Ind.
   Birthplace of mother (State or foreign country): Indiana

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

Signed ☒ E. Darrell Croy
New Address 123 Vermont

Subscribed and sworn to before me this 1 day of June, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Norma Middle F. Last Gray
Date of Birth: Month December Day 12 Year 1921
Place of Birth (State or foreign country): Shelbyville City, Indiana County State
Residence Address: Street or R. R. 115 Vermont St., Brownsburg, 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Russell Booker
   Residence of father (if deceased so state): deceased
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Dorothy Louise Osborne
   Residence of mother (if deceased so state): deceased
   Birthplace of mother (State or foreign country): Indiana

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

Signed Norma F. Gray
New Address 123 Vermont St.

Subscribed and sworn to before me this 1 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 6th day of June, 19 79, authorizing the joining together as husband and wife E. Darrell Croy and Norma F. Gray
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Kenneth Betz hereby certify that on the 8 day of June, one thousand nine hundred and 79 at Shoals, County of Martin, State of Indiana, Groom E. Darrell Croy of Hendricks County, State of Indiana, and, Bride Norma F. Gray of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 8 day of June, 19 79.

Signed Kenneth Betz
Official Designation Priest

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of June, 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. 224

File

6-4-79 Date of Application

MALE
Medical Examination Report Dated 5-22-79
Name of Physician R. Saddy

FEMALE
Medical Examination Report Dated 5-22-79
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: First John Middle Wilson Last Maryman

Date of Birth: Month May Day 9 Year 1958

Place of Birth (State or foreign country) Shreveport Louisiana

Residence Address: Street or R. R. 4924-D Coolridge Ct. City Raleigh County State N.C.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Richard Maryman
   Residence of father (if deceased so state) Raleigh, N. C.
   Birthplace of father (State or foreign country) Louisianna
9. Full maiden name of mother Rosanna Mae Gilkerson
   Residence of mother (if deceased so state) Mt. Shaston, Indiana
   Birthplace of mother (State or foreign country) Illinois

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

Signed X John W Maryman

New Address 4924 D Coolridge Ct Raleigh NC

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

..... Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First CLARA Middle E. Last Montgomery

Date of Birth: Month 10 Day 28 Year 1960

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. RR 1 Box 267 BA City Brownsburg County Hend State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Clara E. Montgomery

New Address 4924 D Coolridge Ct Raleigh N.C.

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County 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 6th day of June, 1979, authorizing the joining together as husband and wife John Wilson Maryman and Clara E. Montgomery

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

I, Rev. Charles Noll hereby certify that on the 9th day of June, one thousand nine hundred and seventy-nine at Brownsburg, County of Hendricks, State of Indiana, Groom John Wilson Maryman of Wake County, State of North Carolina, and, Bride Clara Elaine Montgomery of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 6th day of June, 1979.

Signed Rev. Charles Noll

Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of June, 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. 225
File 40
6-4-79
Date of Application

MALE
Medical Examination Report Dated 5-21-79
Name of Physician James Black

FEMALE
Medical Examination Report Dated 5-9-79
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: First Gary Middle Edward Last Mantooth
Date of Birth: Month Nov. Day 21 Year 1960
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR #1 Box 220, City Clayton, County Hend., State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed Gary Mantooth
New Address Un Known

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

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

FEMALE APPLICANT

Name: First Jeanette Middle Sue Last Mitchell
Date of Birth: Month Jan. Day 18 Year 1961
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 2200 Stanley Rd., City Mooresville, County Hend., State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Carlos Mitchell
   Residence of father (if deceased so state) 2200 Stanley Rd. Mooresville
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Constance Elaine Gleason
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Michigan

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

Signed Jeanette Mitchell
New Address Unknown

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

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 8 day of June, 19 79, authorizing the joining together as husband and wife Gary Edward Mantooth and Jeanette Sue Mitchell
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, August V. Huber hereby certify that on the 9th day of June, one thousand nine hundred and seventy-nine at Belleville, County of Hendricks, State of Indiana, Groom Gary Edward Mantooth of Hendricks County, State of Indiana, and, Bride Janette Sue Mitchell 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 9th day of June, 19 79.

Signed August V Huber
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of June, 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. 226
File 40
6-4-79 Date of Application

MALE
Medical Examination Report Dated 5-27-79
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated 5-27-79
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: First William Middle C. Last Hanch Jr.
Date of Birth: Month July Day 10 Year 1956
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. RR 3 Box 654 City Plainfield County Hend. State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) 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 Wm C. Hanch, Sr.
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Virginia Carty
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed Wm C. Hanch
New Address 541 N Somerset Dr. Indpls 46224
Subscribed and sworn to before me this 4 day of June, 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Sherry Middle L. Last Lanahan
Date of Birth: Month Sept. Day 6 Year 1951
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 541 N. Somerset City Indpls. County Marion State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. License

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

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

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed Sherry L. Lanahan
New Address 541 No Somerset Dr Indpls 46224
Subscribed and sworn to before me this 4 day of June, 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 5th day of June and William C. Hanch, Jr. and Sherry L. Lanahan
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Larry McMahan hereby certify that on the 9th day of June, one thousand nine hundred and seventy-nine at Mooresville, County of Morgan, State of Indiana, Groom William Charles Hanch, Jr. of Hendricks County, State of Indiana, and, Bride Sherry Lynn Lanahan of Hendricks County, State of Indiana, were by me united 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 June, 1979.
Signed Larry McMahan
Official Designation Episcopal Priest

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

No. 227
File 40
6-5-79
Date of Application

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

MALE
Medical Examination Report Dated May 30, 1979
Name of Physician

FEMALE
Medical Examination Report Dated May 30, 1979
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 Charles Middle Glen Last Ribble, Jr.
Date of Birth: Month ~~March~~ Day 1 Year 1958
Place of Birth (State or foreign country) Texas
Residence Address: Street or R. R. RR 3 Box 306 Tenth St. City Danville County Hend. State Ind.
Previous Marital Status: Never Married X 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 Charles Glen Ribble, Jr.
   Residence of father (if deceased so state) RR 3 Box 306 Tenth St. Danville Ind.
   Birthplace of father (State or foreign country) Texas
9. Full maiden name of mother Viola Mildred Jackson
   Residence of mother (if deceased so state) California
   Birthplace of mother (State or foreign country) Arkansas

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

Signed Charles Ribble
New Address unknown
Subscribed and sworn to before me this 5th day of June, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Cindy Middle Sue Last Riggen
Date of Birth: Month Aug. Day 6 Year 1955
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 6929 Arka Hill Cv. City Memphis County Shelby State Tenn.
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 Robert Everett Riggen
   Residence of father (if deceased so state) Memphis, Tenn.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patty Louise Giles
   Residence of mother (if deceased so state) Memphis, Tenn.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Cindy Sue Riggen
New Address unknown
Subscribed and sworn to before me this 5th day of June, 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, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5th day of June, 1979, authorizing the joining together as husband and wife Charles Glen Ribble, Jr. and Cindy Sue Riggen

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

I, John C. Mowrer hereby certify that on the 5 day of June, one thousand nine hundred and 79 at Danville, County of Hendricks State of Indiana, Groom Charles Glen Ribble Jr. of Hendricks County, State of Indiana and, Bride Cindy Sue Riggen of Shelby County, State of Tennessee, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5 day of June, 1979.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of June, 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. 228

File 40

June 5, 1979
Date of Application

MALE
Medical Examination Report Dated 5-11-79
Name of Physician Patrick L. Faley MD.

FEMALE
Medical Examination Report Dated 5-11-79
Name of Physician Patrick L. Faley 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 Terry Middle C. Last Reynolds

Date of Birth: Month August Day 16 Year 1956

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

Residence Address: 603 S. Green, Brownsburg In.
Street or R. R. City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License (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.
   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 Claude T. Reynolds
   Residence of father (if deceased so state) Brownsburg In.
   Birthplace of father (State or foreign country) Birmingham, Ala.
9. Full maiden name of mother Gertrude Elizabeth Welch
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Alpena, Mich.

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

Signed Terry C Reynolds
New Address 603 South Green Brownsburg 79

Subscribed and sworn to before me this 5 day of June, 19 79.
Glen M Haney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Patricia Middle Gail Last Meade

Date of Birth: Month December Day 20 Year 1955

Place of Birth (State or foreign country) Somerset Ky.

Residence Address: 603 S. Green, Brownsburg, In.
Street or R. R. City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) D. L. (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.
   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 Jason Willard Hopper
   Residence of father (if deceased so state) Russell Springs, Ky.
   Birthplace of father (State or foreign country) Fort Hill, Ky.
9. Full maiden name of mother Elsa G. Wells
   Residence of mother (if deceased so state) Indianapolis In.
   Birthplace of mother (State or foreign country) Jamestown, Ky.

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

Signed Patricia Gail Meade
New Address 603 South Green Brownsburg 79

Subscribed and sworn to before me this 5 day of June, 19 79.
Glen M. Haney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 5th *day of* June, 19 79, *authorizing the joining together as husband and wife* Terry C. Reynolds *and* Patricia Gail Meade

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

I, Wendell W. Mayer *hereby certify that on the* 8th *day of* June, *one thousand nine hundred and* seventy-nine *at* Indianapolis, Marion *County, State of* Indiana, *State of Indiana, Groom,* Terry C. Reynolds *of* Hendricks *County, State of* Indiana, *and, Bride* Patricia Gail Meade *of* Hendricks *County, State of* Indiana, *were by me united 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* June, 19 79. *Signed* Wendell W. Mayer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 12th *day of* June, 19 79.

Signed Glen M Haney *Clerk* HENDRICKS *Circuit Court*

No. 229

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

6-5-79 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 5-23-79
Name of Physician Larry D. Lovall M.D

FEMALE
Medical Examination Report Dated 5-23-79
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: First Tim Middle R. Last O'Sullivan

Date of Birth: Month 3 Day 24 Year 1959

Place of Birth (State or foreign country) Beech Grove, Indiana

Residence Address: Street or R. R. RR2 Box 159 City Clayton County Hend. State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed X Timothy R O'Sullivan

New Address RR 2 BOX 219 CLAYTON

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Elaine Middle O. Last Kirkham

Date of Birth: Month 2 Day 1 Year 1960

Place of Birth (State or foreign country) KANAGAWA, JAPAN

Residence Address: Street or R. R. RR 2 Box 220 City Clayton County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed X Elaine O. Kirkham

New Address RR2 Box 219 B Clayton

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 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 June, 19 79, authorizing the joining together as husband and wife Tim R. O'Sullivan and Elaine O. Kirkham

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

I, Russell D. Kirkham hereby certify that on the 15 day of June one thousand nine hundred and 79 at Hazelwood, County of Hendricks State of Indiana, Groom Timothy Ryan O'Sullivan of Hendricks County, State of Indiana and, Bride Elaine Ola Kirkham of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15 day of June, 19 79.

Signed Russell D. Kirkham

Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of June, 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. 230

File 6

6-6-79 Date of Application

MALE
Medical Examination Report Dated 6-5-79
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 6-5-79
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 Steven Middle Mark Last Simpson

Date of Birth: Month 12 Day 15 Year 1959

Place of Birth (State or foreign country) Indianapolis

Residence Address: Street or R. R. 3137 Beeler 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 Harry Ayers Simpson
   Residence of father (if deceased so state) same as Steve Simpson
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Linda Lee Bishop
   Residence of mother (if deceased so state) same
   Birthplace of mother (State or foreign country) Indiana

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

Signed Steven Mark Simpson
New Address RR1 Box 312 Danville

Subscribed and sworn to before me this 6th day of June, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Brenda Middle Sue Last Thomas

Date of Birth: Month 11 Day 5 Year 1961

Place of Birth (State or foreign country) Indianapolis

Residence Address: Street or R. R. RR 1 Box 312 City Danville County Hend. State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you
   compliance with any court order or orders issued for their support.
8. Full name of father Robert Lee Thomas
   Residence of father (if deceased so state) Same as Brenda Thom
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Donna Mae Ruegamer
   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
in this application is true and

Signed Brenda Sue Thomas
New Address RR 1 Box 312 Danville

Subscribed and sworn to before me this 6th day of June,
Glen M. Harvey Clerk HENDRICKS Circu

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....

Signed.....

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

.....

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parti
HENDRICKS County Circuit Court by written order issued 3 day Waiver a
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 Circui

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 June, 19 79, authorizing the joining together as husband an Steven Mark Simpson and Brenda Sue Thomas

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

I, E. David Frazier hereby certify that on the 12 day of June one thousand nine hundred and 79 at Indianapolis, County of Marion State of Indiana, Groom Steven Mark Simpson of Marion County, State of Indiana and, Bride Brenda Sue Thomas 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 12 day of June, 19 79. Signed E. David Frazier

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of July, 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. 230

File 6

6-6-79 Date of Application

MALE
Medical Examination Report Dated 6-5-79
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 6-5-79
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 Steven Middle Mark Last Simpson

Date of Birth: Month 12 Day 15 Year 1959

Place of Birth (State or foreign country) Indianapolis

Residence Address: Street or R. R. 3137 Beeler 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?
   If answer is "yes", it is required that this Application be accompanied by satisfactory pr
   compliance with any court order or orders issued for their support.
8. Full name of father Harry Ayers Simp
   Residence of father (if deceased so state) Same as Steve
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Linda Lee Bishop
   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 inform in this application is true a

Signed Steven Mark Simp

New Address R R 1 Box 312 D

Subscribed and sworn to before me this 6th day of June

Glen M. Harvey Clerk HENDRICKS Cir

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed

Signed

Subscribed and sworn to before me this day of

COMPLETE IF MARRIAGE LICENSE ISSUED BY C
HENDRICKS County Circu
in Clerk's Office authorizes and d

RETURN OF M

Be It Remembered, there was filed in my of
of Indiana dated the 6th day of
Steven Mark Simpson
Be it further remembered, the following marriage certifica
I, E. David Frazier
one thousand nine hundred and 79
State of Indiana, Groom Steven Mark Simpson of Hendricks County, State of Indiana,
and, Bride Brenda Sue Thomas 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 12 day of June, 19 79.

Signed E. David Frazier
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of July, 19 79.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Brenda Middle Sue Last Thomas

Date of Birth: Month 11 Day 5 Year 1961

Place of Birth (State or foreign country) Indianapolis

Residence Address: Street or R. R. RR 1 Box 312 City Danville County Hend. State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

6-4-79

Our daughter Brenda Sue Thomas has our permission to marry Steven Mark Simpson.

Donna M. Thomas - Mother
Robert Lee Thomas - Father

Marjorie H. Jenkins

Marjorie H. Jenkins, Notary Public
Resident of Hendricks Co, Ind.
My Commission Expires 12/9/1979
Dated June 4, 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. 231

File

6-6-79
Date of Application

MALE
Medical Examination Report Dated 6-5-79
Name of Physician Robert Kirtley

FEMALE
Medical Examination Report Dated 6-1-79
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 Steven Middle Bradley Last Fleece

Date of Birth: Month Feb. Day 27 Year 1961

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 1 Box 148 City N. Salem County Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Robert Fleece
   Residence of father (if deceased so state) N. Salem, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Anne Kirtley
   Residence of mother (if deceased so state) N. Salem
   Birthplace of mother (State or foreign country) Ind.

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

Signed Steven Bradley Fleece
New Address North Salem

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Tammy Middle Jean Last Noyes

Date of Birth: (Month) March Day 30 Year 1961

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. P.O. Box 164 City Pittsboro County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Tammy Jean Noyes
New Address North Salem

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

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 11th day of June, 19 79, authorizing the joining together as husband and wife Steven Bradley Fleece and Tammy Jean Noyes

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

I, Earl C. Davis hereby certify that on the 16 day of June one thousand nine hundred and 79 at N. Salem Christian Church of Hendricks County, State of Indiana State of Indiana, Groom Steven Bradley Fleece of Hendricks County, State of Indiana and, Bride Tammy Jean Noyes of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 day of June, 19 79.

Signed Earl C. Davis, B.D.

Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of June, 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. 232

File

June 7 1979
Date of Application

MALE
Medical Examination Report Dated 5-29-79
Name of Physician J. Thomas Vieira MD.

FEMALE
Medical Examination Report Dated 5-29-79
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: First Gerald Middle P. Last Slifer

Date of Birth: Month January Day 2 Year 1941

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

Residence Address: Street or R. R. RR # 6 Box 258 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 - 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 Kenneth Wayne Slifer
   Residence of father (if deceased so state) Ft. Lauderdale, Fla.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruth Rose Rossmann
   Residence of mother (if deceased so state) Ft. Lauderdale, Fla.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Gerald P. Slifer

New Address RR 6 Box 258 Danville Ind 46122

Subscribed and sworn to before me this 7 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Muriel Middle G. Last Shields

Date of Birth: Month February Day 2 Year 1952

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

Residence Address: Street or R. R. R.R. # 6 Box 258 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) Identification Card.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Urick G. Hadley
   Residence of father (if deceased so state) Hadley In.
   Birthplace of father (State or foreign country) Hendricks Co. In.
9. Full maiden name of mother Mamie Agnes Brown
   Residence of mother (if deceased so state) Hadley In.
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Muriel G. Shields

New Address R.R. 6 Box 258 Danville, In

Subscribed and sworn to before me this 7 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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* 12 *day of* June, 19 79, *authorizing the joining together as husband and wife* Gerald P. Slifer *and* Muriel G. Shields

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

I, Anna Lydia Hadley hereby certify that on the 22 day of June, at 11:30 A.M., County of Hendricks, one thousand nine hundred and 79 State of Indiana, Groom Gerald P. Slifer of Hendricks County, State of Indiana, and, Bride Muriel G. Shields of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 22 day of June, 19 79. Signed Anna Lydia Hadley

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of June, 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. 233
File 40
6-7-79
Date of Application

MALE
Medical Examination Report Dated 6-5-79
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 6-5-79
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: First Ricky Middle G. Last Wip
Date of Birth: Month March Day 21 Year 1960
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 2444 S. Holt Rd., City Indpls., County Marion, State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Newton Wip
   Residence of father (if deceased so state) 3084 Clover Drive, Indpls., Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Reva Belton
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Ricky G. Wip
New Address 2444 S. Holt Rd.

Subscribed and sworn to before me this 7th day of June, 19 79.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Suzan Middle E. Last Sevris
Date of Birth: Month Nov. Day 17th Year 1961
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 9838 W. Bradford Rd., City Indpls, County Hend., State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Easton Sevris
   Residence of father (if deceased so state) 9838 W. Bradford Rd, Indpls, In.
   Birthplace of father (State or foreign country) California
9. Full maiden name of mother Constance Elaine Seigert
   Residence of mother (if deceased so state) same
   Birthplace of mother (State or foreign country) Maryland

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

Signed Suzan Sevris
New Address 2444 S. Holt Rd.

Subscribed and sworn to before me this 7th day of June, 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, County of HENDRICKS } ss:

Signed Easton E. Sevris MOTHER / Father
Signed FATHER / Mother

Subscribed and sworn to before me this 7th day of June, 19 79.
Glen M Harvey Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Easton E. Sevris MOTHER / Father
Signed FATHER / Mother

Subscribed and sworn to before me this 7th day of June, 19 79.
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

Be 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 June, 19 79, authorizing the joining together as husband and wife Ricky G. Wip and Suzan E. Sevris

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

I, Don Hallock hereby certify that on the 16 day of June one thousand nine hundred and 79 at Clainfield, County of Hendricks, State of Indiana, Groom Ricky G. Wip of Marion County, State of Indiana and, Bride Suzan E. Sevris of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 day of June, 19 79.

Signed Don Hallock
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of June, 19 79.

Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

306

No. 233
File 40
6-7-79
Date of Application

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated 6-5-79
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 6-5-79
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: First Ricky Middle G. Last Wix
Date of Birth: Month March Day 21 Year 1960
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 2444 S. Holt Rd. City Indpls. County Marion State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Newton Wix
   Residence of father (if deceased so state) 3804 Clover Drive, Indpls., Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Reva Belton
   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.

FEMALE APPLICANT

Name: First Suzan Middle E. Last Servis
Date of Birth: Month Nov. Day 17th Year 1961
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 9838 W. Bradford Rd. City Indpls. County Hend. State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Easton Servis
   Residence of father (if deceased so state) 9838 W. Bradford Rd, Indpls, In.
   Birthplace of father (State or foreign country) California
9. Full maiden name of mother Constance Elaine Seigert
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Maryland

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

I, ALFRED E SERVIS, hereby give my consent for my DAUGHTER, SUZAN E. SERVIS to marry RICK WIX.

Alfred E Servis

Subscribed and sworn to before me this 8th day of June 19 79.

Virginia Hubbard
Notary Public
Virginia Hubbard
Marion County
My Commission Expires April 19, 1982
State of Indiana

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 11th day of June, 19 79, authorizing the joining together as husband and wife Ricky G. Wix and Suzan E. Servis

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

I, Don Hallock hereby certify that on the 16 day of June one thousand nine hundred and 79 at Clainfield, County of Hendricks, State of Indiana, Groom Ricky G. Wix of Marion County, State of Indiana and, Bride Suzan E. Servis of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 day of June, 19 79.

Signed Don Hallock
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of June, 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. 234

File

June 7 1979
Date of Application

MALE
Medical Examination Report Dated 6-4-79
Name of Physician Robert J Robinson

FEMALE
Medical Examination Report Dated 6-4-79
Name of Physician Robert J. Robinson

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 Craig Middle A. Last Lemen

Date of Birth: Month November Day 24 Year 1959

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

Residence Address: 503 Street or R. R. S. Wayne City Danville County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers License-picture

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

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

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

Signed Craig A. Lemen

New Address

Subscribed and sworn to before me this 7 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Elizabeth Middle A. Last Fish

Date of Birth: Month October Day 11 Year 1959

Place of Birth (State or foreign country): Buck Grove Marion Ia.

Residence Address: 10910 Street or R. R. W. West St. City Bicple 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 Irvin Warren Fish
   Residence of father (if deceased so state) Danville In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Frances Curran
   Residence of mother (if deceased so state) Danville In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Elizabeth A. Fish

New Address

Subscribed and sworn to before me this 7 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 11th day of June, 19 79, authorizing the joining together as husband and wife Craig A. Lemen and Elizabeth A Fish

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 June, one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom Craig A Lemen of Hendricks County, State of Indiana, and, Bride Elizabeth A Fish of Hendricks County, State of Indiana, were by me united 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 June, 19 79.

Signed Glen M. Harvey
Official Designation Clerk Hendricks Co.

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of June, 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. 235
File 40
June 7, 1979
Date of Application

MALE
Medical Examination Report Dated 6-6-79
Name of Physician Ronald Stegemoller

FEMALE
Medical Examination Report Dated 6-6-79
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: First Steven Middle L. Last Huckstep
Date of Birth: Month June Day 20 Year 1958
Place of Birth (State or foreign country) Lebanon In.
Residence Address: Street or R. R. 183 N. High City Danville County Hend. State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's License w/photo

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

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

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

Signed X Steven L Huckstep
New Address 183 North High Danville Ind
Subscribed and sworn to before me this 7 day of June, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Marsha Middle L. Last Cassada
Date of Birth: Month August Day 15 Year 1958
Place of Birth (State or foreign country) Greencastle In.
Residence Address: Street or R. R. R#3 Box 315 City Clayton County Hend. State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Voter Registration #1400

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Jesse Cassada
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Naomi Frances Tudor
   Residence of mother (if deceased so state) Sunset Manor Nursing Home, Greencastle,
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Marsha L. Cassada
New Address R3, Box 315, Clayton In
Subscribed and sworn to before me this 7 day of June, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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 June, 19 79, authorizing the joining together as husband and wife Steven L. Huckstep and Marsha L Cassada
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 17 day of June, one thousand nine hundred and 79, at Danville, County of Hendricks, State of Indiana, Groom Steven L Huckstep of Hendricks County, State of Indiana, and, Bride Marsha L Cassada of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 11 day of June, 19 79.

Signed Dr. Joseph D Stump
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of June, 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. 236

File

June 8, 1979
Date of Application

MALE
Medical Examination Report Dated 6-4-79
Name of Physician W. D. Scamahorn

FEMALE
Medical Examination Report Dated 6-4-79
Name of Physician W. D. 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: First Steven Middle Perry Last Callis

Date of Birth: Month Aug. Day 7 Year 1958

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 2 Box 470 City Plainfield County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Steven Callis

New Address R # 2 Box 470 Plainfield Ind.

Subscribed and sworn to before me this 8 day of June, 19 79.

Glenn M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Carla Middle Ann Last Pfeifer

Date of Birth: Month Oct Day 7 Year 1955

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 Box 185 City Pittsboro County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Carla Pfeifer

New Address R. # 2, Box 470 Plainfield Ind.

Subscribed and sworn to before me this 8 day of June, 19 79.

Glenn M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 15th day of June and Steven Parry Callis Carla Ann Pfeifer

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

I, William Charles McGraw hereby certify that on the 30 day of June, one thousand nine hundred and 79 at Pittsboro, County of Hendricks, State of Indiana, Groom Steven Perry Callis of Hendricks County, State of Indiana, and, Bride Carla Ann Pfeifer of Hendricks County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30 day of June, 19 79.

Signed William Charles McGraw

Official Designation Minister, Pittsboro Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of July, 19 79

Signed Glenn 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. 237
File 40
6-8-79
Date of Application

MALE
Medical Examination Report Dated 6-4-79
Name of Physician Michael L. Neely

FEMALE
Medical Examination Report Dated 6-4-79
Name of Physician Michael L. 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 Donald, Middle E., Last Lasley
Date of Birth: Month September, Day 17, Year 1955
Place of Birth (State or foreign country): Wyoming
Residence Address: Street or R. R. 890 Edgewood, City Mooresville, County, State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed x Donald E. Lasley
New Address 30 Sunbury Dr. Mooresville

Subscribed and sworn to before me this 8 day of June, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Julie, Middle L., Last Walker
Date of Birth: Month August, Day 13, Year 1960
Place of Birth (State or foreign country): Indianapolis, In.
Residence Address: Street or R. R. RR 3 Box 338, City Danville, County, State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed x Julie Ann Walker
New Address 30 Sunbury Dr. Mooresville

Subscribed and sworn to before me this 8 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 13th day of June, 19 79, authorizing the joining together as husband and wife Donald E. Lasley and Julie A. Walker
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Ketchen hereby certify that on the 23rd day of June, one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom Donald E. Lasley of Morgan County, State of Indiana, and, Bride Julie A. Walker 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 23rd day of June, 19 79

Signed John C. Ketchen
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of June, 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. 238

File

June 8 1979
Date of Application

MALE
Medical Examination Report Dated June 7, 1979
Name of Physician James Black MD.

FEMALE
Medical Examination Report Dated June 7, 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: First James Middle Hugh Last Gearhart

Date of Birth: Month 1 Day 18 Year 1950

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

Residence Address: Street or R. R. 529 A Lisa Dr City Lexington County Fayette State Ky.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) 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 George Edward Gearhart
   Residence of father (if deceased so state) Louisville, Ky.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Ruth Aileen Blythe
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ky.

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

Signed X James Hugh Gearhart
New Address 529 A Lisa Dr., Lexington, Ky.

Subscribed and sworn to before me this 8 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Jill Middle Linda Last Alderman

Date of Birth: Month 10 Day 5 Year 1957

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

Residence Address: Street or R. R. R.R. # Box 266 City Danville, County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License

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

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

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

Signed X Jill Linda Alderman
New Address 529 A Lisa Dr; Lexington, Ky

Subscribed and sworn to before me this 8 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 June, 19 79, authorizing the joining together as husband and wife James Hugh Gearhart and Jill Linda Alderman

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

I, Paul F. Stauffer hereby certify that on the 23 day of June, one thousand nine hundred and 79 at Indianapolis, County of Marion, State of Kentucky, State of Indiana, Groom James Hugh Gearhart of Fayette County, State of Indiana, and, Bride Jill Linda Alderman of Hendricks County, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23 day of June, 19 79.

Signed Paul S. Stauffer
Official Designation Senior Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of June, 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. 239

File

June 8, 1979
Date of Application

MALE
Medical Examination Report Dated 6-6-79
Name of Physician Larry D. Lovall

FEMALE
Medical Examination Report Dated 6-6-79
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: First Arthur Middle Frederick Last Morrison

Date of Birth: Month April Day 14 Year 1958

Place of Birth (State or foreign country): Portland, Oregon

Residence Address: Street or R. R. Box 179, City North Salem, County Hen, State Ind.

Previous Marital Status: Never Married X OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No X Yes ☐
3. Are you related to the female applicant closer than second cousin? No X Yes ☐
4. Are you now under the influence of intoxicating liquor? No X Yes ☐
5. Are you now under the influence of a narcotic drug? No X Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Leroy Morrison
   Residence of father (if deceased so state) Puyallup, WA
   Birthplace of father (State or foreign country) Oregon
9. Full maiden name of mother Brenda Blincoe
   Residence of mother (if deceased so state) Puyallup, WA
   Birthplace of mother (State or foreign country) England

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

Signed X Arthur Frederick Morrison
New Address 105 S. California St., North Salem Indiana 46165

Subscribed and sworn to before me this 8 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Linda Middle Ellen Last Keeney

Date of Birth: Month 6 Day 27 Year 57

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

Residence Address: Street or R. R. Box 179, City North Salem, County Hen, State Ind.

Previous Marital Status: Never Married X OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

X Other (Specify) Drivers license w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No X Yes ☐
3. Are you related to the male applicant closer than second cousin? No X Yes ☐
4. Are you now under the influence of intoxicating liquor? No X Yes ☐
5. Are you now under the influence of a narcotic drug? No X Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Phillip Keeney
   Residence of father (if deceased so state) North Salem, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Linda Birdsong
   Residence of mother (if deceased so state) North Salem, Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Linda Ellen Keeney
New Address 405 S. California St. North Salem Ind.

Subscribed and sworn to before me this 8 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 13th day of June, 19 79, authorizing the joining together as husband and wife Arthur Frederick Morrison and Linda Ellen Keeney

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

I, James E Taylor hereby certify that on the 16 day of June one thousand nine hundred and 79 at Danville, County of Hendricks State of Indiana, Groom Arthur Frederick Morrison of Hendricks County, State of Indiana, and, Bride Linda Ellen Keeney of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 day of June, 19 79.

Signed James E. Taylor
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of June, 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. 240

File

June 8, 1979
Date of Application

MALE
Medical Examination Report Dated 6/6/79
Name of Physician Howard W. Beaver

FEMALE
Medical Examination Report Dated 6/6/79
Name of Physician Howard W. Beaver

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 William Last Pryfogle

Date of Birth: Month January Day 15 Year 1948

Place of Birth (State or foreign country): Kokomo In

Residence Address: Street or R. R. R.R. # 1 Box 267 C City Brownsburg County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers Lic - picture

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

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

Signed John W Enloe Jr

New Address RR 1-Box 267C Brownsburg, In.

Subscribed and sworn to before me this 8 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Rita Middle M. Last Fodrie

Date of Birth: Month April Day 30 Year 1937

Place of Birth (State or foreign country): Louisville Ky.

Residence Address: Street or R. R. R.R. # 1 Box 267 C City Brownsburg County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers Lic - picture

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

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

Signed Rita M Fodrie

New Address RR1-Box 267C Brownsburg, In

Subscribed and sworn to before me this 8 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 14th day of June, 19 79, authorizing the joining together as husband and wife John William Pryfogle and Rita M. Fodrie

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 June, one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom John William Pryfogle of Hendricks County, State of Indiana, and, Bride Rita M. Fodrie of Hendricks County, State of Indiana, were by me united 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 June, 19 79. Signed John C. Mowrer

Official Designation Judge, Superior #2

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of June, 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. 241
File 40
6-8-79
Date of Application

MALE
Medical Examination Report Dated 6-8-79
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 6-8-79
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: First Paul Middle M. Last Thyfault
Date of Birth: Month February Day 10 Year 1953
Place of Birth (State or foreign country) Chicago Illinois
Residence Address: Street or R. R. 42 Rachel Dr. City Plainfield County Hn. State

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's Lic. w/ photo

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Cleophas Thyfault
   Residence of father (if deceased so state) Country Club Hills, Ill.
   Birthplace of father (State or foreign country) Kansas
9. Full maiden name of mother Marie Derandier
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Chataubraint, France

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

Signed X Paul M. Thyfault
New Address 42 Rachel Dr Plainfield Ind.

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Joan Middle L. Last Wiseman
Date of Birth: Month June Day 15 Year 1945
Place of Birth (State or foreign country) Mattoon Illinois
Residence Address: Street or R. R. 42 Rachel Dr. City Plainfield County Hn. State

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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.
   Lance Wiseman Leah Wiseman
   Mark Wiseman
   Brian Wiseman
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dale C. Tw Alfred
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Frances Bouck
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Illinois

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

Signed X Joan L. Wiseman
New Address 42 Rachel Dr, Plainfield, Ind.

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 15th day of June, 19 79, authorizing the joining together as husband and wife Paul M. Thyfault and Joan L. Wiseman

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

I, John C. Mowrer hereby certify that on the 16 day of June one thousand nine hundred and 79 at Danville, County of Hendricks State of Indiana, Groom Paul M. Thyfault of Hendricks County, State of Indiana, and, Bride Joan L. Wiseman of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 day of June, 19 79.

Signed John C Mowrer
Official Designation Judge, Superior # 2

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of June, 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. 242

File

6-11-1979 Date of Application

MALE
Medical Examination Report Dated 6-1-1979
Name of Physician Robert J. Robinson, M.D.

FEMALE
Medical Examination Report Dated 6-1-1979
Name of Physician Robert J. Robinson, 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 James Middle L. Last Shockley
Date of Birth: Month 5 Day 12 Year 1939
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. 737 Mackey Rd. City Danville County Hend. 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 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.
   Sloan Shockley
   Susan Shockley
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James F. Shockley
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alma Lena McVicar
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed James L Shockley
New Address 737 MACKEY RD

Subscribed and sworn to before me this 11 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Saundra Middle L. Last Doss
Date of Birth: Month 1 Day 9 Year 1941
Place of Birth (State or foreign country) Bedford, Indiana
Residence Address: Street or R. R. 4610 Thresh Dr. City Indianapolis County Marion State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
#41-002327
☐ Other (Specify) .....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Melvin Vera, Sr.
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sarah Alice Steward
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Saundra R Doss
New Address 737 Mackey Rd.

Subscribed and sworn to before me this 11 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 June, 19 79, authorizing the joining together as husband and wife James L. Shockley and Saundra R. Doss

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

I, James I. Shockley hereby certify that on the 15 day of June, one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom James L. Shockley of Hendricks County, State of Indiana, and, Bride Saundra R. Doss 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 ..... day of June, 19 79

Signed James I. Shockley
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of June, 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. 243
File 40
6-11-79
Date of Application

MALE
Medical Examination Report Dated 6-4-79
Name of Physician James M. McFadden

FEMALE
Medical Examination Report Dated 6-4-79
Name of Physician James M. McFadden

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 Lee Last Diesslin
Date of Birth: Month June Day 28 Year 1956
Place of Birth (State or foreign country): DuPage County Ill.
Residence Address: Street or R. R. 156 E. Navajo City W. Lafayette County — State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed X Richard L. Diesslin
New Address 1125 Sterling Ave, Palatine, Il

Subscribed and sworn to before me this 11 day of June, 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, County of ..... } ss:

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

FEMALE APPLICANT

Name: First Melinda Middle Jo Last Onken
Date of Birth: Month November Day 29 Year 1956
Place of Birth (State or foreign country): Indianapolis In.
Residence Address: Street or R. R. 320 Core Ave City Brownsberg County — State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed X Melinda Jo Onken
New Address 1125 Sterling Ave, Palatine, Il.

Subscribed and sworn to before me this 11 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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* 15 *day of* June, 19 79, *authorizing the joining together as husband and wife* Diesslin, Richard Lee *and* Melinda Jo Onken
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John Southwood *hereby certify that on the* 17 *day of* June, *one thousand nine hundred and* 79, *at* Calvary U. M. Church, *County of* Hendricks, *State of Indiana, Groom* Richard Lee Diesslin *and, Bride* Melinda Jo Onken *of* Tippecanoe *County, State of* Indiana, *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 17 *day of* June, 19 79

Signed John Southwood
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 *day of* June, 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. 244

File

June 11, 1979
Date of Application

MALE
Medical Examination Report Dated 5-15-79
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 5-15-79
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: First Charles Middle H. Last Woods
Date of Birth: Month January Day 8 Year 1944
Place of Birth (State or foreign country) Jackson Mississippi
Residence Address: Street or R. R. R.R. # 8 Box 251 R 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) Insurance Policy

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

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

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

Signed Charles H. Woods
New Address RR 8 Box 251 R Indianapolis, Ind.

Subscribed and sworn to before me this 11 day of June, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Sylvia Middle J. Last Locke
Date of Birth: Month November Day 18 Year 1952
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. R.R. # 8 Box 251 R City Marion County Indpls State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Frank Nau
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Vera Irene Crosby
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Sylvia J. Locke
New Address RR#8 Box 251-R Indpls, Ind.

Subscribed and sworn to before me this 11 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 25 day of June, 19 79, authorizing the joining together as husband and wife Charles H. Woods and Sylvia J. Locke

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

I, Rev. Eleanor J. Brouillard hereby certify that on the 28 day of July, one thousand nine hundred and 79 at Indianapolis, County of Marion, State of Indiana, Groom Charles Harrison Woods of Hendricks County, State of Indiana, and, Bride Sylvia Jean Locke of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25 day of July, 19 79.

Signed Rev. Eleanor J. Brouillard
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of July, 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. 245
File 6-11-79
40
Date of Application

MALE
Medical Examination Report Dated 6-11-79
Name of Physician M. O. Samaharn

FEMALE
Medical Examination Report Dated 6-11-79
Name of Physician M. O. Scamaharn

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 Paul Middle A. Last Hardy
Date of Birth: Month August Day 9 Year 1956
Place of Birth (State or foreign country) N. Carolina
Residence Address: Street or R. R. 5769 Don Dr. City Norfalk, Va County Wayne 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 Chester Amos Hardy
   Residence of father (if deceased so state) Norfalk, Va.
   Birthplace of father (State or foreign country) N. Carolina
9. Full maiden name of mother Mary Esther Williams
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) N. Carolina

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

Signed X Paul Hardy
New Address 1505 Vance Ave (Chatt. Thn.)

Subscribed and sworn to before me this 11 day of June, 19 79
Glen M. Hardy Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of ..... } ss:

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

FEMALE APPLICANT

Name: First Suzanna Middle D. Last Eaton
Date of Birth: Month June Day 21 Year 1957
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. RR 1 Box 111 City Pittsboro County In. State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed X Suzanna D. Eaton
New Address 1505 Vance Avenue Chattanooga Tn

Subscribed and sworn to before me this 11 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 15 day of June, 19 79, authorizing the joining together as husband and wife Paul A. Hardy and Suzanna D. Eaton

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

I, Rev. Donald Tyler hereby certify that on the 15 day of June one thousand nine hundred and 79 at Brownsburg, County of Hendricks State of Indiana, Groom Paul A. Hardy of Hamilton County, State of Tennessee and, Bride Suzanna D. Eaton of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15 day of June, 19 79.

Signed Rev. Donald Tyler
Official Designation Baptist minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of June, 19 79.

Signed Glen M. Hardy 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. 246
File 40
6-11-79 Date of Application

MALE
Medical Examination Report Dated 6-11-79
Name of Physician Glen W. Baker

FEMALE
Medical Examination Report Dated 6-11-79
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 William Middle R Last Stewart
Date of Birth: Month July Day 12 Year 1946
Place of Birth (State or foreign country)
Residence Address: Street or R. R. R.#1 Bx 269A City Brownsburg County State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

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

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

Signed X Wm R Stewart
New Address RR #1 Box 269 A Brownsburg IN.

Subscribed and sworn to before me this 11 day of June, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Gretchen Middle L Last Seeburger
Date of Birth: Month December Day 26 Year 1949
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. R.#1 Bx 269A City Brownsburg County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed X Gretchen L Seeburger
New Address RR#1 Box 269A Brownsburg In

Subscribed and sworn to before me this 11 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 15 day of June, 1979, authorizing the joining together as husband and wife William R. Stewart and Gretchen L. Seeburger
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mawrer hereby certify that on the 16 day of June one thousand nine hundred and 79 at Brownsburg, County of Hendricks, State of Indiana State of Indiana, Groom William R. Stewart of Hendricks County, State of Indiana and, Bride Gretchen L. Seeburger of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 16 day of June, 19 79. Signed John C Mawrer
Official Designation Judge, Superior #2

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of June, 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. 247

File

6-12-79
Date of Application

MALE
Medical Examination Report Dated 6-11-79
Name of Physician M. D. Samakova, M.D.

FEMALE
Medical Examination Report Dated 5-30-79
Name of Physician James Black, 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 Jon Middle Thomas Last Heinlein

Date of Birth: Month 10 Day 05 Year 1957

Place of Birth (State or foreign country) Noblesville, Indiana

Residence Address: Street or R. R. 401 W. Main St. City Lizton 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 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 Ralph Edward Heinlein
   Residence of father (if deceased so state) R. #1 Box 109 Pittsboro, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Faye Evelyn Morris
   Residence of mother (if deceased so state) R. #1 Box 109 Pittsboro, In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed ✕ Jon Heinlein
New Address Box W. Main St. Lizton In 46149

Subscribed and sworn to before me this 12 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Terriance Middle Lynn Last Whitis

Date of Birth: Month 9 Day 07 Year 1959

Place of Birth (State or foreign country) Bowling Green, Kentucky

Residence Address: Street or R. R. 401 W. Main St. City Lizton County Hendricks State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Driver's License 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 Robert E. Whitis
   Residence of father (if deceased so state) R. #1 Box 225 Brownsburg, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Gloria Jean Smith
   Residence of mother (if deceased so state) R. #1 Box 225 Brownsburg, In.
   Birthplace of mother (State or foreign country) Tennessee

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

Signed ✕ Terriance Lynn Whitis
New Address 401 W. Main St. Lizton 2nd. 46149

Subscribed and sworn to before me this 12 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana, dated the 12th day of June, 19 79, authorizing the joining together as husband and wife Jon Thomas Heinlein and Terriance Lynn Whitis

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

I, Rev. Ollie G. Wilson hereby certify that on the 15th day of June, one thousand nine hundred and seventy-nine at Lizton, County of Hendricks, State of Indiana, Groom Jon Thomas Heinlein of Hendricks County, State of Indiana, and, Bride Terriance Lynn Whitis of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15th day of June, 19 79.

Signed Rev. Ollie G. Wilson
Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20th day of June, 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. 248
File 40
June 12 1979
Date of Application

MALE
Medical Examination Report Dated 6-8-79
Name of Physician Larry D. Lovall

FEMALE
Medical Examination Report Dated 6-8-79
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: First Billy Middle J. Last Coomer
Date of Birth: Month 6 Day 13 Year 56
Place of Birth (State or foreign country) Indpls, Indiana
Residence Address: Street or R. R. Oakhurst Trailer Ct. Lot 66 City Brownsburg County Hen. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1978
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? Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

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

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

Signed ☒ Billy J Coomer
New Address 2093 New Haven Dr. Indianapolis

Subscribed and sworn to before me this 12 day of June, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Donna Middle Last McSchooler
Date of Birth: Month 3 Day 24 Year 61
Place of Birth (State or foreign country) Indpls, Ind
Residence Address: Street or R. R. 2093 New Haven Dr. City Indpls. County Marion State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) .....

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

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

Signed ☒ Donna L McSchooler
New Address 2093 New Haven Dr Indpls.

Subscribed and sworn to before me this 12 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 12th day of June, 19 79, authorizing the joining together as husband and wife Billy J. Coomer and Donna Mc Schooler

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

I, Glen M Harvey hereby certify that on the 15 day of June, 19 79 at Danville, County of Hendricks, State of Indiana, one thousand nine hundred and 79

State of Indiana, Groom Billy J. Coomer of Hendricks County, State of Indiana

and, Bride Donna Mc Schooler of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15 day of June, 19 79. Signed Glen M Harvey
Official Designation Clerk Hendricks

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of June, 19 79
Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

322

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. 249
File 40
June 12 1979
Date of Application

MALE
Medical Examination Report Dated 6-7-79
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 6-7-79
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 Randall Middle Dean Last Swager
Date of Birth: Month June Day 4 Year 1958
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. Rt 1 Box 305 City Clayton County State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed Randall Dean Swager
New Address 270 Smithfield Ave North Providence RI

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 ..... } ss:

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

FEMALE APPLICANT

Name: First Denise Middle Lorene Last Hallatt
Date of Birth: Month Oct Day 7 Year 1958
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 270 Churchill City Morrisville County Morgan State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Hallatt
   Residence of father (if deceased so state) Bedford, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Karen Head
   Residence of mother (if deceased so state) Mooresville, In.
   Birthplace of mother (State or foreign country) Ind.

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

Signed Denise Lorene Hallatt
New Address 270 Smithfield Ave, North Providence RI

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 ..... 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* 21 *day of* June, 19 79, *authorizing the joining together as husband and wife* Kendall Dean Swager *and* Denise Lorene Hallatt
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert E. Garris *hereby certify that on the* 23 *day of* June, *one thousand nine hundred and* 79 *at* Plainfield, *County of* Hendricks *State of Indiana, Groom* Randall Dean Swager *of* Hendricks *County, State of* Indiana *and, Bride* Denise Lorene Hallett *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 21st *day of* June, 19 79

Signed Robert E. Garris
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 *day of* June, 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. 250

File

6-13-79 Date of Application

MALE
Medical Examination Report Dated 6-12-79
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 6-12-79
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 Chris Middle E. Last Willis

Date of Birth: Month 11 Day 7 Year 1957

Place of Birth (State or foreign country) Danville Illinois

Residence Address: Street or R. R. 330 Rickett Pfld. City Hend. County Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed x Chris E. Willis

New Address 330 Pickett 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Nancy Middle Anne Last Luckett

Date of Birth: Month B Day 2 Year 1957

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

Residence Address: Street or R. R. 649 Brookside City Pfld. County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed x Nancy Anne Luckett

New Address 330 Pickett 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 ..... on the 13 day of June, 19 79, authorizing the joining together as husband and wife of Indiana dated the ..... and Chris Willis Nancy Luckett

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 June one thousand nine hundred and 79 at Plainfield, County of Hendricks, State of Indiana, Groom Chris Willis of Hendricks County, State of Indiana, and, Bride Nancy Luckett of Hendricks County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 day of June, 19 79. Signed R. Kent Allen

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of June, 19 79

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

No. 251

File

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

June 13 1979
Date of Application

MALE
Medical Examination Report Dated 6/13/79
Name of Physician Lloyd Terry MD.

FEMALE
Medical Examination Report Dated 5/24/79
Name of Physician Michael L. Neely 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 Joseph Middle Kevin Last Smith
Date of Birth: Month September Day 29 Year 1955
Place of Birth (State or foreign country) Owensboro City Ky State
Residence Address: Street or R. R. 415 North El Molino City Pasadena County Calif.

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

☐ Other (Specify)

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

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

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

Signed Joseph Kevin Smith
New Address 415 N. EL MOLINO PASADENA, CA
Subscribed and sworn to before me this 13 day of June, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Tamra Middle Lee Last Teal
Date of Birth: Month October Day 14 Year 1955
Place of Birth (State or foreign country) Indianapolis City Marion County Ind. State
Residence Address: Street or R. R. 217 S. Washington St. City Danville 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Luke Teal
   Residence of father (if deceased so state) Indianapolis In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Constance May Nicely
   Residence of mother (if deceased so state) Danville In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Tamra Lee Teal
New Address 415 N. El Molino Pasadena CA 9110
Subscribed and sworn to before me this 13 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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* 13 *day of* June, 19 79, *authorizing the joining together as husband and wife* Joseph Kevin Smith *and* Tamra Lee Teal

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

I, George W. Coffin *hereby certify that on the* 16 *day of* June *one thousand nine hundred and* 79 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Joseph Kevin Smith *of* Los Angeles *County, State of* California *and, Bride* Tamra Lee Teal *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 16 *day of* June, 19 79

Signed George W. Coffin
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 19 *day of* June, 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. 252

File

6-13-79 Date of Application

MALE
Medical Examination Report Dated 5-29-79
Name of Physician Robert W. Kirtley

FEMALE
Medical Examination Report Dated 5-29-79
Name of Physician Robert 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 G. Middle Robert Last Page

Date of Birth: Month 11 Day 10 Year 1945

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: Street or R. R. 7762 Apt C. City Charterly 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.
   Angelia Sue Page
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George Robert Page Sr.
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jeane Elizabeth Evans
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

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

Signed × G. Robert Page

New Address Edenborn Ave Metairie La.

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Lisa Middle A. Last Kelly

Date of Birth: Month 7 Day 3 Year 1952

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

Residence Address: 633 Lawndale Plfd City Hend. 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) Drivers Licens w/ pictur

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Eugene Barnes
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rebekka Suzanne Batton
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

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

Signed × Lisa A. Kelly

New Address Edenborn Ave Metairie La.

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 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 13 day of June, 19 79, authorizing the joining together as husband and wife G. Robert Page and Lisa A. Kelly

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

I, Jeffery A. Frees hereby certify that on the 15 day of June, one thousand nine hundred and 79 at Plainfield, County of Hendricks, State of Indiana, Groom G. Robert Page of Marion County, State of Indiana, and, Bride Lisa A. Kelly of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15 day of June, 19 79. Signed Jeffery A. Frees

Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of June, 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. 253

File

6-13-79
Date of Application

MALE
Medical Examination Report Dated 6-6-79
Name of Physician William Wagner

FEMALE
Medical Examination Report Dated 6-6-79
Name of Physician 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: First Jeff Middle J. Last Pappas
Date of Birth: Month 10 Day 20 Year 1958
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 215 Holliday City Plfd County Hend. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers 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 Michael Nick Pappas
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Marylin DeBrot
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Jeffrey J. PAPPAS
New Address 609 Paree Ct. E. #134 Indpls.

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Patricia Middle A. Last Wortman
Date of Birth: Month 9 Day 14 Year 1958
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 609 Paree Ct. City Indpls. County Marion State Ind
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers 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 Donald Henry Wortman
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Royal May Criswell
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Patricia A. Wortman
New Address 609 Paree Ct. E. #134 Indpls.

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 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 19 day of June, 19 79, authorizing the joining together as husband and wife Jeff J. Pappas and Patricia A. Wortman

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

I, William Grant Nigh hereby certify that on the 30 day of June one thousand nine hundred and 79 at Zion Evangelical United Church of Christ, County of Marion State of Indiana, Groom Jeff J. Pappas of Marion County, State of Indiana and, Bride Patricia A. Wothman 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 30 day of June, 19 79.

Signed William G. Nigh
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of July, 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. 254

File 6-13-79
Date of Application

MALE
Medical Examination Report Dated 6-11-79
Name of Physician Eric D. Clark Md.

FEMALE
Medical Examination Report Dated 6-11-79
Name of Physician Eric D. Clark, 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 Robert Middle L. Last McDonald

Date of Birth: Month May Day 23 Year 1927

Place of Birth (State or foreign country) Natick Mass.

Residence Address: Street or R. R. 305 Magnolia Dr. City Plainfield County Hen. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers lic. (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Patrick McDonald
   David "
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. McDonald
   Residence of father (if deceased so state) Natick, Mass.
   Birthplace of father (State or foreign country) Mass.
9. Full maiden name of mother Alice McCordick
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Mass.

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

Signed Robert L. McDonald
New Address Rt Box 352 Plainfield, In.

Subscribed and sworn to before me this 13 day of June, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Carolyn Middle L. Last Miller

Date of Birth: Month June Day 30 Year 1934

Place of Birth (State or foreign country) Terre Haute Vigo In.

Residence Address: Street or R. R. RR # 2 Box 352 City Plainfield County Hen. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers lic. (picture)

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

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

Signed Carolyn S. Miller
New Address Rt Box 352 Plainfield In. '79

Subscribed and sworn to before me this 13 day of June, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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 HENDRICKS *Circuit Court of Indiana dated the* 13th *day of* June, 19 79, *authorizing the joining together as husband and wife* Robert L. McDonald *and* Carolyn S. Miller

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

I, Samuel R. Miller *hereby certify that on the* 15 *day of* June, *at* Lebanon, *County of* Boone, *State of* Indiana, *one thousand nine hundred and* 79, *State of Indiana, Groom* Robert L. McDonald *of* Hendricks *County, State of* Indiana, *and, Bride* Carolyn S. 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* HENDRICKS *County.*

Dated this 15 *day of* June, 19 79. *Signed* Samuel R. Miller

Official Designation Preacher of the Church of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 19 *day of* June, 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. 255
File 40
6-1-79
Date of Application

MALE
Medical Examination Report Dated June 8, 1979
Name of Physician Richard T. Dolin M.D

FEMALE
Medical Examination Report Dated 6/8/79
Name of Physician Richard T Dolin 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 Lewis; Middle Manning; Last Woods III

Date of Birth: Month 5; Day 16; Year 1960

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

Residence Address: Street or R. R. RR #1 Box 5 G; City Pittsboro; County; State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) 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 Lewis Manning Woods
   Residence of father (if deceased so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Jane Chapman
   Residence of mother (if deceased so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Lewis Manning Woods III
New Address 2827 Embassy Row Apt 903

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

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Cynthia; Middle Dianne; Last Page

Date of Birth: Month 4; Day 28; Year 60

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

Residence Address: Street or R. R. P.O. Box 38; City North Salem; 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) # 113-60-0955713

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

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

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

Signed Cynthia D. Page
New Address 2827 Embassy Row Apt-903 Indpls

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

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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 22 day of June, 19 79, authorizing the joining together as husband and wife Lewis Manning Woods III and Cynthia Dianne Page

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

I, William Charles McGraw hereby certify that on the 23 day of June, one thousand nine hundred and 79 at Pittsboro, County of Hendricks, State of Indiana, Groom Lewis Manning Woods III of Hendricks County, State of Indiana, and, Bride Cynthia Dianne 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 HENDRICKS County.

Dated this 25 day of June, 19 79

Signed William Charles McGraw
Official Designation Minister, Pittsboro Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of June, 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. 256

File

6-15-79 Date of Application

MALE
Medical Examination Report Dated 6-9-79
Name of Physician D. Kris Cockrell

FEMALE
Medical Examination Report Dated 6-9-79
Name of Physician Bruce Beatty

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 Homer Last Gilbreath

Date of Birth: Month Nov Day 16 Year 1930

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 9100 Rockville Rd. City Indpls County Marion State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed William Homer Gilbreath

New Address 9100 Rockville Rd. INDPLS IND 46234

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Leah Middle C. Last Carr

Date of Birth: Month Nov. Day 15 Year 1952

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 312 Maplecrest City Brownsburg County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) 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.
   Michael Carr
   Michelle Carr

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

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

Signed Leah C. Carr

New Address 9100 Rockville Rd. Indpls. In. 46234

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

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 June, 1979, authorizing the joining together as husband and wife William Homer Gilbreath and Leah C. Carr

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

I, Jerry L. Williams hereby certify that on the 30 day of June, one thousand nine hundred and 79 at Indianapolis, County of Marion, State of Indiana, Groom William Homer Gilbreath of Marion County, State of Indiana, and, Bride Leah C. Carr of Hendricks 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 30 day of Jbne, 19 79. Signed Jerry L. Williams, Minister

Official Designation Ben David Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of July, 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. 257

File

June 15, 1979
Date of Application

MALE
Medical Examination Report Dated 6/11/79
Name of Physician Myron K. Dill M.D.

FEMALE
Medical Examination Report Dated 5/25/79
Name of Physician Charles F. Hasbrook

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 Harold Middle K. Last Bush Jr.
Date of Birth: Month December Day 30 Year 1956
Place of Birth (State or foreign country) Indianapolis Marion Co. Ind.
Residence Address: Street or R.R. 9138 Glenwood Ln. City Indianapolis County Marion State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers Licnse (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 Harold K. Bush
   Residence of father (if deceased so state) Indianapolis In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Urbogast
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Tennessee

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

Signed .....
New Address .....
Subscribed and sworn to before me this 15 day of June, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Patricia Middle A. Last Puglis
Date of Birth: Month March Day 2 Year 1960
Place of Birth (State or foreign country) Patterson N.J.
Residence Address: Street or R.R. R.R # 8 Box 345 City Indpls. County Marion State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers Licnse (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 Joseph M. Puglis
   Residence of father (if deceased so state) Indianapolis, In. (Born)
   Birthplace of father (State or foreign country) New Jersey
9. Full maiden name of mother Marion Bodenasn
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) New Jersey

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

Signed .....
New Address .....
Subscribed and sworn to before me this 15 day of June, 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, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 15 *day of* June, 19 79, *authorizing the joining together as husband and wife* Harold K. Bush, Jr. *and* Patricia A. Puglis
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lawrence D. Cooper *hereby certify that on the* 16 *day of* Juen, *one thousand nine hundred and* 79 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Harold K. Bush, Jr. *of* Marion *County, State of* Indiana, *and, Bride* Patricia A. Puglis *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 16 *day of* June, 19 79

Signed Lawrence D. Cooper
Official Designation Minister

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

No. 258

HENDRICKS County

File Hendricks County Only

June 15, 1979 Date of Application

MALE
Medical Examination Report Dated 5/3/79
Name of Physician J. C. Hutchison

FEMALE
Medical Examination Report Dated 5/3/79
Name of Physician J. C. Hutchison

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 C. Last Harman

Date of Birth: Month May Day 6 Year 1955

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

Residence Address: Street or R. R. 122 Mercer St. City Celina County Ohio State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Loren D. Harman
   Residence of father (if deceased so state) Urbana, Ill.
   Birthplace of father (State or foreign country) Kansas
9. Full maiden name of mother Erma Merryman
   Residence of mother (if deceased so state) Fowler, Ind.
   Birthplace of mother (State or foreign country) Ohio

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

Signed Larry C Harman

New Address 122 MERCER ST. CELINA OH 45822

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Julie Middle E Last Young

Date of Birth: Month Jan Day 29 Year 1958

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

Residence Address: Street or R. R. 122 Mercer St. City Celina County Ohio 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 Eugene R. Young
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janet L. Legg
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Julie E Young

New Address 122 Mercer St. Celina, OH 45822

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

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 *Circuit Court of Indiana dated the* 30 *day of* June, 19 79 *authorizing the joining together as husband and wife* LARRY C. HARMAN *and* JULIE E. YOUNG

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

I, REV. DILLON LAFFIN *hereby certify that on the* 30 *day of* JUNE, *one thousand nine hundred and* 79 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* LARRY C. HARMON *of* MERCER *County, State of* OHIO, *and, Bride* JULIE E. YOUNG *of* HENDRICKS *County, State of* INDIANA, *were by me united 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* June, 19 79. *Signed* Rev. Dillon Laffin *Official Designation* Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* July, 19 79

Signed Glen M Harvey Clerk HENDRICKS Circuit Court

No. 259

File

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

June 18, 1979
Date of Application

MALE
Medical Examination Report Dated 6-8-79
Name of Physician John H. Mader MD.

FEMALE
Medical Examination Report Dated 6-8-79
Name of Physician John H. Mader 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 Raymond Middle A. Last Zaleski Jr.

Date of Birth: Month Dec. Day 7 Year 1955

Place of Birth (State or foreign country) Richmond Ind.

Residence Address: Street or R. R. 425 S. 21st City Richmond 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) Reid 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 A. Zaleski Sr.
   Residence of father (if deceased so state) Richmond, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Margaret Leis
   Residence of mother (if deceased so state) Richmond, In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Raymond A Zaleski jr

New Address Richmond IN

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Jane Middle Ann Last Eaton

Date of Birth: Month 12 Day 1 Year 1955

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

Residence Address: Street or R. R. 411 School St. City Brownsburg County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) # 12423

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

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

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

Signed Jane Ann Eaton

New Address .....

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

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 22 day of June, 19 79, authorizing the joining together as husband and wife Raymond A. Zaleski, Jr. and Jane Ann Eaton

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

I, Jerry L. Nash hereby certify that on the 23 day of June one thousand nine hundred and 79 at Brownsburg, County of Hendricks State of Indiana, Groom Raymond L. Zleski, Jr. of Wayne County, State of Indiana, and, Bride Jane Ann Eaton of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23 day of June, 19 79.

Signed Jerry L. Nash

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of June, 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. 260

File 6-18-79
Date of Application

MALE
Medical Examination Report Dated 6-15-79
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 6-15-79
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: First Michael Middle Roger Last Pritchett

Date of Birth: Month 7 Day 5 Year 1949

Place of Birth (State or foreign country) Providence Ky.

Residence Address: Street or R. R. 2146 Waterbar Dr. City Snelps 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 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.
   Anytra Dawn Pritchett
   Wendy Rexee Pritchett
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 Elmus Pritchett Jr.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Jewel Evadean Rodger
   Residence of mother (if deceased so state) Snelps Ind.
   Birthplace of mother (State or foreign country) Kentucky

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

Signed X Michael R. Pritchett

New Address 2146 Waterbar Dr.

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

..... Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Brenda Middle Ann Last Hayton

Date of Birth: Month 9 Day 24 Year 1952

Place of Birth (State or foreign country) Saltville Va.

Residence Address: Street or R. R. 3215 Marshfield Ind City Marion County State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers 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 Arthur Graham Tolley
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Laura Ludemma Anderson
   Residence of mother (if deceased so state) Saltville Va.
   Birthplace of mother (State or foreign country) Virginia

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

Signed X Brenda Ann Hayton

New Address 2146 Waterbar Dr. Snelps, Ind.

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 June, 19 79, authorizing the joining together as husband and wife Michael Roger Critchett and Brenda Ann Hayton

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

I, William L. Fisk hereby certify that on the 23 day of June, at Indianapolis, County of Marion, one thousand nine hundred and 79 State of Indiana, Groom Michael Roger Critchett of Marion County, State of Indiana, and, Bride Brenda Ann Hayton 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 23 day of June, 19 79. Signed William L. Fisk

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of July, 19 79 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. 261

File

6-18-79 Date of Application

MALE
Medical Examination Report Dated 6-11-79
Name of Physician Loren D. Martin

FEMALE
Medical Examination Report Dated 6-11-79
Name of Physician Loren D. 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: First Richard Middle L. Last Carpenter

Date of Birth: Month 7 Day 23 Year 1935

Place of Birth (State or foreign country): Maywood Indiana

Residence Address: Street or R. R. 216 N. Vine City Plfd. County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers 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.
   Kimberly Kyle Carpenter
   Kara DeAnn Carpenter
   Keely Dawn Carpenter
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Mayer A. Carpenter
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruth O. Lentz
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

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

Signed x Richard L Carpenter

New Address 216 N. Vine, Plainfield, Ind

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Donna Middle L. Last Smith

Date of Birth: Month 1 Day 14. Year 1945

Place of Birth (State or foreign country) Elwood Indiana

Residence Address: Street or R. R. 216 N. Vine City Plfd. County Hend. State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers 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.
   1 Jimmy Joe Smith
   2 Linda Kay Smith
   3 Kimberly Dillette Smith
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Woodrow Hemphill
   Residence of father (if deceased so state) Maine
   Birthplace of father (State or foreign country) Elwood, Ind.
9. Full maiden name of mother Alberta Louise Foor
   Residence of mother (if deceased so state) Elwood Ind.
   Birthplace of mother (State or foreign country) Elwood, Ind.

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

Signed x Donna L Smith

New Address 216 No Vine Plainfield

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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* 18 *day of* June, 19 79, *authorizing the joining together as husband and wife* Richard L. Carpenter *and* Donna L. Smith

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

I, Floyd Smith *hereby certify that on the* 22 *day of* June, *one thousand nine hundred and* 79 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Richard L. Carpenter *of* Hendricks *County, State of* Indiana, *and, Bride* Donna L. Smith *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 22 *day of* June, 19 79

Signed Floyd Smith

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 2 *day of* July, 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. 262
File 40
6-18-79 Date of Application

MALE
Medical Examination Report Dated 6-11-79
Name of Physician Thomas H. Black III

FEMALE
Medical Examination Report Dated 6-11-79
Name of Physician Thomas H. Black III

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 Christopher Middle S. Last Mitchell
Date of Birth: Month December Day 6 Year 1953
Place of Birth (State or foreign country): Beech Grove In.
Residence Address: Street or R. R. Box 9 City Stilesville County Hend. State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed X Christopher S Mitchell
New Address Box 9 Stilesville Ind
Subscribed and sworn to before me this 18 day of June, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Nancy Middle L. Last Hutchens
Date of Birth: Month Day Year
Place of Birth (State or foreign country)
Residence Address: Street or R. R. Box 9 City Stilesville County Hend. State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed X Nancy L Hutchens
New Address RR 3 Box 9 Stilesville Ind
Subscribed and sworn to before me this 18 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 June, 1979, authorizing the joining together as husband and wife Christopher S. Mitchell and Nancy L. Hutchens

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

I, Tom McGilliard hereby certify that on the 22 day of June one thousand nine hundred and 79 at Indiana, County of Hendricks, State of Indiana, State of Indiana, Groom Christopher Mitchell of Hendricks County, State of Indiana, and, Bride Nancy Hutchens 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 22nd day of June, 19 79. Signed Tom McGilliard
Official Designation Minister, Stilesville Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of July, 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. 263

File

6-18-79
Date of Application

MALE
Medical Examination Report Dated 6-4-79

Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 6-4-79

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 James Middle R. Last Johnson

Date of Birth: Month 12 Day 29 Year 55

Place of Birth (State or foreign country) Linton - Greene Co. Ind.

Residence Address: Street or R. R. 11225 W. Washington St. City Indianapolis County Hendricks State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers Lic/W picture

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

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

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

Signed James R Johnson

New Address 11225 W Washington

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Wonda Middle S. Last Bland

Date of Birth: Month 6 Day 3 Year 1956

Place of Birth (State or foreign country) Clarksville Tenn.

Residence Address: Street or R. R. 11225 W. Washington St. City Indianapolis County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify) Drivers Lic/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.
   Stormy Dawn Bland
   Steven Michael Bland
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 William Haddock
   Residence of father (if deceased so state) Bloomfield, Ind
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Hazel Geneva Williams
   Residence of mother (if deceased so state) Clarksville, Tenn.
   Birthplace of mother (State or foreign country) Tenn.

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

Signed Wanda S Bland

New Address 11225 W. Washington

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

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 22 day of June, 19 79, authorizing the joining together as husband and wife James R. Johnson and Wanda S. Bland

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

I, Brad Gridemore hereby certify that on the 23 day of June, one thousand nine hundred and 79 at Bloomfield, County of Green, State of Indiana, Groom, James Richard Johnson of Greene County, State of Indiana, and, Bride Wanda Sue Bland (Haddock) of Montgomery County, State of Tennessee, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23 day of June, 19 79.

Signed Bradley W. Gridemore

Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of June, 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. 264
File 40
6-18-79 Date of Application

MALE
Medical Examination Report Dated 6-14-79
Name of Physician David B Haggard

FEMALE
Medical Examination Report Dated 6-14-79
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 Bruce Middle Alan Last Jenkins
Date of Birth: Month Oct. Day 19 Year 1959
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 537 S. Cole City Knapls, In County Marion Co. State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) #13246

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Richard Jenkins
   Residence of father (if deceased so state) 537 S. Cole, Knaps, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Jean Harsin
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

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

Signed Bruce Alan Jenkins
New Address SAME AS ABOVE

Subscribed and sworn to before me this 18th day of June, 19 79.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Rhonda Middle Carol Last Summerlot
Date of Birth: Month Jan. Day 4 Year 1960
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR#2 Box 145, City Plainfield, County Hend, State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) #00114

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Ross Summerlot
   Residence of father (if deceased so state) RR#2 Box 145, Plainfield, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruth Dayne Mc Clain
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

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

Signed Rhonda Carol Summerlot
New Address SAME AS His

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

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 22 *day of* June, 19 79, *authorizing the joining together as husband and wife* Bruce Alan Jenkins *and* Rhonda Carol Summerlot

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

I, Rev. Kenneth E. Vetters *hereby certify that on the* 23 *day of* June, *one thousand nine hundred and* 79 *at* Avon United Methodist, *County of* Hendricks, *State of Indiana, Groom* Bruce Alan Jenkins *of* Marion *County, State of* Indiana, *and, Bride* Rhonda Carol Summerlot *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 23rd *day of* June, 19 79. *Signed* Rev. Kenneth E. vetters
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 26 *day of* June, 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. 265

File

6-19-79
Date of Application

MALE
Medical Examination Report Dated 6-15-79
Name of Physician Glenn W. Baker

FEMALE
Medical Examination Report Dated 6-15-79
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 Gregory; Middle Richard; Last Billman

Date of Birth: Month 7; Day 4; Year 1953

Place of Birth (State or foreign country) Mishawaka Ind.

Residence Address: Street or R. R. 7112 Cedar Mill Circle; City Grapls; County Marion; State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers License 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 Richard Charles Billman
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phillips Arlene Laidig
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

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

Signed × Gregory Richard Billman

New Address 7112 Cedar Mill Circle #B Indpls Ind 46226

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Janet; Middle Yvonne; Last Siefert

Date of Birth: Month 12; Day 6; Year 1957

Place of Birth (State or foreign country) Indianapolis Ind

Residence Address: Street or R. R. R 1 Box 212; City Brownsburg; County Hend.; State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Richard Siefert
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Arlene Ethel Newman
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) S. Dakota

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

Signed × Janet Yvonne Siefert

New Address 7112 Cedar Mill Circle, Ind

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the ..... 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 22nd day of June, 19 79, authorizing the joining together as husband and wife Gregory Richard Billman and Janet Yvonne Siefert

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

I, Thomas G. Siefert hereby certify that on the 23 day of June one thousand nine hundred and 79 at Brownsburg, County of Hendricks, State of Indiana, Groom Gregory Richard Billman and, Bride Janet Yvonne Siefert of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23 day of June, 19 79.

Signed Thomas G. Siefert

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of June, 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. 266

File

June 19, 1979
Date of Application

MALE
Medical Examination Report Dated 6/13/79
Name of Physician Dr. David Durbin

FEMALE
Medical Examination Report Dated 6/12/79
Name of Physician Thomas Walker, 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 Tony Middle J. Last McDonough

Date of Birth: Month November Day 27 Year 1958

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

Residence Address: Street or R. R. 11650 Brookville Rd. City Indpls. County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

State of Indiana, County of HENDRICKS } ss:

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

Signed Tony J. McDonough
New Address 1123 Gail Court Jeffersonville

Subscribed and sworn to before me this 19 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Marcell Middle Dana Last Dede

Date of Birth: Month July Day 21 Year 1963

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

Residence Address: Street or R. R. 10647 Bacara Dr. City Ind. County Hendricks State Indpls. In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Dede
   Residence of father (if deceased so state) Bacara Dr. (Hendricks Co.)
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith D. Bishop
   Residence of mother (if deceased so state) Bacara Dr. Indpls.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

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

Signed Marcell Dana Dede
New Address 1123 Gail Court Jeffersonville

Subscribed and sworn to before me this 19 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed Judith D. Dede Mother

Subscribed and sworn to before me this 19 day of June, 19 79.

Glen M. Harvey Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE 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 June, 19 79, authorizing the joining together as husband and wife Tony J. Mc Donough and Marcell Dana Dede

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

I, Floyd Smith hereby certify that on the 30 day of June Marion, one thousand nine hundred and 79 at Indianapolis, County of Indiana, State of Indiana, Groom Tony J. Mc Donough of Marion County, State of Indiana, and, Bride Marcell Dana Dede of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30 day of June, 19 79.

Signed Floyd Smith
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of July, 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. 266

File

June 19, 1979
Date of Application

MALE
Medical Examination Report Dated 6/13/79
Name of Physician Dr. David Durbin

FEMALE
Medical Examination Report Dated 6/12/79
Name of Physician Thomas Walker, 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 Tony Middle J. Last McDonough

Date of Birth: Month December Day 27 Year 1958

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

Residence Address: Street or R. R. 11650 Brookville Rd. City Indpls. County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Tony J. McDonough

New Address 1125 Hail Court Jeffersonville

Subscribed and sworn to before me this 19 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Marcell Middle Dana Last Dede

Date of Birth: Month July Day 21 Year 1963

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

Residence Address: Street or R. R. 10647 Bacara Dr. City Ind. County Hendricks State Indpls. In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Dede
   Residence of father (if deceased so state) Bacara Dr. (Hendricks Co.)
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith D. Dede

6/19/79

I give my permission for my daughter Marcy to marry Tony McDonough.

Charles E Dede

NOTARY PUBLIC SEAL STATE OF INDIANA

Subscribed and sworn to before me this 19th day of June, 1979.

Merle E. Wasson.
NOTARY PUBLIC
State of Indiana
Shelby Co.

My Comm. exp. July 31, 1979

Signed Judith D. Dede Mother

Subscribed and sworn to before me this 19 day of June, 19 79

Glen M. Harvey Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the 19 day of June, 1979, authorizing the joining together as husband and wife Tony J. McDonough and Marcell Dana Dede

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

I, Floyd Smith hereby certify that on the 30 day of June Marion, one thousand nine hundred and 79 at Indianapolis, County of Indiana, State of Indiana, Groom Tony J. McDonough of Marion County, State of Indiana, and, Bride Marcell Dana Dede of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30 day of June, 1979. Signed Floyd Smith

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of July, 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. 267

File

June 19 1979
Date of Application

MALE
Medical Examination Report Dated 6/6/79
Name of Physician A. Alarcon Jr. M.D.

FEMALE
Medical Examination Report Dated 6/6/79
Name of Physician A. Alarcon Jr. 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 Carl Middle D. Last Carter

Date of Birth: Month June Day 19 Year 1940

Place of Birth (State or foreign country) St. Charles, Virginia

Residence Address: Street or R. R. 40 W. Main Apt #1 City Mooresville County State

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) Divers 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 Hepburn Carter
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Bonnie Elizabeth Stapleton
   Residence of mother (if deceased so state) St Charles Virginia
   Birthplace of mother (State or foreign country) Virginia

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

Signed X Carl D. Carter
New Address RR#1 Box 536 Plainfield Ind.

Subscribed and sworn to before me this 19 day of June, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Mildred Middle Jean Last Russell

Date of Birth: Month Feb Day 17 Year 1934

Place of Birth (State or foreign country) Summerset Ky.

Residence Address: Street or R. R. RR #1 Box 536 City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Driver's License

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

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

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

Signed X Mildred Jean Russell
New Address RR#1 Bx. 536 Plainfield Ind.

Subscribed and sworn to before me this 19 day of June, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23 *day of* June, 19 79, *authorizing the joining together as husband and wife* Carl D. Carter *and* Mildred Jean Russell

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

I, Rev. Terry Foster, *hereby certify that on the* 23 *day of* June, *one thousand nine hundred and* 79, *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Carl D. Carter *of* Morgan *County, State of* Indiana, *and, Bride* Mildred J. 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.*

Dated this 23 *day of* June, 19 79

Signed Rev. Terry Foster

Official Designation Ass't. Pastor, Good Shepherd Baptist C

Filed and recorded in accordance with the laws of the State of Indiana this 2 *day of* July, 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. 268

File

June 20, 1979 Date of Application

MALE
Medical Examination Report Dated 6-13-79
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 6-13-79
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 Thomas Middle M. Last Leslie

Date of Birth: Month Oct Day 12 Year 1958

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 4908 W. 34th City Indpls County Marion State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Dr. License

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

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

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

Signed Thomas M Leslie

New Address 4908 W 34 ST

Subscribed and sworn to before me this 20 day of June, 19 79

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Catherine Middle Lynn Last Beam

Date of Birth: Month April Day 25 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 323 E. Main City Brownsburg County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Catherine Beam

New Address 4908 W 34th ST Indpls

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 26 day of June, 19 79, authorizing the joining together as husband and wife Thomas M. Leslie and Catherine Lynn Beam

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

I, A. Joe Stevenson hereby certify that on the 2nd day of July, at Danville, County of Hendricks, one thousand nine hundred and 79 at Marion County, State of Indiana, State of Indiana, Groom Thomas M. Leslie of Hendricks County, State of Indiana, and, Bride Catherine L. Beam 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 2nd day of July, 19 79. Signed A. Joe Stevenson

Official Designation Judge, Pro Tem

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of July, 19 79

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

342

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. 269

File

June 20 1979
Date of Application

MALE
Medical Examination Report Dated 6/15/79
Name of Physician C. R. Kelley M.D.

FEMALE
Medical Examination Report Dated 6/15/79
Name of Physician C R Kelley 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 William Middle D. Last Price
Date of Birth: Month 1 Day 17 Year 1951
Place of Birth (State or foreign country) Bloomington Ill.
Residence Address: Street or R. R. RR #2 Box 146 City Coatesville County, In. State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License #306-585-540

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

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

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

Signed x William D. Price
New Address RR2 Box 146 Coatesville 46121

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

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

FEMALE APPLICANT

Name: First Marsha Middle J. Last Fuller
Date of Birth: Month 4 Day 20 Year 1953
Place of Birth (State or foreign country) New Haven Conn.
Residence Address: Street or R. R. 412 Hilltop Dr. City Greenwood County State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed x Marsha J. Fuller
New Address RR2 Box 146 Coatesville, Ind.

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

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 25th day of June, 19 79, authorizing the joining together as husband and wife William D. Price and Marsha J. Fuller

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

I, Robert J. Burgbacher hereby certify that on the 30 day of June, one thousand nine hundred and 79 at Coatesville, County of Hendricks, State of Indiana, Groom William David Price of Hendricks County, State of Indiana, and, Bride Marsha Jean Fuller of Johnson County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30 day of June, 19 79.

Signed Robert J. Burgbacher
Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of July, 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. 270

File

6-20-79 Date of Application

MALE
Medical Examination Report Dated 6-14-79
Name of Physician J. Thomas Vieira

FEMALE
Medical Examination Report Dated 6-14-79
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: First Kevin Middle L. Last Dillon

Date of Birth: Month 3 Day 27 Year 1955

Place of Birth (State or foreign country) Martinsville Ind

Residence Address: Street or R. R. 2255 Gordon Rd City Mooresville County Morgan State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers Licence 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 Frederic A. Dillon
   Residence of father (if deceased so state) Mooresville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Alice Parks
   Residence of mother (if deceased so state) Mooresville, Ind.
   Birthplace of mother (State or foreign country) Clayton, Ind.

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

Signed X Kevin L. Dillon

New Address 2255 Gordon Rd. Mooresville

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Teresa Middle Lynn Last Richard

Date of Birth: Month 12 Day 5 Year 1959

Place of Birth (State or foreign country) Greencastle Ind.

Residence Address: Street or R. R. Box 146 City Stilesville 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 Charles Eugene Richard
   Residence of father (if deceased so state) Stilesville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruby Marie Bryant
   Residence of mother (if deceased so state) Stilesville, Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Teresa Lynn Richard

New Address 2255 Gordon Rd. Mooresville

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

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 27 day of June, 19 79, authorizing the joining together as husband and wife Kevin L. Dillon and Teresa Lynn Richard

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

I, Tom McGillard hereby certify that on the 7th day of July, one thousand nine hundred and 79 at 7:30 P.M., County of Hendricks, State of Indiana, Groom Kevin L. Dillon of MOrgan County, State of Indiana, and, Bride Teresa Lynn Richard of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7th day of July, 19 79. Signed Tom McGilliard

Official Designation Minister, Stilesville Christian h.

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of July, 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. 271
File 40
June 20 1979
Date of Application

MALE
Medical Examination Report Dated 6-19-79
Name of Physician Adrian M. Deeck

FEMALE
Medical Examination Report Dated 6-19-79
Name of Physician Timothy W. Grist

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 Glen Last Morel
Date of Birth: Month Feb. Day 13 Year 1961
Place of Birth (State or foreign country) Brevard Co., Fla.
Residence Address: Street or R. R. RR 6 Bx 22, City Danville, County Hen., State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed ☒ Jeffrey Glen Morel
New Address RR 6 Box 22, DANV. IND.

Subscribed and sworn to before me this 20 day of June, 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 and father divorced

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ☒ Virginia G. Morel Mother

Subscribed and sworn to before me this 20 day of June, 19 79
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Cheryl Middle A. Last Fruits
Date of Birth: Month Feb. Day 9 Year 1957
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 3129 Conrad, City Indpls., County Marion, State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers license 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 George Elmer Fruits
   Residence of father (if deceased so state) Indpls., Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Madelyn Esther Miller
   Residence of mother (if deceased so state) Indpls., Ind.
   Birthplace of mother (State or foreign country) New York

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

Signed ☒ Cheryl Ann A. Fruits
New Address RR 6 BOX 22

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

Signed ..... Father
Signed ..... Mother

Subscribed and sworn to before me this ..... day 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* 25 *day of* June, 19 79, *authorizing the joining together as husband and wife* Jeffery Glen Morel *and* Cheryl A. FRuits
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Jerry G. Vanlue *hereby certify that on the* 30 *day of* June, *one thousand nine hundred and* 79 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Jeffrey G. Morel *of* Hendricks *County, State of* Indiana, *and, Bride* Cheryl A. Fruits *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 30 *day of* June, 19 79.

Signed Rev. Jerry G. Van Lue
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 *day of* July, 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. 272

File

June 26 1979
Date of Application

MALE
Medical Examination Report Dated 6-19-79
Name of Physician Ronald K. Stegemoller, MD

FEMALE
Medical Examination Report Dated 6-19-79
Name of Physician Ronald K. Stegemoller, 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 Cal Middle Edward Last Merritt

Date of Birth: Month September Day 23 Year 1947

Place of Birth (State or foreign country) Anderson Ind

Residence Address: Street or R. R. 4 Richfield City Danville County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   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 Edward Merritt
   Residence of father (if deceased so state) Anderson, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Myrtle Opal Lesbitter
   Residence of mother (if deceased so state) Anderson, Ind.
   Birthplace of mother (State or foreign country) New Albany, Miss.

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

Signed Cal Edward Merritt
New Address #4 RICHFIELD LN DANVILLE, IND

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Martha Middle Anne Last Mowrer

Date of Birth: Month April Day 13 Year 1960

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

Residence Address: Street or R.R. 11 Bittersweet Dr. City Danville County Hendricks State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

Signed Martha A. Mowrer
New Address #4 Richfield Ln Danville, IN

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

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 26th day of June, 19 79, authorizing the joining together as husband and wife Cal Edward Merritt and Martha Anne Mowrer

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

I, John C. Roof hereby certify that on the 7th day of July, one thousand nine hundred and 79 at Danville, County of Hendricks State of Indiana, Groom Cal Edward Merritt of Hendricks County, State of Indiana, and, Bride Martha Anne Mowrer of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7 day of July, 19 79. Signed John C. Roof

Official Designation Episcopal Priest

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of July, 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. 273

File

June 22 1979
Date of Application

MALE
Medical Examination Report Dated 6/18/79
Name of Physician James Black MD

FEMALE
Medical Examination Report Dated 6/18/79
Name of Physician James Black 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 Richard Middle D Last Tomasik

Date of Birth: Month Feb Day 12 Year 1957

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

Residence Address: Street or R. R. 82 N. Rd. 500 E City Danville County, State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers Licence

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

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

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

Signed Richard H. Tomasik

New Address 82N 500E. Danville Ind 46122

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Claire Middle Rae Last Smith

Date of Birth: Month September Day 16 Year 1956

Place of Birth (State or foreign country) Clinton County Frankfort In.

Residence Address: Street or R. R. 82 N. Rd. 500 E City Danville County, State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) .....

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

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

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

Signed Claire R Smith

New Address 82 N Rd 500E Danville, In 46122

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 HENDRICKS County Circuit Court by written order issued 3 day waived 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 22 day of June, 19 79, authorizing the joining together as husband and wife Richard H. Tomasik and Claire Rae Smith

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

I, Donald F. Mc Mahan D.D. hereby certify that on the 23 day of June, one thousand nine hundred and 79 at Stilesville, County of Hendricks, State of Indiana, Groom Richard H. Tomasik of Hendricks County, State of Indiana, and, Bride Claire Rae Smith of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23 day of June, 19 79.

Signed Donald F Mc Mahan

Official Designation United Methodist Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of June, 19 79.

Signed Glen M. Parvey 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. 274

File

June 22 1979
Date of Application

MALE
Medical Examination Report Dated 6/22/79
Name of Physician Dr. M.D. Samuelson

FEMALE
Medical Examination Report Dated 6/22/79
Name of Physician Dr. M.D. Samuelson

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 Curtis Middle C. Last Wiles

Date of Birth: Month January Day 10 Year 1958

Place of Birth (State or foreign country) Lebanon Indiana

Residence Address: Street or R. R. Box 75 City Lizton County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Curtis C. Wiles
New Address Box 75 Lizton In. 46169
Subscribed and sworn to before me this 22 day of June, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Rhonda Middle L. Last Shirrell

Date of Birth: Month March Day 6 Year 1960

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

Residence Address: Street or R. R. R.R. #1 305 S. City Pittsboro County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Purdue I.D. Card

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

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

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

Signed Rhonda L Shirrell
New Address P.O. Box 75 Lizton, In 46149
Subscribed and sworn to before me this 22 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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* 26th *day of* June, 19 79, *authorizing the joining together as husband and wife* Curtis E. Wiles *and* Rhonda L. Shirrell

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

I, Earl C. Davis *hereby certify that on the* 1st *day of* July, *one thousand nine hundred and* 79 *at* North Salem Christian Church *County of* Hendricks, *State of Indiana, Groom* Curtis Evan Wiles *of* Hendricks *County, State of* Indiana, *and, Bride* Rhonda Lee Shirrell *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 1st *day of* July, 19 79. *Signed* Earl C. Davis *Official Designation* Pastor-Counselor

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* July, 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. 275
File 40
6-22-79
Date of Application

MALE
Medical Examination Report Dated 6-4-79
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 6-4-79
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 Larry Middle V. Last Gividen
Date of Birth: Month December Day 13 Year 1941
Place of Birth (State or foreign country) Alert
Residence Address: Street or R. R. 1512 E. 10th City Jeffersonville County Decatur Co. State In.
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 Registration

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Waughtel Gividen
   Residence of father (if deceased so state) Scipio, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Agnes Florine Spears
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

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

Signed ☒ Larry V. Gividen
New Address 1512 East 10th Jeffersonville, Ind

Subscribed and sworn to before me this 22 day of June, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First mara Middle G. Last Sechrest
Date of Birth: Month July Day 12 Year 1955
Place of Birth (State or foreign country) Indianapolis In
Residence Address: Street or R. R. 2110 S. Sip Ponts Rd. City Indpls. County State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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 Martin Coolidge Sechrest
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Ola Madge Parsons
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

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

Signed ☒ mara G. Sechrest
New Address 1512 E. 10th Jeffersonville, IN

Subscribed and sworn to before me this 22 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 27 day of June, 19 79, authorizing the joining together as husband and wife Larry V. Gividen and Mara G. Sechrest

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

I, Thomas Paino, Jr. hereby certify that on the 30 day of June, one thousand nine hundred and 79 at Indianapolis, County of Marion, State of Indiana, Groom Larry V. Gividen of Clark County, State of Indiana, and, Bride Mara G. Sechrest of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30 day of June, 19 79.

Signed Thomas Paino, Jr.
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of July, 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. 276

File

June 22, 1979 Date of Application

MALE
Medical Examination Report Dated 6-19-79
Name of Physician Michael Sads

FEMALE
Medical Examination Report Dated 6-19-79
Name of Physician Michael Sads

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 Michael Last Hall

Date of Birth: Month June Day 30 Year 1953

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 608 E. Main City Plainfield County — State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed William M Hall

New Address 608 E. Main St Plainfield

Subscribed and sworn to before me this 22 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Patricia Middle Ann Last Conant

Date of Birth: Month Aug Day 20 Year 1955

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 608 E. Main City Plainfield County — State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Patricia A Conant

New Address 608 E Main, Fairfield, IN

Subscribed and sworn to before me this 22 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 ..... on the 3 day of July, 19 79, authorizing the joining together as husband and wife of Indiana dated the ..... William Michael Hall ..... and ..... Patricia Ann Conant .....

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

I, Larry W. McMahan hereby certify that on the 14 day of July, one thousand nine hundred and 79 at Indianapolis, County of Marion, State of Indiana, Groom William M. Hall of Hendricks County, State of Indiana, and, Bride Patricia Ann Conant of Hamilton County, State of HENDRICKS, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 14 day of July, 19 79 Signed Larry McManan

Official Designation Episcopal Priest

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of July, 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. 277

File

June 22, 1979
Date of Application

MALE
Medical Examination Report Dated 6/18/79
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 6/18/79
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: First Jerry Middle — Last Coburn
Date of Birth: Month Aug Day 20 Year 1949
Place of Birth (State or foreign country) Fairmont, West Virginia
Residence Address: Street or R. R. 1051 Ridgewood Dr City Plainfield County State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) 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 James Gene Coburn
   Residence of father (if deceased so state) Ohio
   Birthplace of father (State or foreign country) West Virginia
9. Full maiden name of mother Martha Ellen Phillips
   Residence of mother (if deceased so state) Ohio
   Birthplace of mother (State or foreign country) West Virginia

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

Signed Jerry Coburn
New Address 1051 Ridgewood Dr

Subscribed and sworn to before me this 22 day of June, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Shiela Middle R. Last Lee
Date of Birth: Month June Day 30 Year 1947
Place of Birth (State or foreign country) Phil Penn.
Residence Address: Street or R. R. 1051 Ridgewood Dr. City Plainfield County State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) 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 Anthony Martin
   Residence of father (if deceased so state) Penn.
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Evelyn Marquette Peters
   Residence of mother (if deceased so state) Penn.
   Birthplace of mother (State or foreign country) Penn.

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

Signed Shiela R Lee
New Address 1051 Ridgewood Dr.

Subscribed and sworn to before me this 22 day of June, 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, County of HENDRICKS } ss:

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* June, 19 79, *authorizing the joining together as husband and wife* Jerry Coburn *and* Sheila R. Lee
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Donald Endsly *hereby certify that on the* 7th *day of* July, *one thousand nine hundred and* 79 *at* Mooresville, *County of* Hendricks, *State of Indiana, Groom* Jerry Coburn *of* Hendricks *County, State of* Indiana, *and, Bride* Shiela R. Lee *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 7th *day of* July, 19 79.

Signed Donald Endsly
Official Designation ~~Recorder~~ Donald Endsly

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* July, 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. 278

File

June 25, 1979
Date of Application

MALE
Medical Examination Report Dated 6-14-79
Name of Physician Donald Hadley

FEMALE
Medical Examination Report Dated 6-14-79
Name of Physician Michael McNeely

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 Gerald Middle E. Last Glen

Date of Birth: Month Sept Day 15 Year 1912

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 319 S. Mill City Plainfield County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Dr. Licence

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

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

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

Signed Gerald E Glen
New Address 319 S Mill

Subscribed and sworn to before me this 25 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Helen Middle E. Last DeLong

Date of Birth: Month July Day 7 Year 1915

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 319 S. Mill City Plainfield County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Dr. Licence

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

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

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

Signed Helen E DeLong
New Address 319 S Mill, Plainfield

Subscribed and sworn to before me this 25 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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* 29 *day of* June, 19 79, *authorizing the joining together as husband and wife* Gerald E. Glen *and* Helen E. DeLong

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

I, Faris D. Franz *hereby certify that on the* 1st *day of* July, *one thousand nine hundred and* 79 *at* Clayton, *County of* Hendricks, *State of Indiana, Groom* Gerald E. Glen *of* Hendricks *County, State of* Indiana, *and, Bride* Helen E. DeLong *of* Hendricks *County, State of* HENDRICKS *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 29 *day of* June, 19 79. *Signed* Faris D. Franz

Official Designation Pastor, Clayton United Presbyterian Church

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* July, 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. 279
File 40
6-25-79
Date of Application

MALE
Medical Examination Report Dated 6-14-79
Name of Physician M. D. Scamahorn

FEMALE
Medical Examination Report Dated 6-14-79
Name of Physician M. D. 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: First Andrew Middle Richard Last Kapcoe Jr.
Date of Birth: Month Oct Day 9 Year 1944
Place of Birth (State or foreign country) Indiana, Penn.
Residence Address: Street or R. R. 1037 Norman Rd., City Brownsburg, County Hen, State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers 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 Andrew Richard Kapcoe
   Residence of father (if deceased so state) Clymer, Penn.
   Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Mary Helen Havrilla
   Residence of mother (if deceased so state) Clymer, Penn.
   Birthplace of mother (State or foreign country) Pennsylvania

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

Signed ☒ Andrew Richard Kapcoe Jr.
New Address 1037 Norman Road.

Subscribed and sworn to before me this 25 day of June, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Wilma Middle Jean Last Denny
Date of Birth: Month Sept. Day 14 Year 1946
Place of Birth (State or foreign country) Martin Co., Ind.
Residence Address: Street or R. R. 1037 Norman Rd., City Brownsburg, County Hen, State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers 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.
   Bonnie Pauline Denny
   Richard Andrew Denny

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

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

Signed Wilma Jean Denny
New Address 1037 Norman Rd

Subscribed and sworn to before me this 25 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 29 day of June, 19 79, authorizing the joining together as husband and wife Andrew Richard Kapcoe, Jr. and Wilma Jean Denny
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C Maurer hereby certify that on the 29 day of June, one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom Andrew Richard Kapcoe Jr of Hendricks County, State of Indiana, and, Bride Wilma Jean Denny of Hendricks County, State of Indiana, were by me united 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 June, 19 79.

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

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of July, 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. 280
File 40
6-25-79 Date of Application

MALE
Medical Examination Report Dated 6-22-79
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 6-22-79
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: First William Middle K. Last Bennett
Date of Birth: Month August Day 31 Year 1960
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. R. 1, Box 176 City Pittsboro 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 License

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

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

Signed X Kevin Bennett
New Address R.R.1 Box 176 Pittsboro, In.

Subscribed and sworn to before me this 25 day of June, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Mary Middle Elizabeth Last Stoeffler
Date of Birth: Month November Day 7 Year 1961
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. C O Box 6 City Pittsboro County In. State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed X Mary Stoeffler
New Address RR 1 Box 176 Pittsboro, In.

Subscribed and sworn to before me this 25 day of June, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Fath

Signed.....Moth

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

.....Cle

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, th
HENDRICKS County Court by written order issued and file
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 27 day of June, 19 79, authorizing the joining together as husband and wife William K. Bennett and Mary Elizabeth Stoeffler

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

I, Byron L. Rohrig hereby certify that on the 30 day of June, one thousand nine hundred and 79 at Pittsboro, County of Hendricks, State of Indiana, Groom William Kevin Bennett of Hendricks County, State of Indiana, and, Bride Mary Elizabeth Stoeffler of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30 day of June, 19 79.

Signed Byron L. Rohrig
Official Designation Pastor, Pittsboro United Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of July, 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. 280
File 40
6-25-79 Date of Application

MALE
Medical Examination Report Dated 6-22-79
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 6-22-79
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: First William Middle K. Last Bennett
Date of Birth: Month August Day 31 Year 1960
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. R. 1, Box 176 City Pittsboro County Hendricks State In
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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 Billy Gene Bennett
   Residence of father (if deceased so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sarah Elizabeth Hundley
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Kentucky

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

Signed X Kevin Bennett
New Address R.R.1 Box 176 Pittsboro, In.
Subscribed and sworn to before me this 25 day of June, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give
signs, state facts which rende

State of Indiana, County of HENDR
Signed
Signed
Subscribed and sworn to b

COMPLETE IF MA
HENDRICKS
in

We It
of Indiana dated th
William
Be it further remem
I,
one thousand nine hundred and 79 at Pittsboro, County of Hendricks
State of Indiana, Groom William Kevin Bennett of Hendricks County, State of Indiana
and, Bride Mary Elizabeth Stoeffler of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 30 day of June, 19 79.
Signed Byron L. Rohrig
Official Designation Pastor, Pittsboro United Methodist Church
Filed and recorded in accordance with the laws of the State of Indiana this 5 day of July, 19 79
Signed Glen M. Harvey HENDRICKS Circuit Court Clerk

FEMALE APPLICANT

Name: First Mary Middle Elizabeth Last Stoeffler
Date of Birth: Month November Day 7 Year 1961
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. C.O. Box 6 City Pittsboro County Hendricks State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed X Mary Stoeffler
New Address RR 1 Box 176 Pittsboro, In.
Subscribed and sworn to before me this 25 day of June, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

I, Thomas William Stoeffler, hereby give my consent for my daughter, Mary Elizabeth Stoeffler to marry William Kevin Bennett.

Thomas Wm Stoeffler

Subscribed and sworn to before me this 26th day of June 19 79.

Carol A. Galloway
1-23-79 Notary Public

NOTARY PUBLIC SEAL INDIANA

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. 280
File 40
6-25-79 Date of Application

MALE
Medical Examination Report Dated 6-22-79
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 6-22-79
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: First William Middle K. Last Bennett
Date of Birth: Month August Day 31 Year 1960
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. R. 1, Box 176 City Pittsboro 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 License

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

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

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

Signed X Kevin Bennett
New Address R.R.1 Box 176 Pittsboro, In.

Subscribed and sworn to before me this 25 day of June, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Mary Middle Elizabeth Last Stoeffler
Date of Birth: Month November Day 7 Year 1961
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. C.O. Box 16 City Pittsboro County In. State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed X Mary Stoeffler
New Address RR 1 Box 176 Pittsboro, In.

Subscribed and sworn to before me this 25 day of June, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give
signs, state facts which rend

State of Indiana, County of HENDR
Signed
Signed
Subscribed and sworn to b

COMPLETE IF MA
HENDRICKS
in

CONSENT OF PARENTS, PARENT OR GUARDIAN

I, Jacqueline J. Stoeffler, hereby give my consent for my daughter, Mary Elizabeth Stoeffler to marry William Kevin Bennett.

Jacqueline J. Stoeffler

Subscribed and sworn to before me this 26th day of June 19 79.

Carol A. Galloway
My Commission Expires 1-2-82 Notary Public

Be It

of Indiana dated th
William
Be it further remem
I,
one thousand nine
State of Indiana, Groom Will
and, Bride Mary Eliz Stoeffler of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 30 day of June, 19 79

Signed Byron L. Rohrig
Official Designation Pastor, Pittsboro United Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of July, 19 79.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

No. 281

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

File

June 26 79
Date of Application

MALE
Medical Examination Report Dated June 22, 1979
Name of Physician John J. Jehl, M.D.

FEMALE
Medical Examination Report Dated 6/19/79
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 David Middle Keith Last Murray
Date of Birth: Month 1 Day 29 Year 1952
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. 523 Chapel Hill W. Dr. City Indpls. County Marion State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's Licence I.D. 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 David Murray
   Residence of father (if deceased so state) 523 Chapel Hill W. Dr. Indpls.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lola Marie Nelson
   Residence of mother (if deceased so state) 523 Chapel Hill W. Dr. Indpls.
   Birthplace of mother (State or foreign country) Indiana

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

Signed David K Murray
New Address 120 LEE DRIVE GOLDSBORO N.C. 27530
Subscribed and sworn to before me this 5th day of July, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Brenda Middle Jean Last Standiford
Date of Birth: Month Dec. Day 1 Year 1949
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R. R. 886 Highlander Dr. City Plfd. County Hen. State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1 time
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Eugene Corliss
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Frances Sanders
   Residence of mother (if deceased so state) Ind
   Birthplace of mother (State or foreign country) Ind.

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

Signed Brenda J Standiford
New Address 120 LEE DRIVE GOLDSBORO N.C. 27530
Subscribed and sworn to before me this 5th day of July, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 ..... *Circuit Court of Indiana dated the* 5th *day of* July, *19* 79, *authorizing the joining together as husband and wife* David Keith Murray *and* Brenda Standiford
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clifford L. Carmichael *hereby certify that on the* 7th *day of* July, *one thousand nine hundred and* 79 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* David Keith Murray *of* Marion *County, State of* Indiana, *and, Bride* Brenda Jean Standiford *of* Hendricks *County, State of* Indiana, *were by me united 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* July, *19* 79.

Signed Clifford L. Carmichael
Official Designation United Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* July, *19* 79
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. 282
File 40
6-26-79 Date of Application

MALE
Medical Examination Report Dated 6-26-79
Name of Physician Larry D Lovall

FEMALE
Medical Examination Report Dated 6-26-76
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: First Jimmie Middle Lee Last Thompson

Date of Birth: Month November Day 7 Year 1935

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

Residence Address: Street or R. R. 148 S. Tennessee City Danville County In. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   David A. Thompson
7. Are you required by any court order or orders to support the above dependent children? Sole Custody No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 H. Thompson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Edna M. West
   Residence of mother (if deceased so state) Frankfort, In.
   Birthplace of mother (State or foreign country) Illinois

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

Signed X Jimmie Lee Thompson
New Address 148 S Tennessee Danville

Subscribed and sworn to before me this 26 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Margaret Middle B. Last Burch

Date of Birth: Month November Day 16 Year 1948

Place of Birth (State or foreign country) Lexington Kentucky

Residence Address: Street or R. R. 148 S. Tennessee City Danville County In. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Russell J. Burch
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Joseph Barnard
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Betty May Noland
   Residence of mother (if deceased so state) Mt. Stirling, Ky.
   Birthplace of mother (State or foreign country) Kentucky

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

Signed X Margaret B Burch
New Address 148 S. Tennessee Danville

Subscribed and sworn to before me this 26 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 5th day of July, 19 79, authorizing the joining together as husband and wife Jimmie Lee Thompson and Margaret B. Burch

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 7 day of July, one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom Jimmie Lee Thompson of Hendricks County, State of Indiana, and, Bride Margaret B. Burch of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5 day of July, 19 79.

Signed Dr. Joseph D. Stump
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of July, 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. 283
File 40
6-26-79
Date of Application

MALE
Medical Examination Report Dated 6-23-79
Name of Physician James Black

FEMALE
Medical Examination Report Dated 6-23-79
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 Mark Middle R. Last Noble
Date of Birth: Month Sept Day 4 Year 1952
Place of Birth (State or foreign country) Indpls, Indiana
Residence Address: Street or R. R. 5546 W. Ohio, City Indpls., County Marion, State Ind.

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

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

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

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

Signed Mark R. Noble
New Address 5546 W. OHIO ST. Indpls.
Subscribed and sworn to before me this 26 day of June, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Robin Middle N Last Smither
Date of Birth: Month June Day 26 Year 1960
Place of Birth (State or foreign country) Lawrenceburg, Ind.
Residence Address: Street or R. R. RR 2, Bx 358, 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) 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 Carroll R. Smither
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jo Ann Stevens
   Residence of mother (if deceased so state) Plainfield, Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Robin N. Smither
New Address 5546 W. Ohio St.
Subscribed and sworn to before me this 26 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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* 30 *day of* June, 19 79, *authorizing the joining together as husband and wife* Mark R. Noble *and* Robin N. Smither

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

I, Thomas M. Mullins, *hereby certify that on the* 30 *day of* June, *one thousand nine hundred and* 79, *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Mark R. Noble, *of* Marion *County, State of* Indiana, *and, Bride* Robin Smither, *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 30 *day of* June, 19 79.

Signed Thomas M. Mullins
Official Designation Minister, Ben Davis Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* July, 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. 284

File

June 26 1979
Date of Application

MALE
Medical Examination Report Dated 6/23/79
Name of Physician David M. Hadley MD

FEMALE
Medical Examination Report Dated 6/23/79
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: First Earl Middle Patrick Last Ansler

Date of Birth: Month October Day 23 Year 1946

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

Residence Address: Street or R. R. 3428 Campbell Ave. City Indpls. County Marion State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Company Identification

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Russell Earl Ansler
   Residence of father (if deceased so state) Indianapolis Ind (Dead)
   Birthplace of father (State or foreign country) Kenton, Ohio
9. Full maiden name of mother Mary Frances Teague
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Providence, Ky.

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

Signed Earl Patrick Ansler
New Address 3428 S. Campbell Indpls. Ind. 46237
Subscribed and sworn to before me this 26 day of June, 19 79
Glen M. Hervey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Judy Middle Lucille Last McKenney

Date of Birth: Month October Day 30 Year 1953

Place of Birth (State or foreign country) Plymouth N.H.

Residence Address: Street or R. R. 3428 S. Campbell City Indpls. County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) 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 Kenneth Bernard McKenney
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) New Hampshire
9. Full maiden name of mother Edith Arlene Holloway
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) New Hampshire

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

Signed Judy Lucille McKenney
New Address 3428 S. Campbell, Indpls. Ind. 46237
Subscribed and sworn to before me this 26 day of June, 19 79
Glen M. Hervey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS 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.....Circuit Court of Indiana dated the 26 day of June, 19 79, 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.....day of....., at....., County of....., one thousand nine hundred and.....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 HENDRICKS County.

Dated this.....day of....., 19.....

Signed.....
Official Designation.....

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

Signed.....Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 285

File

6-26-79
Date of Application

MALE
Medical Examination Report Dated 6-23-79
Name of Physician Ronald Stegemoller

FEMALE
Medical Examination Report Dated 6-23-79
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: First Robert, Middle Earl, Last Andrew
Date of Birth: Month Jan, Day 7, Year 1958
Place of Birth (State or foreign country) Wisconsin
Residence Address: Street or R. R. 10147 Maumee, City Indpls, County Hend., State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Andrew
   Residence of father (if deceased so state) Indpls In.
   Birthplace of father (State or foreign country) Unknown
9. Full maiden name of mother Vivian Land
   Residence of mother (if deceased so state) Indpls
   Birthplace of mother (State or foreign country) Ind.

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

Signed Robert E Andrew
New Address 10147 Maumee Dr Indpls.

Subscribed and sworn to before me this 26 day of June, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Karen, Middle Sue, Last Woodall
Date of Birth: Month Dec, Day 20, Year 1959
Place of Birth (State or foreign country) Ind
Residence Address: Street or R. R. 10147 Maumee, City Indpls, County Hend., State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed Karen Woodall
New Address 10147 Maumee Dr Indpls.

Subscribed and sworn to before me this 26 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 Clerks Office Circuit Court by written order issued 3 day waiver and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 26 *day of* June, 19 79, *authorizing the joining together as husband and wife* Robert Earl Andres *and* Karen Sue Woodall

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

I, John C. Mowrer, *hereby certify that on the* 29 *day of* June, *one thousand nine hundred and* 79, *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Robert Earl Andrew *of* Hendricks *County, State of* Indiana, *and, Bride* Karen Sue Woodall *of* Hendricks *County, State of* Indiana, *were by me united 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* June, 19 79.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* July, 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. 286

File

June 27, 1979
Date of Application

MALE
Medical Examination Report Dated 6-20-79
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 6-20-79
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 Mark Middle Walter Last Button

Date of Birth: Month Jan. Day 3 Year 1953

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 3 Box 411 City Clayton County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) DD 214

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 A. Button
   Residence of father (if deceased so state) Brandenton, Fla.
   Birthplace of father (State or foreign country) Mo.
9. Full maiden name of mother Anne Langtry
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Mo.

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

Signed Mark W Button
New Address Rt 3 Box 411 Clayton Ind.

Subscribed and sworn to before me this 27 day of June, 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, County of ..... } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Colleen Middle Michelle Last Green

Date of Birth: Month Jan Day 15 Year 1959

Place of Birth (State or foreign country) Mich.

Residence Address: Street or R. R. 1661 Cottonwood City Plainfield County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) .....

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

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

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

Signed Colleen M Green
New Address R 3 Box 411 Clayton Ind.

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

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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* HENDRICKS *Circuit Court of Indiana dated the* 3 *day of* July, 19 79, *authorizing the joining together as husband and wife* Mark Walter Button *and* Colleen Michele Green

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

I, Janice S. Chilewski hereby certify that on the 3 day of July, 19 79, at Danville, County of Hendricks, State of Indiana, one thousand nine hundred and 79 of Hendricks County, State of Indiana, State of Indiana, Groom Mark Walter Button of Hendricks County, State of Indiana, and, Bride Colleen Michele Green of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3 day of July, 19 79.

Signed Janice S Chilewski
Official Designation Deputy Clerk Hendricks Cts.

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* July, 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. 287
File 40
6-27-79
Date of Application

MALE
Medical Examination Report Dated 6-22-79
Name of Physician Larry D. Lovall

FEMALE
Medical Examination Report Dated 6-22-79
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: First Tracy Middle E. Last Tolan
Date of Birth: Month Sept. Day 8 Year 1961
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 394 Todd Road, City Plainfield, County Hendricks, State Ind.
Previous Marital Status: Never Married X 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 X Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No X Yes ☐
3. Are you related to the female applicant closer than second cousin? No X Yes ☐
4. Are you now under the influence of intoxicating liquor? No X Yes ☐
5. Are you now under the influence of a narcotic drug? No X Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Elbridge Tolan
   Residence of father (if deceased so state) 394 Todd Road, Plainfield Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wanda Janet [illegible] Ewell
   Residence of mother (if deceased so state) same
   Birthplace of mother (State or foreign country) Illinois

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

Signed X Tracy Tolan
New Address Berry's Motel Brazil

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

Signed X John E. Tolan Father
Signed X Wanda J. Tolan Mother

Subscribed and sworn to before me this 27th day of June, 1979.
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Tammie Middle Jo Last Snell
Date of Birth: Month March Day 2 Year 1961
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 394 Todd Road, City Plainfield, County Hendricks, State Ind.
Previous Marital Status: Never Married X 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 X Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No X Yes ☐
3. Are you related to the male applicant closer than second cousin? No X Yes ☐
4. Are you now under the influence of intoxicating liquor? No X Yes ☐
5. Are you now under the influence of a narcotic drug? No X Yes ☐
6. List the full names of any dependent children.

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

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

Signed X Tammie Snell
New Address Berry's Motel, Brazil, Ind.

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

Signed.....Father
Signed.....Mother

Subscribed and sworn to before me this.....day 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 J. Ray Warner 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* 27th *day of* June, 19 79, *authorizing the joining together as husband and wife* Tracy E. Tolan *and* Tammie Jo Snell

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

I, Rev. Garry L. Close hereby certify that on the 29 day of June, one thousand nine hundred and 79 at Plainfield, County of Hendricks, State of Indiana, Groom Tracy Tolan of Hendricks County, State of Indiana, and, Bride Tammy Snell of Hendricks County, State of Indiana, were by me united 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 June, 19 79.

Signed Garry L. Close
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* July, 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. 288

File

June 29 1979
Date of Application

MALE
Medical Examination Report Dated 6-28-79
Name of Physician James Black MD.

FEMALE
Medical Examination Report Dated 6-25-79
Name of Physician Helen L. Czerkusch 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 David Middle K. Last Welch

Date of Birth: Month August Day 18 Year 1959

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

Residence Address: 132 Street or R. R. N. Center City Plainfield County Hen. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers Licnse and I.D.

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

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

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

Signed David K Welch
New Address 132 N CENTER PLAINFIELD 32 N. Center

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Cindy Middle L. Last Madison

Date of Birth: Month June Day 24 Year 1969

Place of Birth (State or foreign country) New Mexico

Residence Address: 1620 Street or R. R. Black Oak Dr. City Plainfield County Hen. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers Licnse

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Eugene Madison
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Vincennes In.
9. Full maiden name of mother Elizabeth Gaellogs
   Residence of mother (if deceased so state) Plainfield, Ind.
   Birthplace of mother (State or foreign country) New Mexico

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

Signed Cindy L Madison
New Address ~~1620 Blackoak Drive~~ 32 N. Center

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

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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* 3rd *day of* July *and* Cindy L. Madison David K. Welch

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

I, Ted Rigdon, Jr. *hereby certify that on the* 7th *day of* July *, one thousand nine hundred and* 79 *at* Mooresville *County of* Morgan *, State of* Indiana *, State of Indiana, Groom* David K. Welch *of* Hendricks *County, State of* Indiana *, and, Bride* Cindy L. Madison *of* Hendircks *County, State of* Indiana *, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 7th *day of* July *, 19* 79 *.* *Signed* Ted Rigdon, Jr.

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* July *, 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. 289
File 40
6-29-79
Date of Application

MALE
Medical Examination Report Dated 6-15-79
Name of Physician Glen W. Baker

FEMALE
Medical Examination Report Dated 6-29-79
Name of Physician Joseph W. Glauty

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 Earl Last Starbuck
Date of Birth: Month August Day 28 Year 1959
Place of Birth (State or foreign country): Lebanon Ind.
Residence Address: Street or R. R. 13 Timberbrook Ct. City Danville County, State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed x Wm E. Starbuck
New Address 448 Murphy Dr. Bsbg, In
Subscribed and sworn to before me this 29 day of June, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Vicki Middle L. Last Fallowfield
Date of Birth: Month January Day 24 Year 1969
Place of Birth (State or foreign country): Indianapolis In.
Residence Address: Street or R. R. 448 Murphy Dr. City Brownsburg, County, State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed x Vicki L. Fallowfield
New Address 448 Murphy Dr.
Subscribed and sworn to before me this 29 day of June, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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* 5th *day of* July, 19 79, *authorizing the joining together as husband and wife* William Earl Starbuck *and* Vicki L. Fallowfield

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

I, Robert J. Gilday *hereby certify that on the* 7th *day of* July, *one thousand nine hundred and* 79 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* William Earl Starbuck *of* Hendricks *County, State of* Indiana, *and, Bride* Vicki L. Fallowfield *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 7th *day of* July, *19* 79.

Signed Robert J. Gilday
Official Designation Associate Pastor, St. Malachy Church

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* July, *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. 290

File

July 2, 1979 Date of Application

MALE
Medical Examination Report Dated 6-5-79
Name of Physician Bruce E. Beatty

FEMALE
Medical Examination Report Dated 6-5-79
Name of Physician Bruce E. Beatty

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 E. Last Key

Date of Birth: Month 11 Day 14 Year 1945

Place of Birth (State or foreign country) Lebanon, Indiana

Residence Address: Street or R. R. R.R. #1 Box 65 City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Driver's Licence 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.
   Stacy Susan Key - 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 Charles Edward Key
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lena Pearl Bussell
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

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

Signed James E Key

New Address Same

Subscribed and sworn to before me this 2nd day of July, 19 79.

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Laura Middle Lynn Last Blackford

Date of Birth: Month 11 Day 06 Year 1955

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

Residence Address: Street or R. R. R.R. #1 Box 65 City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
113-55-09176

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Jason Eugene Blackford - age 4
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Price
   Residence of father (if deceased so state) Hamilton Co., Indiana
   Birthplace of father (State or foreign country) Worthington, In.
9. Full maiden name of mother Phyllis Mae Crask
   Residence of mother (if deceased so state) Hamilton Co., Indiana
   Birthplace of mother (State or foreign country)

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

Signed Laura Lynn Blackford

New Address Same

Subscribed and sworn to before me this 2nd day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior #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 ..... Circuit Court of Indiana dated the 2nd day of July, 19 79, authorizing the joining together as husband and wife James E. Key and Laura Lynn Blackford

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

I, Glen M. Harvey hereby certify that on the 2nd day of July, one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom James E. Key of Hendricks County, State of Indiana, and, Bride Laura Lynn Blackford of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2nd day of July, 19 79. Signed Glen M. Harvey

Official Designation Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of July, 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. 291
File 40
7-2-79
Date of Application

MALE
Medical Examination Report Dated 6-29-79
Name of Physician James Black

FEMALE
Medical Examination Report Dated 6-29-79
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 Byron Middle L. Last Rollison
Date of Birth: Month Nov. Day 10 Year 1944
Place of Birth (State or foreign country) In.
Residence Address: Street or R. R. RR 18 Box 152 R City Indianapolis County Marion State In.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Voter's Reg. 14795

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Toni Rollison - resident of Nursing Home Father pays all bills.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be 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 Alfred Rollison
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Dovie Elizabeth Knox
   Residence of mother (if deceased so state) Clay City, Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Byron L Rollison
New Address 5 Lickridge Ln Danville 46122

Subscribed and sworn to before me this 2 day of July, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Monica Middle S. Last Sechman
Date of Birth: Month May Day 9 Year 1948
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R. R. 5 Lickridge City Danville County Boyle State Ky.

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

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

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

Signed X Monica S Sechman
New Address 5 Lickridge Lane Danville Ind.

Subscribed and sworn to before me this 2 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 6th day of July, 19 79, authorizing the joining together as husband and wife Byron L. Rollison and Monica S. Sechman

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

I, Rev. Douglas Ohime hereby certify that on the 6th day of July, one thousand nine hundred and 79 at Friendswood, County of Marion, State of Indiana, Groom Byron L. Rollison of Hendricks County, State of Indiana, and, Bride Monica S. Sechman of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 6th day of July, 19 79

Signed Rev. Douglas Ohime
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of July, 19 79

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. 292
File 40
7-2-79 Date of Application

MALE
Medical Examination Report Dated 6-20-79
Name of Physician A. M. Scudder

FEMALE
Medical Examination Report Dated 6-20-79
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: First George Middle T. Last Davis, Jr.
Date of Birth: Month February Day 3 Year 29
Place of Birth (State or foreign country): Brooklyn New York
Residence Address: Street or R. R. RR#1 City Danville County Hend. State In.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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.
   Susan 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 George Travis Davis, Sr.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Madeline Dunker
   Residence of mother (if deceased so state) RR 2 Box 86 N Brownsburg
   Birthplace of mother (State or foreign country) New Jersey

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

Signed X Peggy S Swafford
New Address R4 RR 1 Box 105 Danville Ind

Subscribed and sworn to before me this 2 day of July, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Peggy Middle S. Last Swafford
Date of Birth: Month Aug. Day 25 Year 1931
Place of Birth (State or foreign country): Callee Oklahoma Tennessee
Residence Address: Street or R. R. RR 1 City Danville County Hend. State In.

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dewey E. Ledbetter
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Fannie H. Grosbey
   Residence of mother (if deceased so state) 303 W. University, Lexington, Tenn.
   Birthplace of mother (State or foreign country) Tennessee

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

Signed X George T Davis
New Address RR 1 Box 105 Danville Ind

Subscribed and sworn to before me this 2 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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* 6 *day of* July *and* George T. Davis Peggy Swafford

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

I, Earl W. Chestnut *hereby certify that on the* 6th *day of* July *one thousand nine hundred and* 79 *at* Waverly Baptist Church *County of* Morgan, *State of* Indiana, *Groom* George T. Davis *of* Hendricks *County, State of* Indiana, *and, Bride* Peggy S. Swafford *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 6th *day of* July, *19* 79 *Signed* Earl W. Chestnut *Official Designation* Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* August, *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. 293

File

July 2, 1979
Date of Application

MALE
Medical Examination Report Dated 6-26-79
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 6-26-79
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 Donald Middle Gene Last Griffith Jr.
Date of Birth: Month Aug Day 7 Year 1956
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R. R. 1123 N. Eleanor City Indpls. County Marion State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed Donald G. Griffith Jr.
New Address 7777 W. Washington

Subscribed and sworn to before me this 2 day of July, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Brenda Middle Sue Last Smith
Date of Birth: Month May Day 22 Year 1959
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R. R. Rt 5 Box 182 City Danville County State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed Brenda S. Smith
New Address 7777 W. Washington

Subscribed and sworn to before me this 2 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 6th day of July, 19 79, authorizing the joining together as husband and wife Donald Gene Griffith, Jr. and Brenda Sue Smith

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

I, A. Joe Stevenson hereby certify that on the 6 day of July one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom Donald Gene Griffith Jr. of Marion County, State of Indiana, and, Bride Brenda 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.

Dated this 6 day of July, 19 79.

Signed A. Joe Stevenson
Official Designation Judge Pro-Tem, Hendricks Superi

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of July, 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. 294

File

7-3-1979 Date of Application

MALE
Medical Examination Report Dated 6-30-79
Name of Physician Ronald K. Stegemoller, M.D.

FEMALE
Medical Examination Report Dated 6-30-79
Name of Physician Ronald K. 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: First Steven Middle C. Last Woolery

Date of Birth: Month 12 Day 12 Year 1948

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. 7777 W. Washington City Indpls. County Marion State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Driver's 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.
   Robin Woolery - age 7
   Ann Woolery - age 10
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be 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 C. Woolery
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Katherine McCammon
   Residence of mother (if deceased so state) Speedway, Indiana
   Birthplace of mother (State or foreign country) Indiana

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

Signed Steven C. Woolery
New Address 7777 W Washington

Subscribed and sworn to before me this 3rd day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Sandra Middle E. Last Hamilton

Date of Birth: Month 2 Day 19 Year 1959

Place of Birth (State or foreign country) Eastman G. Hospital Greencastle In.

Residence Address: Street or R. R. 349 Ellis, City Plainfield County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify) 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.
   Ramie Hamilton, age 2
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 C. Combs
   Residence of father (if deceased so state) 349 Ellis, Plfd., In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Reca Jane Wells
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Sandra Hamilton
New Address 7777 W. Washington

Subscribed and sworn to before me this 3rd day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 3rd day of July, 19 79, authorizing the joining together as husband and wife Steven C. Woolery and Sandra E. Hamilton

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

I, Vinton D. Bradshaw hereby certify that on the 4 day of July, one thousand nine hundred and 79 at Indianapolis, County of Marion, State of Indiana, Groom Steven C. Woolery of Marion, County, State of Indiana, and, Bride Sandra E. Hamilton of Marion, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 4 day of July, 19 79. Signed Vinton D. Bradshaw

Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of July, 19 79.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

No. 295

File 40

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

July 3, 1979
Date of Application

MALE
Medical Examination Report Dated 6-22-79
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 6-22-79
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 James Middle Michael Last Miles

Date of Birth: Month November Day 30 Year 1948

Place of Birth (State or foreign country) Jeffersonville, Indiana

Residence Address: Street or R. R. 6205 W. Lake Dr. S. City Indpls. County Marion State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers license 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 Joseph Dexter Miles Sr.
   Residence of father (if deceased so state) Sarasota, Florida
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margaret Jane Ryan
   Residence of mother (if deceased so state) Sarasota, Florida
   Birthplace of mother (State or foreign country) Indiana

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

Signed James Michael Miles
New Address 202 S. Kentucky, Danville Ind.

Subscribed and sworn to before me this 3 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Mary Middle Ann Last Dorsey

Date of Birth: Month June Day 8 Year 1957

Place of Birth (State or foreign country) Indpls., Indiana

Residence Address: Street or R. R. RR 2 Bx 177, City Danville, County Hen, State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers license 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 Oldham Young Dorsey
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mary Eileen Smith
   Residence of mother (if deceased so state) Danville, Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Mary Ann Dorsey
New Address 2025 S. Kentucky St. Danville

Subscribed and sworn to before me this 3 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 7th day of July, 19 79, authorizing the joining together as husband and wife James Michael Miles and Mary Ann Dorsey

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 7 day of July, one thousand nine hundred and 79 at Danville, County of Hendricks State of Indiana, Groom James Michael Miles of Hendricks County, State of Indiana, and, Bride Mary Ann Dorsey of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7th day of July, 19 79

Signed Dr. Joseph D. Stump

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of July, 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. 296

File

7-3-79 Date of Application

MALE
Medical Examination Report Dated 6-27-79
Name of Physician William Wagner

FEMALE
Medical Examination Report Dated 6-27-79
Name of Physician 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: First David Middle B. Last Terrell

Date of Birth: Month 9 Day 6 Year 1957

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR1 Box 360 City Monrovia County Morgan 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 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 Noral Harold Terrell
   Residence of father (if deceased so state) Monrovia, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Viola Gatewood
   Residence of mother (if deceased so state) Monrovia, Ind.
   Birthplace of mother (State or foreign country) Tennessee

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

Signed X David B Terrell

New Address 125½ Rucker Street Plfd.

Subscribed and sworn to before me this 3 day of July, 19 79

Glen M. Harney Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Cynthia Middle J. Last Stremming

Date of Birth: Month 11 Day 3 Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 1 Box 488 City Plfd. County Hendricks State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License 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 George Charles Stremming Jr.
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosemary Hayes
   Residence of mother (if deceased so state) Plainfield, Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Cindy Stremming

New Address 125½ Pickett Street Plfd.

Subscribed and sworn to before me this 3 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 July, 19 79, authorizing the joining together as husband and wife David B. Terrell and Cynthia J. Stremming

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

I, Rev Dillon Laffin hereby certify that on the 14 day of July, at Plainfield, County of Hendricks, one thousand nine hundred and 79, County, State of Indiana, State of Indiana, Groom David B. Terrell of Morgan County, State of Indiana, and, Bride Cynthia J. Stremming of Hendricks County, State of Indiana, were by me united 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 July, 19 79. Signed Rev Dillon Laffin

Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of July, 19 79

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. 291
File 40
July 3, 1979
Date of Application

MALE
Medical Examination Report Dated 6-30-79
Name of Physician Fred R. Brooks

FEMALE
Medical Examination Report Dated 6-30-79
Name of Physician Fred R. 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 Tim Middle Alan Last Spotila
Date of Birth: Month May Day 16 Year 1960
Place of Birth (State or foreign country) In.
Residence Address: Street or R. R. Beech Grove City Danville County In. State
314 N. 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Gerald Spotila
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Peggy Ann Springer
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

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

Signed ☒ Tim Alan Spotila
New Address 342 Meadow Drive, Danville

Subscribed and sworn to before me this 3 day of July, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Tamara Middle Lea Last Spears
Date of Birth: Month August Day 31 Year 1961
Place of Birth (State or foreign country) In.
Residence Address: Street or R. R. R#2 Box 121 City Danville County State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed ☒ Tamara Lea Spears
New Address 342 Meadow Drive, Dan

Subscribed and sworn to before me this 3 day of July, 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, County of HENDRICKS } ss:

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ☒ James E. Spears Father
Signed ☒ Velma L. Spears Mother
Subscribed and sworn to before me this ..... day 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 9th day of July, 19 79, authorizing the joining together as husband and wife Tim Alan Spotila and Tamara Lea Spears

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

I, John C. Mourer hereby certify that on the 21st day of July, one thousand nine hundred and 79, at Danville, County of Hendricks, State of Indiana, Groom Tim Alan Spotila of Hendricks County, State of Indiana, and, Bride Tamara Lea Spears of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9th day of July, 19 79.

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

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of July, 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. 298

File

July 3, 1979
Date of Application

MALE
Medical Examination Report Dated 6-27-79
Name of Physician Irving Cohen, MD.

FEMALE
Medical Examination Report Dated 6-27-79
Name of Physician Irving Cohen, 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 Alan Middle W Last Brill

Date of Birth: Month July Day 6 Year 1951

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

Residence Address: Street or R. R. R.R. # 1 Box 14 City Clayton County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License (picture)

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

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

Signed Alan W. Brill

New Address 60 Sweetwood Dr. Mooresville

Subscribed and sworn to before me this 3 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Rebecca Middle A. Last Maltby

Date of Birth: Month September Day 24 Year 1949

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

Residence Address: Street or R. R. 3745 Wilson Rd. City Martinsville County Morgan State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers License (picture)

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

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

Signed Rebecca A. Maltby

New Address 60 Sweetwood Dr Mooresville 79

Subscribed and sworn to before me this 3 day of July, 19.....

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... 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 ....., one thousand nine hundred and ..... at ....., County of ....., State of Indiana, Groom ..... of ....., County, State of ....., and, Bride ..... of ....., County, State of ..... were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS *County.*

Dated this ..... day of ....., 19.....

Signed .....

Official Designation .....

Filed and recorded in accordance with the laws of the State of Indiana this ..... day of ....., 19.....

Signed ..... Clerk

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 299
File 40
7-5-79
Date of Application

MALE
Medical Examination Report Dated 7-3-79
Name of Physician Thomas H. Black

FEMALE
Medical Examination Report Dated 7-3-79
Name of Physician Thomas H. 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 Garry Middle L. Last Carter
Date of Birth: Month January Day 9 Year 1959
Place of Birth (State or foreign country): Greencastle Putnam In.
Residence Address: Street or R. R. P.O. Box 24 City Arno County In. State
Previous Marital Status: Never Married X OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: X Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No X Yes ☐
3. Are you related to the female applicant closer than second cousin? No X Yes ☐
4. Are you now under the influence of intoxicating liquor? No X Yes ☐
5. Are you now under the influence of a narcotic drug? No X Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 D. Carter
   Residence of father (if deceased so state) Arno, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Betsy A. Chambers
   Residence of mother (if deceased so state) Arno, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Garry L. Carter
New Address P.O. Box 24 Arno

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Polly Middle A. Last O'Neal
Date of Birth: Month April Day 29 Year 1958
Place of Birth (State or foreign country): Greencastle Putnam In.
Residence Address: Street or R. R. RR5 City Greencastle County State In.
Previous Marital Status: Never Married X OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: X Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No X Yes ☐
3. Are you related to the male applicant closer than second cousin? No X Yes ☐
4. Are you now under the influence of intoxicating liquor? No X Yes ☐
5. Are you now under the influence of a narcotic drug? No X Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 O'Neal
   Residence of father (if deceased so state) R5 Greencastle, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Adeline Selder
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Polly A. Oneal
New Address P.O. Box 24 Arno, Ind.

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5 day of July, 1979, authorizing the joining together as husband and wife Garry L. Carter and Polly A. O'Neal.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Arthur Bowser hereby certify that on the 7 day of July, one thousand nine hundred and 79, at New Providence Baptist Church County of Putnam, State of Indiana, Groom Garry L. Carter of Hendricks County, State of Indiana, and, Bride Polly A. O'Neal of Putnam County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7 day of July, 1979.

Signed Arthur Bowser
Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of July, 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. 300

File

9-5-79 Date of Application

MALE
Medical Examination Report Dated 6-29-79
Name of Physician L. L. Blum

FEMALE
Medical Examination Report Dated 6-29-79
Name of Physician L. L. Blum

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 Jay Middle M Last Bryant

Date of Birth: Month 4 Day 24 Year 57

Place of Birth (State or foreign country) Greencastle, Ind.

Residence Address: Street or R. R. G Delivery City Coatesville 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) Drivers Lic fm 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 Maurice Gilbert Bryant
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Evelon Wallace
   Residence of mother (if deceased so state) Coatsville, Ind
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jay M. Bryant
New Address Gen. Del. Coatesville In.

Subscribed and sworn to before me this 5 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Christina Middle A. Last Munn

Date of Birth: Month 5 Day 25 Year 58

Place of Birth (State or foreign country) Waverly Iowa

Residence Address: Street or R. R. G. Delivery City Coatesville County Ind. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) .....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ronald L. Munn
   Residence of father (if deceased so state) Cumberland, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Roxanne Gocke
   Residence of mother (if deceased so state) N/A
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Christina A. Munn
New Address Gen. Del. Coatesville, Ind

Subscribed and sworn to before me this 5th day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 ..... Circuit Court of Indiana dated the 11 day of July, 19 79, authorizing the joining together as husband and wife Jay M. Bryant and Christina A. Munn

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John O. McIntyre hereby certify that on the 14 day of July, one thousand nine hundred and 79 at Coatesville, County of Hendricks, State of Indiana, Groom Jay M. Bryant of Hendricks County, State of Indiana, and, Bride Christina A. Munn of Hendricks County, State of Indiana, were by me united 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 July, 19 79. Signed John O. McIntryre

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of July, 19 79.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

374

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. 301

File

July 6, 1979
Date of Application

MALE
Medical Examination Report Dated 6-5-79
Name of Physician Larry Lovell

FEMALE
Medical Examination Report Dated 6-5-79
Name of Physician Larry 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: First William Middle Thomas Last Lovins

Date of Birth: Month Feb. Day 26 Year 1955

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 11225 W. Washington St. City Indpls County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Thomas Anthony Lovins
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hubert T. Lovins
   Residence of father (if deceased so state) N. Salem, In.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Grace Ward
   Residence of mother (if deceased so state) N. Salem In.
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William T. Lovins

New Address 11225 W. WASHINGTON Indianapolis

Subscribed and sworn to before me this 6 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Brenda Middle Kay Last Myers

Date of Birth: Month Feb. Day 22. Year 1957

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 11225 W. Wash. St. City Indpls. County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Thomas Anthony Lovins
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Myers
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Shaw
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brenda Myers

New Address 11225 W. Washington Ind:anapolis

Subscribed and sworn to before me this 6 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 6 *day of* July, 19 79, *authorizing the joining together as husband and wife* William Thomas Lovins *and* Brenda Kay Myers

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Lawrence E. Dettner hereby certify that on the 7 day of July, one thousand nine hundred and 79 at North Salem, County of Hendricks, State of Indiana, Groom William Thomas Lovins of Hendricks County, State of Indiana, and, Bride Brenda Kay Myers of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7 day of July, 19 79.

Signed Rev. William Thomas Dettner

Official Designation Ministers

Filed and recorded in accordance with the laws of the State of Indiana this 9 *day of* July, 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. 302
File 40
7-6-79 Date of Application

MALE
Medical Examination Report Dated 7-3-79
Name of Physician Timothy J. Nichols

FEMALE
Medical Examination Report Dated 7-3-79
Name of Physician Timothy J. Nichols

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 Charlie Middle E. Last Brock
Date of Birth: Month March Day 30 Year 1949
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R. R. RR 3, Box 23 City Danville County Hend. State In.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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.
   Charlie Brock, Jr.
   Heather Brock
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Alvin Buford Brock
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mary Jane Wagner
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Charlie E. Brock, Sr.
New Address 504 Mariway Drive Indpl., Ind.
Subscribed and sworn to before me this 6 day of July, 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Deborah Middle J. Last Watson
Date of Birth: Month September Day 16 Year 1954
Place of Birth (State or foreign country) Greencastle In.
Residence Address: Street or R. R. 504 Mariway City Indpls County Marion State In.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's 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.
   Jeremy Leonard
   Milisha Neal
   Thomas Neal + Nichole Watson
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Ray Pearson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Unknown
9. Full maiden name of mother Amy Pearl Buis
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Deborah J. Watson
New Address 504 Mariway Rd. Indpls, Ind.
Subscribed and sworn to before me this 6 day of July, 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 Ofc. authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 6th *day of* July, 19 79, *authorizing the joining together as husband and wife* Charlie E. Brock *and* Deborah J. Watson.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Buford Brock *hereby certify that on the* 7th *day of* July, *at* Danville, *County of* Hendricks, *one thousand nine hundred and* 79, *State of Indiana, Groom* Charlie E. Brock, Sr. *of* Hendricks *County, State of* Indiana, *and, Bride* Deborah Watson *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 7th *day of* July, 19 79. *Signed* Buford Brock
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* July, 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. 303

File

July 6, 1979
Date of Application

MALE
Medical Examination Report Dated July 2, 1979
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated July 2, 1979
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 Mark Middle A. Last Rivers

Date of Birth: Month Oct Day 12 Year 1954

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 6343 Stockport Rd City Indpls County Marion State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Rivers
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Lou Ayne Knoll
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mark A. Rivers
New Address 6343 Stockport Rd., #1275
Subscribed and sworn to before me this 4 day of July, 19 79.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Beth Middle Ann Last Zenor

Date of Birth: Month July Day 10 Year 1960

Place of Birth (State or foreign country) Ill.

Residence Address: Street or R. R. 324 Eastern City Plainfield County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Zenor
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Betty Chappell
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Mo.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Beth A. Zenor
New Address 6343 Stockport Rd. #1275
Subscribed and sworn to before me this 6 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 4 *day of* July, 19 79, *authorizing the joining together as husband and wife* Mark Rivers *and* Beth Ann Zenor

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 21 day of July, one thousand nine hundred and 79 at Plainfield, County of Hendricks, State of Indiana, Groom Mark A. Rivers of Hendricks County, State of Indiana, and, Bride Beth Ann Zenor of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21 day of July, 19 79.

Signed Thomas E. Chittenden
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of July, 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. 304

File

July 6, 1979
Date of Application

MALE
Medical Examination Report Dated 6-29-79
Name of Physician James Black, M.D.

FEMALE
Medical Examination Report Dated 6-29-79
Name of Physician James Black, 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 Bruce Middle Dean Last Morrical

Date of Birth: Month 4 Day 24 Year 1952

Place of Birth (State or foreign country) Hartford City, Indiana

Residence Address: Street or R. R. 300 S. McKinley City N. Salem County Hendricks State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License 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 Charles Thomas Morrical
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Lucille Brewster
   Residence of mother (if deceased so state) North Salem, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bruce D. Morrical
New Address 300 So. McKinley North Salem

Subscribed and sworn to before me this 6th day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Rose Middle Marie Last Larmer

Date of Birth: Month 11 Day 18 Year 1946

Place of Birth (State or foreign country) Lebanon, Indiana

Residence Address: Street or R. R. 205 S. Nebraska City N. Salem County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License 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.
   Jeffrey Edward - age 13
   Julie Ann - age 10
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Kandall Cozey
   Residence of father (if deceased so state) North Salem, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Hazel Marie Coons
   Residence of mother (if deceased so state) North Salem, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rose Marie Larmer
New Address 300 S. McKinley, North Salem

Subscribed and sworn to before me this 6th day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 ..... on the 11th day of July, 19 79, authorizing the joining together as husband and wife of Indiana dated the Bruce Dean Morrical and Rose Marie Larmer

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Lawrence E. Dettner hereby certify that on the 14 day of July at North Salem, County of Hendricks, one thousand nine hundred and 79 State of Indiana, Groom Bruce D. Morrical of Hendricks County, State of Indiana, and, Bride Rose M. Larmer of Hendricks County, State of Indiana, were by me united 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 July, 19 79.

Signed Rev. Lawrence E. Dettner
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of July, 19 79.

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. 305

File

July 9, 1979
Date of Application

MALE
Medical Examination Report Dated 7-3-79
Name of Physician Carl L. Heinlein, M.D.

FEMALE
Medical Examination Report Dated 7-3-79
Name of Physician Carl L. Heinlein, 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 Robert Middle E. Last Flaherty

Date of Birth: Month 5 Day 22 Year 1959

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 785 Mackey Rd. City Danville County Hend. State Indiana

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate #6245 ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Erwin V. Flaherty
   Residence of father (if deceased so state) 41 Suburban Dr., Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Lou Parks
   Residence of mother (if deceased so state) 41 Suburban Dr., Danville, In.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert E Flaherty

New Address 785 Mackey

Subscribed and sworn to before me this 9th day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Teri Middle D. Last Griswold

Date of Birth: Month 6 Day 23 Year 1961

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R. #6 Box 55 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 #7726 ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 C. Griswold
   Residence of father (if deceased so state) R. #6, Box 55, Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margaret June Hutchens
   Residence of mother (if deceased so state) R. #6, Box 55, Danville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Teri D Griswold

New Address 785 Mackey Rd

Subscribed and sworn to before me this 9th day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 13 day of July, 1979, authorizing the joining together as husband and wife Robert E. Flaherty and Teri D. Griswold

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Gary L. Wade hereby certify that on the 14 day of July, one thousand nine hundred and 79 at Danville Christian Church, County of Hendricks, State of Indiana, Groom Robert E. Flaherty of Hendricks County, State of Indiana, and, Bride Teri D. Griswold of Hendricks County, State of Indiana, were by me united 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 July, 19 79.

Signed Gary L. Wade

Official Designation Lay Associate Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of July, 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. 306
File 40
7-10-79 Date of Application

MALE
Medical Examination Report Dated 7-2-79
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 7-2-79
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 Ronald Middle G. Last Alexander
Date of Birth: Month May Day 26 Year 1957
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 3555 W. Henry City Indpls. County In. State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Earl Alexander
   Residence of father (if deceased so state) Indpls, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Jean Breidenbaugh
   Residence of mother (if deceased so state) 3555 W. Henry Indple, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Ronald R. Alexander
New Address 125 Welcome Way Blvd Indpls
Subscribed and sworn to before me this 10 day of July, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Patricia Middle L. Last Phillips
Date of Birth: Month June Day 7 Year 1958
Place of Birth (State or foreign country) Greencastle In.
Residence Address: Street or R. R. 1626 Black Oak Dr. City Plainfield County In. State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Phillips
   Residence of father (if deceased so state) 1626 Black Oak Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joyce A. Lyons
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Patricia L Phillips
New Address 125 Welcome Way Blvd Indpls
Subscribed and sworn to before me this 10 day of July, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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 17th day of July, 19 79, authorizing the joining together as husband and wife Donald R. Alexander and Patricia L Phillips

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Dillon Laffin hereby certify that on the 27 day of July, at Plainfield, County of Hendricks one thousand nine hundred and 79 at Marion County, State of Indiana, Groom Donald R. Alexander of Hendricks County, State of Indiana, and, Bride Patricia L Phillips 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 17 day of July, 19 79. Signed Rev. Dillon Laffin
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of Aug., 19 79
Signed Glenn M. Harvey Clerk HENDRICKS Circuit Court

No. 307

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

File July 10, 1979
Date of Application

MALE
Medical Examination Report Dated 6-26-79
Name of Physician L. H. Ellis

FEMALE
Medical Examination Report Dated 6-26-79
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 Dale Middle Anthony Last Caldwell
Date of Birth: Month March Day 25 Year 1953
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. PO Box 174 City Lizton County Hend. State Ind
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Beecher Caldwell
   Residence of father (if deceased so state) Lizton, Ind.
   Birthplace of father (State or foreign country) Cincinnati Ohio
9. Full maiden name of mother Lena Davis
   Residence of mother (if deceased so state) Lizton, Ind.
   Birthplace of mother (State or foreign country) Liberty, Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Dale A. Caldwell
New Address P.O. Box 174 Lizton, Ind.

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Jennie Middle Louise Last McGlothlin
Date of Birth: Month April Day 13 Year 1954
Place of Birth (State or foreign country) Lafayette Indiana
Residence Address: Street or R. R. Lot 38 Shore Dr. City Crawfordsville County Mont. 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 Lawrence Dean McGlothlin
   Residence of father (if deceased so state) Lafayette Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Viola Bernice McIver
   Residence of mother (if deceased so state) Lafayette Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Jennie McGlothlin
New Address Box 174 Lizton

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 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 17th day of July, 19 79, authorizing the joining together as husband and wife Dale Anthony Caldwell and Jennie Louise Mc Glothlin
Be it further remembered, the following marriage certificate was filed in my office, to wit:
I, Floyd J. Ellis hereby certify that on the 21 day of July, one thousand nine hundred and 79 at Lake Holiday, County of Montgomery State of Indiana, Groom Dale Anthony Caldwell of Hendricks County, State of Indiana, and, Bride Jennie Louise Mc Glothlin 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 HENDRICKS County.
Dated this 21 day of July, 19 79.

Signed Floyd J. Ellis
Official Designation Minister, Church of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of July, 19 79.

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. 308

File

July 11, 1979 Date of Application

MALE
Medical Examination Report Dated 7-7-79
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated 7-7-79
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: First Carry Middle Andrew Last Summers

Date of Birth: Month Dec Day 22 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1675 Creekwood City Brownsburg County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Larry Summers
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Judith Spiker
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carry A Summers

New Address 38 W Vermont

Subscribed and sworn to before me this 11 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Tammy Middle Ellen Last Williams

Date of Birth: Month Nov. Day 23 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 11 Robinwood City Brownsburg County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jackie Williams
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) W. Va.
9. Full maiden name of mother Sylvia Spencer
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) W. Va.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tammy E. Williams

New Address 38 W. Vermont - Brownsburg

Subscribed and sworn to before me this 11 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 ..... Circuit Court of Indiana dated the 17 day of July, 19 79, authorizing the joining together as husband and wife Carry Andrew Summers and Tammy Ellen Williams

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John Caldwell hereby certify that on the 21 day of July, at Avon, County of HENDRICKS, one thousand nine hundred and 79 County, State of Indiana, State of Indiana, Groom Carry A. Summers of HENDRICKS County, State of Indiana, and, Bride Tammy E. Williams 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 July, 19 79.

Signed John Caldwell

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of July, 19 79.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

382

No. 309

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

7-12-79 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 7-10-79
Name of Physician George Klutinoty II

FEMALE
Medical Examination Report Dated 7-10-79
Name of Physician George Klutinoty II

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 Don, Middle A., Last Williams

Date of Birth: Month 6, Day 9, Year 1946

Place of Birth (State or foreign country) Anderson Indiana

Residence Address: Street or R. R. 314 W. Donnelly Dr, City Brownsburg, County Hend., State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Marc Allen Jr. Williams
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 Herbert Williams
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother La Verne Hazel Collins
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Don Arwin Williams

New Address 314 W Donnelly Dr Brownsburg, Ind 46112

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 X ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Patricia, Middle F., Last Lee

Date of Birth: Month 1, Day 27, Year 41

Place of Birth (State or foreign country) Oakland California

Residence Address: Street or R. R. 423 Westerwood, City Indpls, County Marion, State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License 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.
   Richard Mark Lee Wayne Lee
   Mark Gilroy Lee
   Michael Joseph Lee
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Leslie Joseph Duffey
   Residence of father (if deceased so state) California (Deceased)
   Birthplace of father (State or foreign country) California
9. Full maiden name of mother Mary Edith Dita
   Residence of mother (if deceased so state) California
   Birthplace of mother (State or foreign country) California

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patricia F. Lee

New Address 314 Donnelly Dr 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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* July, 19 79, *authorizing the joining together as husband and wife* Don A. Williams *and* Patricia F. Lee

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D. Wilson hereby certify that on the 9th day of August, one thousand nine hundred and 79 at Brownsburg, County of Hendricks=, State of Indiana, Groom Don A. Williams of Hendricks County, State of Indiana, and, Bride Patricia F. Lee 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 9th day of August, 19 79.

Signed Joseph D. Wilson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* August, 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. 310

File

7-13-79 Date of Application

MALE
Medical Examination Report Dated 7-7-79
Name of Physician M. D. Seamahorn

FEMALE
Medical Examination Report Dated 7-7-79
Name of Physician M. D. Seamahorn

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 Gerald Middle A. Last Danner

Date of Birth: Month 8 Day 27 Year 1953

Place of Birth (State or foreign country) Indpls Ind

Residence Address: 1433 N. Rockester Street or R. R. Indpls City Marion 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 Licens 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.
   Kimberly Diane Danner
   Gerald Alwen Danner Jr.
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gene Lowell Danner
   Residence of father (if deceased so state) Indpls.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Aretta Jean Fantcher
   Residence of mother (if deceased so state) Indpls,
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Gerald A. Danner

New Address 109 Adams 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Kitty Middle B. Last Pfeifer

Date of Birth: Month 12 Day 22 Year 1954

Place of Birth (State or foreign country) Indiana

Residence Address: 109 Adams Street or R. R. Danville City Dend. County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) .....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Amy Jo Pfeifer
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Junior Simpson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Martha Helen Jones
   Residence of mother (if deceased so state) Kentucky
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kitty B. Pfeifer

New Address 109 Adams 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 July, 19 79, authorizing the joining together as husband and wife Gerald A. Danner and Kitty B. Pfeifer

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 3rd day of August, one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom Gerald A. Danner of Hendricks County, State of Indiana, and, Bride Kitty B. Pfeifer of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3rd day of August, 19 79. Signed Dr. Joseph D. Stump

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of August, 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. 311
File 40
July 16, 1979
Date of Application

MALE
Medical Examination Report Dated 7-13-79
Name of Physician Roy McKee

FEMALE
Medical Examination Report Dated 7-7-79
Name of Physician M. O. Seamahorn

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 J. Last Oler
Date of Birth: Month October Day 30 Year 1955
Place of Birth (State or foreign country) Richmond, Indiana
Residence Address: Street or R. R. 401 W. Colonial City New Castle County Henry 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 Roger Eugene Oler
   Residence of father (if deceased so state) Economy, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruby Pauline Scruggs
   Residence of mother (if deceased so state) Economy, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kevin J Oler
New Address 405 South Morrison, Muncie Ind.

Subscribed and sworn to before me this 16 day of July, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Sandra Middle Jean Last Manson
Date of Birth: Month December Day 18 Year 1957
Place of Birth (State or foreign country) Indpls., Indiana
Residence Address: Street or R. R. 502 Marcella Dr. City Brownsburg County Hen. State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George David Manson
   Residence of father (if deceased so state) Brownsburg, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jean Louise Weingartner
   Residence of mother (if deceased so state) Brownsburg, Ind.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sandra Jean Manson
New Address 905 South Morrison, Apt 126 Muncie, IN

Subscribed and sworn to before me this 16 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* July, 19 79, *authorizing the joining together as husband and wife* Kevin J. Oler *and* Sandra Jean Manson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John Southwood *hereby certify that on the* 4th *day of* August, *one thousand nine hundred and* 79 *at* Calvary United Methodist, *County of* Hendricks, *State of Indiana, Groom* Kevin J. Oler *of* Henry *County, State of* Indiana, *and, Bride* Sandra Jean Manson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 4th *day of* August, *19* 79

Signed John Southwood
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8 *day of* August, *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. 312

File

7-16-79 Date of Application

MALE
Medical Examination Report Dated 7-15-79
Name of Physician Eric Clark M.D.

FEMALE
Medical Examination Report Dated 7-15-79
Name of Physician Eric Clark 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 Michael Middle C. Last Ryan

Date of Birth: Month January Day 12 Year 1951

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 7887 Springmill City Indpls County Marion State Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers Licnse /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 Russell J. Ryan Jr.
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Gloria Mae Cole
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael C. Ryan

New Address 13-C Univ. Village E. 805 21 City Park Plum Fort Collins Col.

Subscribed and sworn to before me this 21 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Janet Middle L. Last Helton

Date of Birth: Month 6 Day 12 Year 1956

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. 340 E North St. 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 Licnse w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Harold Helton
   Residence of father (if deceased so state) Danville Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosemary Hodson
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Janet Lee Helton

New Address Apt 13C University Village East City Parks Plum St. Fort Collins, Colo. 80521

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 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* 30 *day of* July, *19* 79, *authorizing the joining together as husband and wife* Michael C. Ryan *and* Janet L. Helton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Verne E. Sindlinger *hereby certify that on the* 21st *day of* July, *one thousand nine hundred and* 79 *at* Indianapolis, *County of* Marion, *State of* Colorado, *Groom* Michael Cole Ryan *of* POuder *County, State of* Indiana, *and, Bride* Janet Lee Helton *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 21st *day of* July, *19* 79. *Signed* Verne E. Sindlinger

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8 *day of* August, *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. 313

File

7-16-79
Date of Application

MALE
Medical Examination Report Dated 6-25-79

Name of Physician

FEMALE
Medical Examination Report Dated 6-25-79

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 David Middle E. Last Lydick

Date of Birth: Month 2 Day 1 Year 1959

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Box 146 City Coatesville 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 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 Billy E. Lydick
   Residence of father (if deceased so state) Coatesville Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary K. Patrick
   Residence of mother (if deceased so state) Coatesville, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x David E. Lydick

New Address Coatesville, In Box 146

Subscribed and sworn to before me this 16 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Joyce Middle A. Last Irwin

Date of Birth: Month 12 Day 19 Year 1961

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Box 146 City Coatesville County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License 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 Robert E. Irwin
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma Jean Wood
   Residence of mother (if deceased so state) Michigan
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Joyce A. Irwin

New Address Box 146 Coatesville, IN

Subscribed and sworn to before me this 16 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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* July, 19 79, *authorizing the joining together as husband and wife* David E. Lydick *and* Joyce A. Irwin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Harold Thomas hereby certify that on the 20 day of July, one thousand nine hundred and 79 at Amo 1st Baptist Church, County of Hendricks, State of Indiana, Groom David E. Lydick of Hendricks County, State of Indiana, and, Bride Joyce A. Irwin of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20 day of July, 19 79.

Signed Rev. Harold Thomas

Official Designation Ordained Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* July, 19 79.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

386

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. 313

File

7-16-79
Date of Application

MALE
Medical Examination Report Dated 6-25-79

Name of Physician

FEMALE
Medical Examination Report Dated 6-25-79

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 David Middle E. Last Lydick

Date of Birth: Month 2 Day 1 Year 1959

Place of Birth (State or foreign country) Indiana

Residence Address: Box 146 Street or R. R. Coatesville City Hend. 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) Drivers 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 Billy E. Lydick
   Residence of father (if deceased so state) Coatesville Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary K. Patrick
   Residence of mother (if deceased so state) Coatesville, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X David E. Lydick

New Address Coatesville, In Box 146

Subscribed and sworn to before me this 16 day of July, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Joyce Middle A. Last Irwin

Date of Birth: Month 12 Day 19 Year 1961

Place of Birth (State or foreign country) Indiana

Residence Address: Box 146 Street or R. R. Coatesville 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) Drivers 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 Robert C. Irwin
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma Jean Wood
   Residence of mother (if deceased so state) Michigan
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Joyce A Irwin

New Address Box 146 Coatesville, IN

Subscribed and sworn to before me this 16 day of July, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT

We, the parents, of this applicant her

signs, state facts which render the co

State of Indiana, County of HENDRICKS

Signed

Signed

Subscribed and sworn to before me this

COMPLETE IF MARRIAGE

HENDRICKS

in

Be It Remember

of Indiana dated the 1

David E

Be it further remembered, the

I, Rev. Harold

one thousand nine hundred and

State of Indiana, Groom David E. Lydick of Hendricks County, State of Indiana

and, Bride Joyce A. Irwin of Hendricks County, State of Indiana,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20 day of July, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of July, 1979

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Norma Jean Irwin

I, ~~Joyce Ann Irwin~~, hereby give my consent for my ~~Daughter~~ Daughter Joyce to A Irwin to marry David Lydick

Norma J. Irwin

Subscribed and sworn to before me this 12Th day of July 1979.

Donald J. Brandt

Notary Public
Iosco Co. Mich
My Comm Exp 3/7/82

Changed before me Donald J. Brandt

This was O.K.'d on 7/12/79

Okay'd by Glen M. Harvey

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 314
7-16-79 Date of Application

MALE
Medical Examination Report Dated 7-10-79
Name of Physician J. Thomas Vieira

FEMALE
Medical Examination Report Dated 7-10-79
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: First Nicholas Middle R. Last O'Neil
Date of Birth: Month May Day 15 Year 1955
Place of Birth (State or foreign country) Kennsalaer In.
Residence Address: Street or R. R. R3 Box 84 City Carlisle County State Ind.

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.,
8. Full name of father Robert Frances O'Neil
   Residence of father (if deceased so state) Carlisle, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elma Jean Hawn
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Nicholas R. O'Neil
New Address 886 Highlander Dr., Plainfield, In.
Subscribed and sworn to before me this 16 day of July, 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, County of ..... } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Deborah Middle L Last Vieira
Date of Birth: Month July Day 28 Year 1955
Place of Birth (State or foreign country) Pocos De Caldas Brazil, S. America
Residence Address: Street or R. R. RR2 City Coatesville County State In.

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jose Thomas Vieira, M.D.
   Residence of father (if deceased so state) Coatesville, In.
   Birthplace of father (State or foreign country) Brazil, S. America
9. Full maiden name of mother Doris Edith Conley
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Deborah L Vieira
New Address 886 Highlander Dr. Plainfield
Subscribed and sworn to before me this 16 day of July, 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 ..... Circuit Court of Indiana dated the 20 day of July, 19 79, authorizing the joining together as husband and wife Nicholas R. O'Neil and Deborah L. Vieira

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Raymond A. Brenner hereby certify that on the 3rd day of August, one thousand nine hundred and 79 at Greencastle, County of Putnam, State of Indiana, Grpom Nicholas Robert O'Neil of Sullivan County, State of Indiana, and, Bride Deborah Louise Vieira of Hendricks County, State of HENDRICKS County.

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of

Dated this 3rd day of August, 19 79. Signed Rev. Raymond A. Brenner
Official Designation Catholic Priest, St. Paul the Apostle Church

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of Aug., 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. 315

File

July 16 1979
Date of Application

MALE
Medical Examination Report Dated 7/10/79
Name of Physician Stuart J. Duncan MD.

FEMALE
Medical Examination Report Dated 7/10/79
Name of Physician Stuart J. Duncan 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 Scott Middle Last Meyer

Date of Birth: Month 12 Day 14 Year 1954

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R. R. 6630 E. Troy City Indpls County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree 13548

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 G. Meyer
   Residence of father (if deceased so state) Indpls In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorthy J. Kirwin
   Residence of mother (if deceased so state) Indpls In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Scott G. Meyer
New Address Colonial Acres 2 Pkts

Subscribed and sworn to before me this 16 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Debra Middle Elaine Last Boggs

Date of Birth: Month 7 Day 19 Year 1959

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. R.R. #1 City Stilesville, 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 13533

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Vats Boggs
   Residence of father (if deceased so state) Stilesville, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mitzi D. Slone
   Residence of mother (if deceased so state) Stilesville, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Debra Elaine Boggs
New Address Colonial Acres Stop 11 Rd

Subscribed and sworn to before me this 16 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 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* 20 *day of* July, *19* 79, *authorizing the joining together as husband and wife* Scott Meyer *and* Debra Elaine Boggs

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Tom McGilliard, *hereby certify that on the* 22 *day of* July, *one thousand nine hundred and* 79, *at* 4:30, *County of* Hendricks, *State of Indiana, Groom* Scott Meyer, *of* Marion *County, State of* Indiana, *and, Bride* Debra Elaine Boggs, *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 22 *day of* July, *19* 79.

Signed Tom McGilliard
Official Designation Minister, Stilesville Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* August, *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. 316

File

July 16 1979
Date of Application

MALE
Medical Examination Report Dated 7-16-79
Name of Physician Lowry R. Killen

FEMALE
Medical Examination Report Dated 7-16-79
Name of Physician Lowry R. Killen

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 Val Middle J. Last Frazee
Date of Birth: Month June Day 22 Year 1950
Place of Birth (State or foreign country) Ft. McPherson Ga.
Residence Address: Street or R. R. Box 454 City Indpls. County Marion State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers Licence - 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 Lowell B. Frazee
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) California
9. Full maiden name of mother Anna L. Fesenovna
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Siberia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed V. J. Frazee
New Address 1147 Raymond St / Plainfield
Subscribed and sworn to before me this 16 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Sue Middle E. Last Hoffman
Date of Birth: Month June Day 27 Year 1942
Place of Birth (State or foreign country) Terre Haute Vigo Ind.
Residence Address: Street or R. R. 1147 Raymond St. City Plainfield County Hendricks State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License - picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Todd A. Hoffman

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Van Brooks
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Clinton In.
9. Full maiden name of mother Alice Patricia Savio
   Residence of mother (if deceased so state) Plainfield In.
   Birthplace of mother (State or foreign country) Minnesota

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sue E. Hoffman
New Address 1147 Raymond St Plainfield
Subscribed and sworn to before me this 16 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 July, 19 79, authorizing the joining together as husband and wife Val J. Frazee and Sue E. Hoffman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Stanley F. Hoffman, Jr. hereby certify that on the 20 day of July, one thousand nine hundred and 79 at Plainfield, County of HENDRICKS, State of Indiana, Groom Val Frazee of Marion County, State of Indiana, and, Bride Sue Hoffman of HENDRICKS County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20 day of July, 19 79. Signed Stanley F. Hoffman, Jr.
Official Designation Minister of the Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of July, 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. 317

File

July 16 1979
Date of Application

MALE
Medical Examination Report Dated 7/16/79
Name of Physician James Black

FEMALE
Medical Examination Report Dated 7/16/79
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 Timothy Middle — Last Martin

Date of Birth: Month 7 Day 9 Year 1955

Place of Birth (State or foreign country) Elkhart, In

Residence Address: Street or R. R. 2136 N. Mitchell City Cadillac County — State Mich

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 W. Martin Jr.
   Residence of father (if deceased so state) Manton Mich.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia A. Scholillo
   Residence of mother (if deceased so state) Elkhart In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Timothy Martin
New Address 2136 N. MITCHELL, CADILLAC MICH

Subscribed and sworn to before me this 16 day of July, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Jean Middle G. Last Woest

Date of Birth: Month Oct Day 21 Year 1955

Place of Birth (State or foreign country) Indianapolis, In

Residence Address: Street or R. R. R # 5 Box 134 C City Brownsburg County — State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clement Leroy Woest
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Pauline Ruth Johnson
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Ill

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Joan Ann Woest
New Address 2136 N Mitchell, Cadillac, Mich

Subscribed and sworn to before me this 16 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 20 *day of* July, *19* 79, *authorizing the joining together as husband and wife* Timothy Martin *and* Jean A. Woest

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, George H. Hoog *hereby certify that on the* 4th *day of* August, *one thousand nine hundred and* 79 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Timothy Martin *of* Westford *County, State of* Michigan, *and, Bride* Jean A. Woest *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 4th *day of* August, *19* 79

Signed George H. Hoog

Official Designation Lutheran Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 8 *day of* August, *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. 318

File

7-17-79 Date of Application

MALE
Medical Examination Report Dated ~~Joseph~~ 7-17-79
Name of Physician Joseph Kerlin

FEMALE
Medical Examination Report Dated 7-17-79
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 Jerry Middle J Last Cunningham
Date of Birth: Month 12 Day 4 Year 1955
Place of Birth (State or foreign country) South Carolina
Residence Address: Street or R. R. PO Box 226015 City Dallas County Denton State 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) Drivers Licens 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 Jerry Jackson Cunningham
   Residence of father (if deceased so state) Ohio
   Birthplace of father (State or foreign country) South Carolina
9. Full maiden name of mother Mildred May Sanders
   Residence of mother (if deceased so state) South Carolina
   Birthplace of mother (State or foreign country) South Carolina

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Jerry J Cunningham
New Address 508 S. Carroll St. Apt 160, Denton Texas

Subscribed and sworn to before me this 17 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Donna Middle L Last Pierson
Date of Birth: Month 7 Day 9 Year 1960
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR 2 Box 320 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) Student I.D. 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 Donald Jesse Pierson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Danville Indiana
9. Full maiden name of mother Charlotte Beth Graham
   Residence of mother (if deceased so state) Danville Indiana
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Donna L. Pierson
New Address 508 S Carroll St. Apt 160 Denton

Subscribed and sworn to before me this 17 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 Circuit Court of Indiana dated the 20th day of July, 19 79, authorizing the joining together as husband and wife Jerry F. Cunningham and Donna L. Pierson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D. Stump hereby certify that on the 1st day of Sept., one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom Jerry F. Cunningham of Denton, County, State of Texas, and, Bride Donna L. Pierson of Hendricks, County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of Sept., 19 79 Signed Dr. Joseph D. Stump
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of Sept., 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. 319

File

July 17, 1979
Date of Application

MALE
Medical Examination Report Dated 7/13/79
Name of Physician Larry D. Lorall, M.D.

FEMALE
Medical Examination Report Dated 7/13/79
Name of Physician Larry D. Lorall, 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 Lynn Last Whitaker Jr.

Date of Birth: Month 1 Day 26 Year 1955

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. R.R. #1 Box 151 City Pittsboro County Hend. 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 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.
   Jerry Lynn Whitaker, Jr. - age 2
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Alton B. Whitaker, Jr.
   Residence of father (if deceased so state) Bloomington, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Charlotte Louise Solomon
   Residence of mother (if deceased so state) Dayton, Ohio
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jerry Lynn Whitaker Jr

New Address DANVILLE

Subscribed and sworn to before me this 17 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Debra Middle Diane Last Drennan

Date of Birth: Month 1 Day 19 Year 1961

Place of Birth (State or foreign country) Lebanon, Indiana

Residence Address: Street or R. R. R.R. #1 Box 151 City Pittsboro County Hend. 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 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 Richard Dale Drennan
   Residence of father (if deceased so state) R.#1 Box 151, Pittsboro, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Laurena Elaine Wethington
   Residence of mother (if deceased so state) R.#1 Box 151, Pittsboro, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Debra Diane Drennan

New Address DANVILLE

Subscribed and sworn to before me this 17 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 21 day of July, 19 79, authorizing the joining together as husband and wife Jerry Lynn Whitaker, Sr. and Debra Diane Drennan

Be it further remembered the following marriage certificate was filed in my office, to-wit:

I, Arloe D. Snodgrass hereby certify that on the 21 day of July, one thousand nine hundred and 79 at Pittsboro, County of HENDRICKS, State of Indiana, Groom Jerry Lynn Whitaker, Sr. of HENDRICKS County, State of Indiana, and, Bride Debra Diane Drennan of HENDRICKS County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21 day of July, 19 79.

Signed Arloe D. Snodgrass

Official Designation Minister, Lizton Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of July, 19 79.

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. 320

File

July 19 1979
Date of Application

MALE
Medical Examination Report Dated 7-12-79
Name of Physician James Black MD

FEMALE
Medical Examination Report Dated 7-12-79
Name of Physician James Black, 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 Gary Middle L. Last Willard
Date of Birth: Month April Day 1 Year 1938
Place of Birth (State or foreign country) Rochester Minn.
Residence Address: Street or R. R. 6346 City Maidstone County Dodge State Ia.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kenneth Willard
   Andrea Willard
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 Willard
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Reesor
   Residence of mother (if deceased so state) Marion Ohio
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed .....
New Address .....

Subscribed and sworn to before me this 19 day of July, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Diane Middle J. Last DeWeese
Date of Birth: Month October Day 10 Year 1944
Place of Birth (State or foreign country) Indpls. Marion In.
Residence Address: Street or R. R. R.R. # 1 Box 272 A City Brownsburg County Hendricks State In.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Jeffery DeWeese
   Loretta DeWeese
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Verner R. Barlow
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Hallie Jones
   Residence of mother (if deceased so state) Lafayette In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Diane J. DeWeese
New Address RR 1 Box 272 A 46113

Subscribed and sworn to before me this 19 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 3 day waiver and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 19th day of July, 19 79, authorizing the joining together as husband and wife Gary L. Willard and Diane J. DeWeese

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Stephen J. Malosky hereby certify that on the 22 day of July, one thousand nine hundred and 79 at Brownsburg, County of Hendricks, State of Indiana, Groom Gary L. Willard of Hendricks County, State of Indiana, and, Bride Diand J. DeWeese 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 July, 19 79.

Signed The Rev. Stephen J. Malosky
Official Designation Episcopal Priest

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of July, 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. 321

File

July 19, 1979
Date of Application

MALE
Medical Examination Report Dated 7-11-79
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 7-11-79
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: First Willard Middle Lee Last Jelley

Date of Birth: Month Jan. Day 4 Year 1951

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 6220 Lakeview City Delphi County Marion State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Passport

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald L. Jelley
   Residence of father (if deceased so state) Fairfield, Ill.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Irma McDowell
   Residence of mother (if deceased so state) Fairfield, Ill.
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Willard L. Jelley
New Address 6220 Lakeview Dr. Delphi, In.

Subscribed and sworn to before me this 19 day of July, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Janet Middle Lynne Last Riley

Date of Birth: Month Sept Day 9 Year 1958

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 23 Hyde Park Row City Brownsburg County Hen. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald R. Riley
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Marie L. Reesa
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Janet Lynne Riley
New Address 6220 Lakeview Dr. Delphi In

Subscribed and sworn to before me this 19 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 July, 1979, authorizing the joining together as husband and wife Willard Lee Jelley and Janet Lynne Riley

Be it further remembered, the following marriage certificate was filed in my office, to-wit

I, Jerry R Nash hereby certify that on the 28 day of July, one thousand nine hundred and 79 at Brownsburg, County of Hendricks, State of Indiana, Groom Willard Lee Jelley of Marion County, State of Indiana, and, Bride Janet Lynne Riley of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28 day of July, 1979.

Signed Jerry R Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of July, 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. 322

File

July 19, 1979
Date of Application

MALE
Medical Examination Report Dated July 18, 1979
Name of Physician Glenn W. Baker, M.D.

FEMALE
Medical Examination Report Dated July 18, 1979
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 John Middle Henry Last Graf

Date of Birth: Month 12 Day 14 Year 1931

Place of Birth (State or foreign country) Hamilton Co. Ohio

Residence Address: Street or R. R. 214 N. Jefferson City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Henry Graf
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Clara Sophia Apking
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John Henry Graf
New Address 522 Maxine Manor

Subscribed and sworn to before me this 19 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Helen Middle Cean Last Shepard

Date of Birth: Month 9 Day 23 Year 1940

Place of Birth (State or foreign country) Kokomo, Indiana

Residence Address: Street or R. R. 522 Maxine Manor City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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.
   Kimberly Dawn Shepard
   Kent Duane Shepard
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Meredith Snow
   Residence of father (if deceased so state) Los Angeles, Calif
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Louise Lynch
   Residence of mother (if deceased so state) Converse, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Helen Cean Shepard
New Address 522 Maxine Manor

Subscribed and sworn to before me this 19 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 3 day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 19 *day of* July, 19 79, *authorizing the joining together as husband and wife* John Henry Graf *and* Helen Cean Shepard

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Wilbur R. Taylor *hereby certify that on the* 27 *day of* July, *at* Converse, *County of* Miami, *one thousand nine hundred and* 79, *State of* Indiana, *County, State of* Indiana, *State of Indiana, Groom* John Henry Graf *of* Hendricks, *and, Bride* Helen Cean Shepard *of* Hendricks *County, State of* HENDRICKS *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 19 day of July, 19 79. Signed Wilbur R. Taylor

Official Designation Minister, Church of the Nazarene

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* July, 19 79

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

396

No. 323

File

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

July 19 1979
Date of Application

MALE
Medical Examination Report Dated 6-30-79
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 6-30-79
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 Lawrence Middle R. Last Phillips

Date of Birth: Month October Day 2 Year 1960

Place of Birth (State or foreign country) Indiana

Residence Address: 45 Street or R. R. South Green St. City Brownsburg County Boone State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 B. Phillips
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty J. Douglas
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lawrence R Phillips
New Address 12 E Manor Dr Brownsburg
Subscribed and sworn to before me this 19 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Sherry Middle Last Allen

Date of Birth: Month November Day 17 Year 1962

Place of Birth (State or foreign country) Indianapolis Marion In

Residence Address: 45 Street or R. R. South Green St. City Brownsburg County Hendricks State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☒
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Allen
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janet L. Williamson
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sherry Allen
New Address 12 E. Manor Dr. Brownsb
Subscribed and sworn to before me this 19 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed Janet L. Allen Mother
Subscribed and sworn to before me this 19 day of July, 19 79
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 and age Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 19 *day of* July, 19 79, *authorizing the joining together as husband and wife* Lawrence R. Phillips *and* Sherry Allen

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Robert A. Wood hereby certify that on the 20 day of July, one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom Lawrence R. Phillips of Hendricks County, State of Indiana, and, Bride Sherry L Allen of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20 th day of July, 19 79.

Signed Robert A. Wood
Official Designation Judge, Circ. Tem.

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of July, 19 79.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

396

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. 323

File

July 19 1979
Date of Application

MALE
Medical Examination Report Dated 6-30-79
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 6-30-79
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 Lawrence Middle R. Last Phillips
Date of Birth: Month October Day 2 Year 1960
Place of Birth (State or foreign country): Lebanon Boone Co. Ind.
Residence Address: 45 Street or R. R. South Green St. City Brownsburg County Hendricks State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lawrence B. Phillips
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty J. Douglas
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lawrence R Phillips
New Address 12 E Manor Dr Brownsburg
Subscribed and sworn to before me this 19 day of July, 1979
Glen M. [illegible] Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Sherry Middle [illegible] Last Allen
Date of Birth: Month November Day 17 Year 1962
Place of Birth (State or foreign country): Indianapolis Marion Co.
Residence Address: 45 Street or R. R. South Green St. City Brownsburg County Hendricks State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald A. Allen
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janet L. Wellsman
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sherry Allen
New Address 12 E. Manor Dr. Brownsburg
Subscribed and sworn to before me this 19 day of July, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, P

We, the parents, of this appli
signs, state facts which rende

State of Indiana,
County of HENDRIC
Signed
Signed
Subscribed and sworn to befo

I, Donald A. Allen, hereby give my consent for my ~~daughter~~, Sherry Lynn Allen to marry Lawrence B Phillips.

Donald A. Allen

Subscribed and sworn to before my this 16 day of July 19 79.

Dorothy K. Johnson
NOTARY PUBLIC
Hendricks Co. Resident
my commission expires 4-18-81

COMPLETE IF MAR

HENDRICKS
in Clerks

Be It Re

of Indiana dated the
Lau
Be it further remembe
I, Robert
one thousand nine hun
State of Indiana, Gro
and, Bride Sh
were by me united in m
County.
Dated this 20th day of July, 19 7 7.

Signed Robert L. Wood
Official Designation Judge, Circ. Tem.

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of July, 19 7 9.
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. 324

File

7-20-79 Date of Application

MALE
Medical Examination Report Dated 7-18-79
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 7-18-79
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 Robert Middle A. Last Summerlot

Date of Birth: Month 5 Day 31 Year 1956

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR1 Box 222A City Pittsboro County Hend. State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licins 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 Glen Sylvester Summerlot
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Kathleen Iris Forbes
   Residence of mother (if deceased so state) Plainfield Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Robert A. Summerlot

New Address R.R.1 Box 222A.

Subscribed and sworn to before me this 20 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Angela Middle J. Last Pendergrast

Date of Birth: Month 11 Day 28 Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR1 Box 222A City Pittsboro County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) .....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gene Howard Pendergrast
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Asbury
   Residence of mother (if deceased so state) Brownsburg Ind.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Angela J. Pendergrast

New Address R.R.1, Box 222A, Pittsboro

Subscribed and sworn to before me this ..... day of ....., 19.....

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... 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 ..... Circuit Court of Indiana dated the 20 day of July, 19 79, authorizing the joining together as husband and wife Robert A. Summerlot and Angela J. Pendergrast

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry R. Nash hereby certify that on the 21 day of July, one thousand nine hundred and 79 at Brownsburg, County of Hendricks, State of Indiana, Groom Robert A. Summerlot of Hendricks County, State of Indiana, and, Bride Angela J. Pendergrast of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21 day of July, 19 79. Signed Jerry R. Nash

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of July, 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. 325

File

July 20, 1979
Date of Application

MALE
Medical Examination Report Dated 7-16-79
Name of Physician James Black

FEMALE
Medical Examination Report Dated 7-16-79
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 Kenneth, Middle Rees, Last Bain
Date of Birth: Month February, Day 27, Year 1957
Place of Birth (State or foreign country) Indianapolis Marion In.
Residence Address: Street or R. R. 1022 Logan St., City Brownsburg, County —, State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jackie Eugene Bain
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Madonna Porter
   Residence of mother (if deceased so state) Brownsburg In
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kenneth Rees Bain
New Address 134-1 Trinity Dr. W. Lfy. IN
Subscribed and sworn to before me this 20 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Amy, Middle Jo, Last Trent
Date of Birth: Month September, Day 26, Year 1958
Place of Birth (State or foreign country) Indianapolis Marion In.
Residence Address: Street or R. R. R.R. #2 Box 54, City Danville, County —, State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold Joe Trent
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred English
   Residence of mother (if deceased so state) Danville In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Amy Jo Trent
New Address 134-1 Trinity Dr. W.Lfy, IN
Subscribed and sworn to before me this 20 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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* 25th *day of* July, 19 79, *authorizing the joining together as husband and wife* Kenneth Rees and Amy Jo Trent

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Roger Callahan, *hereby certify that on the* 4th *day of* August, *one thousand nine hundred and* 79, *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Kenneth Rees Bain, *of* Hendricks *County, State of* Indiana, *and, Bride* Amy Jo Trent, *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 4th *day of* August, 19 79.

Signed Roger Callahan
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8 *day of* August, 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. 326

File

July 20 1979
Date of Application

MALE
Medical Examination Report Dated 7-16-79

Name of Physician James Black

FEMALE
Medical Examination Report Dated 7-16-79

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 William Middle C. Last Jenkins II

Date of Birth: Month August Day 23 Year 1958

Place of Birth (State or foreign country) La Porte In.

Residence Address: Street or R. R. 301 N. Hillcrest City Hobart 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 William C. Jenkins
   Residence of father (if deceased so state) Hobart, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Grace E. Hunsley
   Residence of mother (if deceased so state) Hobart, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William C Jenkins II

New Address Apt. 374 4237 Tilston Munster In.

Subscribed and sworn to before me this 20 day of July, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Susan Middle E Last Leonard

Date of Birth: Month May Day 20 Year 1957

Place of Birth (State or foreign country) Pontiac Michigan

Residence Address: Street or R. R. RR #3 Box 749B City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Leonard
   Residence of father (if deceased so state) Dearborn Mich.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jacklyn Gallagher
   Residence of mother (if deceased so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Susan E Leonard

New Address Apt 374 4237 Tilston

Subscribed and sworn to before me this 20th day of July, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day 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 24th day of July and William C Jenkins II Susan E. Leonard

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Robert J. Gilday hereby certify that on the 29 day of July, County of HENDRICKS, one thousand nine hundred and 79 at Brownsburg, County, State of Indiana, State of Indiana, Groom William C Jenkins II of Lake County, State of Indiana, and, Bride Susan Elizabeth Leonard of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 29 day of July, 19 79. Signed Robert J. Gilday

Official Designation Assoc. Pastor, St. Malachy's

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of August, 19 79

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

No. 327

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

File

July 20, 1979
Date of Application

MALE
Medical Examination Report Dated 7-17-79
Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated 7-17-79
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 George Middle Douglas Last Jeffries

Date of Birth: Month June Day 2 Year 1954

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 11 Manor Dr. City Greenfield County Hancock 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 Vernon C. Jeffries
   Residence of father (if deceased so state) Greenfield Ky
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Margaret Murphy
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed George Jeffries

New Address Rochedale

Subscribed and sworn to before me this 20 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Diana Middle Lee Last Anderson

Date of Birth: Month Sept Day 23 Year 1957

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1428 Argyle City Plainfield County Hend. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Orville Anderson
   Residence of father (if deceased so state) Crapps Ark.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Dazelee Hamilton
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Diana Anderson

New Address Rochedale

Subscribed and sworn to before me this 20 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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* 24th *day of* July, 19 79, *authorizing the joining together as husband and wife* George Douglas Jeffries *and* Diana Lee Anderson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, C. Raymond Rissler hereby certify that on the 3rd day of August, one thousand nine hundred and 79 at Gainbridge, County of Putnam, State of Indiana, Groom George Douglas Jeffries of Hancock County, State of Indiana, and, Bride Diana Lee 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 HENDRICKS County.

Dated this 3rd day of August, 19 79.

Signed C. Raymond Rissler

Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* August, 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. 328

File 40

7-23-79
Date of Application

MALE
Medical Examination Report Dated 7-20-79
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 7-21-79
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: First David Middle Harlan Last Leimenstoll

Date of Birth: Month September Day 16 Year 1953

Place of Birth (State or foreign country): Cincinnatti Ohio

Residence Address: Street or R. R. 40 Clinton St. City Danville County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree #3076

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harlan Russell Leimenstoll
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Dorothy Jane Reidinger
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X David H. Leimenstoll

New Address 9004 Catskill Ct. Indpls Ind.

Subscribed and sworn to before me this 23 day of July, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Phyllis Middle Louise Last Testerman

Date of Birth: Month February Day 21 Year 1959

Place of Birth (State or foreign country) Indianapolis

Residence Address: Street or R. R. 537 Thorne Dr. City Brownsburg County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree #113-59-021696

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Melvin Testerman
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sharon Annette Poett
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Phyllis Testerman

New Address 9004 Catskill Ct, Indpls, Ind

Subscribed and sworn to before me this 23 day of July, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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 27 day of July David Harlan Leimenstoll and Phyllis Louise Testerman

Be it further remembered, the following marriage certificate was filed in my office, to-wit

I, Jon A. Stoltzfus hereby certify that on the 28 day of July one thousand nine hundred and 79 at Danville Alliance Church, County of HENDRICKS, State of Indiana, State of Indiana, Groom David Harlan Leimenstoll of HENDRICKS County, State of Indiana, and, Bride Phyllis Louise Testerman 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 28 day of July, 1979 Signed Rev. Jon A. Stoltzfus

Official Designation minister, 1979

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of July, 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. 329

File

July 23, 1979
Date of Application

MALE
Medical Examination Report Dated 7-23-79
Name of Physician Malcolm Seamahorn, M.D.

FEMALE
Medical Examination Report Dated 7-23-79
Name of Physician Malcolm Seamahorn, 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 Dewey Middle William Last Bridgman
Date of Birth: Month 1 Day 25 Year 1942
Place of Birth (State or foreign country) Fayetteville, Tenn.
Residence Address: Street or R. R. 502 Port Charlotte Blvd. City Pt. Charlotte County Charlotte State Fla.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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.
   Derin Bridgman
   Darrin Bridgman
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dewey White Bridgman
   Residence of father (if deceased so state) Pt. Charlotte, Fla.
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Myrtle Coggins
   Residence of mother (if deceased so state) Pt. Charlotte, Fla.
   Birthplace of mother (State or foreign country) Georgia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dewey W. Bridgman
New Address 502 Port Charlotte Blvd.

Subscribed and sworn to before me this 23 day of July, 19 79.
Glen M. Harney Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Beverly Middle Gail Last Gray
Date of Birth: Month 4 Day 13 Year 1950
Place of Birth (State or foreign country) Huntingburg, Indiana
Residence Address: Street or R. R. 502 Pt. Charlotte Blvd. City Pt. Charlotte County Charlotte State Fla.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Susana Gray
   Kerin Gray
   Darrin Bridgman
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Otto Atkins
   Residence of father (if deceased so state) Jamestown, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Fredia Ilene Riley
   Residence of mother (if deceased so state) Jamestown, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Beverly Gail Gray
New Address 502 Pt. Charlotte Blvd.

Subscribed and sworn to before me this 23 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 July, 19 79, authorizing the joining together as husband and wife Dewey Wm Bridgman and Beverly Gail Gray

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John P. Guckett hereby certify that on the 28 day of July one thousand nine hundred and 79 at Jamestown, County of Hendricks State of Indiana, Groom Dewey Wm. Bridgman of Charlotte County, State of Florida and, Bride Beverly Gail Gray of Charlotte County, State of Florida, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28 day of July, 19 79.

Signed John P. Guckett
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of August, 19 79.

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. 330

File

July 23, 1979
Date of Application

MALE
Medical Examination Report Dated 7-23-79
Name of Physician Eric D. Clark, M.D.

FEMALE
Medical Examination Report Dated 7-23-79
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: First James Middle Clifford Last Marks

Date of Birth: Month 5 Day 03 Year 1954

Place of Birth (State or foreign country) Marion Co., Indiana

Residence Address: Street or R. R. 1619 Tarpon Ave. City Plainfield County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Robert J. Marks
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Crystal Evelyn Walls
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James Clifford Marks

New Address Skyview Dr. Apt. C Plainfield Ind

Subscribed and sworn to before me this 23 day of July, 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, County of ..... } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Cheryl Middle Lynn Last George

Date of Birth: Month 5 Day 20 Year 1957

Place of Birth (State or foreign country) Putnam Co., Indiana

Residence Address: Street or R. R. R#2 Box 133 City Clayton County Hendricks State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
#52370B

☐ Other (Specify) .....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Leroy George
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joann Ruth Little
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cheryl Lynn George

New Address Skyview Dr. Apt 4C Chesterfield, Indiana

Subscribed and sworn to before me this 23 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 ..... Circuit Court of Indiana dated the 27 day of July, 19 79, authorizing the joining together as husband and wife James Clifford Marks and Cheryl Lynn George

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Frank Bunn hereby certify that on the 28th day of July, at Coatesville, County of Hendricks, one thousand nine hundred and 79 at Hendricks County, State of Indiana, State of Indiana, Groom James C. Marks of Hendricks County, State of Indiana, and, Bride Cheryl L. George 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 27th day of July, 19 79 Signed Frank Bunn

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of August, 19 79

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. 331

File

July 24 1979
Date of Application

MALE
Medical Examination Report Dated 7-16-79
Name of Physician James Black

FEMALE
Medical Examination Report Dated 7-16-79
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 Jeffry Middle L. Last Jones

Date of Birth: Month 4 Day 30 Year 1954

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. RR #1 Box 184M City Pittsboro County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David L. Jones
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phyllis I. Holt
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Jeffry L Jones
New Address RR1 Box 184M Pittsboro

Subscribed and sworn to before me this 24 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Carol Middle A Last Goodman

Date of Birth: Month 6 Day 27 Year 1957

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. R.R. #6 Box 139 City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David L. Goodman
   Residence of father (if deceased so state) Brownsburg In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Frances Irene Bingham
   Residence of mother (if deceased so state) Brownsburg
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Carol A. Goodman
New Address R.R. 1 Box 184M Pittsboro, In

Subscribed and sworn to before me this 24 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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* 28 *day of* July, *19* 79, *authorizing the joining together as husband and wife* Jeffry L. Jones *and* Carol A. Goodman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Donald Tyler *hereby certify that on the* 10th *day of* August, *one thousand nine hundred and* 79 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Jeffry L. Jones *of* Hendricks *County, State of* Indiana, *and, Bride* Carol A. Goodman *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 10 *day of* August, *19* 79

Signed Rev. Donald Tyler

Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* August, *19* 79.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-13-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 332
File 40
7-24-79 Date of Application

MALE
Medical Examination Report Dated 7-14-79
Name of Physician Glen V. Ryan

FEMALE
Medical Examination Report Dated 7-14-79
Name of Physician Glen V. Ryan

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 J. Middle Curt Last Vapor
Date of Birth: Month January Day 30 Year 1952
Place of Birth (State or foreign country) Indianapolis In
Residence Address: Street or R. R. 1152 Section St. City Plainfield County State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Rudolph Lanier Vapor
   Residence of father (if deceased so state) Plainfield, In. 1152 Section
   Birthplace of father (State or foreign country) Georgia
9. Full maiden name of mother Virginia Miller Parsons
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X J. C. Vapor
New Address U.S. 39 BELLEVILLE, IN

Subscribed and sworn to before me this 24 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Teresa Middle Faye Last Mitchell
Date of Birth: Month February Day 9 Year 1955
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 556 S. Auburn City Indianapolis County State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marion Edward Mitchell
   Residence of father (if deceased so state) 556 S. Auburn Indianapolis
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruth Ella Neff
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Teresa Faye Mitchell
New Address U. S. 39 Belleville, Indiana

Subscribed and sworn to before me this 24 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 28 day of July, 19 79, authorizing the joining together as husband and wife J. Curt Vapor and Teresa Faye Mitchell

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 28 day of July, County of Hendricks one thousand nine hundred and 79 at Plainfield, County, State of Indiana State of Indiana, Groom J. Curt Vapor of Hendricks County, State of Indiana, and, Bride Teresa Faye Mitchell 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 28 day of July, 19 79.

Signed Thomas E. Chittenden, Jr.
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of Aug., 19 79.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

406

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. 333

File

7-24-79
Date of Application

MALE
Medical Examination Report Dated July 18, 1979
Name of Physician Carl Heinlein

FEMALE
Medical Examination Report Dated July 18, 1979
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: First Maurice Middle Douglas Last Burnell

Date of Birth: Month 5 Day 18 Year 1957

Place of Birth (State or foreign country) Lebanon, Indiana

Residence Address: Street or R. R. RR#5, 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) 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 Robert Allen Burnell
   Residence of father (if deceased so state) Danville Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Ann Tate
   Residence of mother (if deceased so state) Danville, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Maurice Douglas Burnell
New Address R5 Box 198 Danville

Subscribed and sworn to before me this 24 day of July, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Nancy Middle Sue Last Borer

Date of Birth: Month 9 Day 24 Year 1959

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 154 E. Rd. 200 South 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) 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 Edward Borer
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mavis Fleeta VonBehren
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Nancy Sue Borer
New Address R5 Box 198 Danville

Subscribed and sworn to before me this 24 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30th day of July, 1979, authorizing the joining together as husband and wife Maurice Douglas Burnell and Nancy Sue Borer

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Raymond H. Duff hereby certify that on the 31 day of July one thousand nine hundred and 79 at Maplewood, County of Hendricks State of Indiana, Groom Maurice Douglas Burnell of Hendricks County, State of Indiana, and, Bride Nancy Sue Borer of Hendricks County, State of Indiana, were by me united 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 July, 19 79.

Signed Raymond H. Duff
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of Aug., 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

No. 334

HENDRICKS County

File

July 24 1979
Date of Application

MALE
Medical Examination Report Dated 7-20-79
Name of Physician James Black

FEMALE
Medical Examination Report Dated 7-20-79
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 John Middle Wayne Last Craig

Date of Birth: Month June Day 3 Year 1953

Place of Birth (State or foreign country) Indianapolis Marion In

Residence Address: Street or R. R. 305 Cartersburg Rd City Plainfield County Hendricks State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License - picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Warren H. Craig
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Pike County, In.
9. Full maiden name of mother Edrice Irogene Stamm
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Marion County In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John W. Craig
New Address 18 Martin DR. Danville

Subscribed and sworn to before me this 24 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Karen Middle Sue Last Davis

Date of Birth: Month September Day 15 Year 1958

Place of Birth (State or foreign country) Indianapolis Marion In

Residence Address: Street or R. R. 132 Sheffield Dr. City Danville County Hendricks State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold Aaron Davis
   Residence of father (if deceased so state) Danville In.
   Birthplace of father (State or foreign country) Marion Co. In.
   Full maiden name of mother Beverly Jo Ann Davis
   Residence of mother (if deceased so state) Danville In.
   Birthplace of mother (State or foreign country) Marion County, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Karen Sue Davis
New Address 18 Martin Dr

Subscribed and sworn to before me this 24 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 HENDRICKS 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 28th day of July, 19 79, authorizing the joining together as husband and wife John Wayne Craig and Karen Sue Davis

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. R. B. Acheson hereby certify that on the 28 day of July, at Indianapolis, County of Marion, one thousand nine hundred and 79, State of Indiana, Groom John Wayne Craig of HENDRICKS County, State of Indiana, and, Bride Karen Sue Davis of HENDRICKS County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28 day of July, 19 79.

Signed R. B. Acheson
Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of August, 19 79

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

408

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. 335
File 40
7-25-79
Date of Application

MALE
Medical Examination Report Dated 7-21-79
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 7-21-79
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 Hammond
Date of Birth: Month Aug. Day 3 Year 1945
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 343 E. North 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) 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.
   Teresa J.
   Erik M.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be 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 Wilson Hammond
   Residence of father (if deceased so state) Greencastle, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Newell Frances Smith
   Residence of mother (if deceased so state) Danville, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael W. Hammond
New Address 343 E. North

Subscribed and sworn to before me this 25th day of July, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Lynn Middle S. Last Barry
Date of Birth: Month Jan. Day 24 Year 1956
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 498 E. Broadway 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) # 113-56-238529

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 N. Barry, Jr.
   Residence of father (if deceased so state) 498 E. Broadway, Danville
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Mary Ann Malott
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lynn S. Barry
New Address 343 E. North

Subscribed and sworn to before me this 25th day of July, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior #2 Court by written order issued 3 day Waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 25th day of July, 19 79, authorizing the joining together as husband and wife Michael W. Hammond and Lynn S. Barry

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dale J. Sauer hereby certify that on the 28 day of July, one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom Michael W. Hammond of Hendricks County, State of Indiana, and, Bride Lynn S. Barry of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28 day of July, 19 79

Signed Dr. Dale J. Sauer
Official Designation Pastor, First United Presbyterian Church

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of July, 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. 336

File

July 25, 1979
Date of Application

MALE
Medical Examination Report Dated 7-24-79
Name of Physician Thomas Walker MD.

FEMALE
Medical Examination Report Dated 7-24-79
Name of Physician Thomas Walker, 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 Terry Middle J. Last Bailey

Date of Birth: Month May Day 11 Year 1947

Place of Birth (State or foreign country) Clinton Ky

Residence Address: Street or R. R. 1139 Keller Hill Rd. City Danville County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Arista Louise - 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 Carl Bernard Bailey
   Residence of father (if deceased so state) Clinton, Ky.
   Birthplace of father (State or foreign country) Clinton, Ky
9. Full maiden name of mother Ada May Feltkinston
   Residence of mother (if deceased so state) Mooresville, In.
   Birthplace of mother (State or foreign country) Clinton, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Terry J Bailey
New Address 1139 Keller Hill

Subscribed and sworn to before me this 25 day of July, 19 79.
Glen M Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Arista Middle Louise Last Springer

Date of Birth: Month November Day 12 Year 1951

Place of Birth (State or foreign country) Marion County In.

Residence Address: Street or R. R. R.R. #2 Box 163C City Brownsburg County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Arnold Francis Springer
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Louise Endicott
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Arista Louise Springer
New Address 1139 Keller Hill Rd.

Subscribed and sworn to before me this 25 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 31 day of July, 19 79, authorizing the joining together as husband and wife Terry J. Bailey and Arista Louise Springer

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glen M. Harvey hereby certify that on the 31 day of July, at Danville, County of HENDRICKS, one thousand nine hundred and 79 State of Indiana, Groom Terry J. Bailey of Morgan County, State of Indiana, and, Bride Arista Louise Springer of HENDRICKS County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 31 day of July, 19 79.

Signed Glen M. Harvey
Official Designation Clerk, Hendricks Co.

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of July, 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. 337

File

July 26, 1979
Date of Application

MALE
Medical Examination Report Dated 7-20-79
Name of Physician Wm Wagner

FEMALE
Medical Examination Report Dated 7-23-79
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 Mark Middle A. Last Husk

Date of Birth: Month April Day 25 Year 1956

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 954 Parliament Place, City Greenwood, County Johnson, State In.

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.
   Mark Husk, Jr.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Husk
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Velma Cunningham
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mark A. Husk

New Address 954 Parliament Place Apt. 1818

Subscribed and sworn to before me this 26 day of July, 19 79

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Gail Middle Layne Last Summers

Date of Birth: Month June Day 1 Year 1956

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 672 W. Morris, City Plainfield, County -, State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ralph Summers
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sophia Gentry
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gail L. Summers

New Address 954 Parliament Place Apt. 1818 Greenwood 46142

Subscribed and sworn to before me this 26 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 3 *day of* Aug., 19 79, *authorizing the joining together as husband and wife* Mark A. Husk *and* Gail Layne ~~Summers~~ Sumners

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Marc S. Hays *hereby certify that on the* 4th *day of* August, *one thousand nine hundred and* 79 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Mark Alan Husk *of* Marion *County, State of* Indiana, *and, Bride* Gail Layne Sumners *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 3rd *day of* August, 19 79

Signed Marc S. Hays

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* August, 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. 338

File

July 26, 1979
Date of Application

MALE
Medical Examination Report Dated July 19, 1979
Name of Physician Malcolm Seamahorn, M.D.

FEMALE
Medical Examination Report Dated July 19, 1979
Name of Physician Malcolm Seamahorn, 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 Randy Middle Ray Last Snider

Date of Birth: Month 6 Day 26 Year 1961

Place of Birth (State or foreign country): Witham Hosp, Lebanon, Indiana

Residence Address: Box 42 Street or R.R. North Salem City Hendricks County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Milburn Wayne Snider
   Residence of father (if deceased so state) Greencastle, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Lou Webb
   Residence of mother (if deceased so state) Elkton, Florida
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Randy Ray Snider

New Address P.O. Box 42 North Salem IN 46165

Subscribed and sworn to before me this 26 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Michele Middle Elaine Last Wiles

Date of Birth: Month 6 Day 24 Year 1961

Place of Birth (State or foreign country): Lebanon, Indiana

Residence Address: 502 W. Pearl Street or R.R. N. Salem City Hend. County Indiana 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/ 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 Gerald Dale Wiles
   Residence of father (if deceased so state) N. Salem, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Ruth Ann Wilson
   Residence of mother (if deceased so state) N. Salem, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michele Elaine Wiles

New Address P.O. Box 42 N. Salem, IN

Subscribed and sworn to before me this 26 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior II Court by written order issued 3 Day Waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the 26 day of July, 1979, authorizing the joining together as husband and wife Randy Snider and Michele Wiles

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Raymond L. Rader hereby certify that on the 28 day of July, 1979, at Liston, County of Hendricks, one thousand nine hundred and 79, County, State of Indiana, State of Indiana, Groom Randy Snider of Hendricks County, State of Indiana, and, Bride Michele Wiles 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 28 day of July, 1979. Signed Rev. Raymond L. Rader

Official Designation Pastor, 1st Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of July, 1979. Clerk

Signed Glen M. Harney HENDRICKS Circuit Court

412

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. 339

File

7-27-79
Date of Application

MALE
Medical Examination Report Dated 7-23-79
Name of Physician R. L. Veach M.D.

FEMALE
Medical Examination Report Dated 7-23-79
Name of Physician R. L. Veach. 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 Tracy Middle Earl Last Lewis
Date of Birth: Month 3 Day 18 Year 1940
Place of Birth (State or foreign country) Gnopls Ind.
Residence Address: Street or R. R. RR 2 Box 92 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 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.
   Jeffrey Scott Lewis (not dependent)
   Rodney Clint Lewis (" ")
   Holly Ann Lewis*
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☑
   If answer is "yes", it is required that this Application be 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 Vinyard Lewis
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marjorie Irene Bayley
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tracy E. Lewis
New Address 8690 New Harmony Rd Martinsville In
Subscribed and sworn to before me this 27 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Benita Middle Ruth Last Hendricks
Date of Birth: Month 7 Day 22- Year 1931
Place of Birth (State or foreign country) Liberty Kentucky
Residence Address: Street or R. R. 8690 New Harmony Rd City Martinsville County Morgan 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 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.
   David Lee Johnson (not dependent)
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Alvis Miller
   Residence of father (if deceased so state) Martinsville, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Alta Lee
   Residence of mother (if deceased so state) Martinsville, Ind.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Benita R. Hendricks
New Address 8690 New Harmony Rd.
Subscribed and sworn to before me this 27 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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* 1 *day of* August, 19 79, *authorizing the joining together as husband and wife* Tracy Earl Lewis *and* Benita Ruth Hendricks

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glen McFarland *hereby certify that on the* 4th *day of* August, *one thousand nine hundred and* 79 *at* New Winchester, *County of* Hendricks, *State of Indiana, Groom* Tracy Earl Lewis *of* Hendricks *County, State of* Indiana, *and, Bride* Benita Ruth Hendricks *of* Morgan *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 1st *day of* August, 19 79.

Signed Glen McFarland
Official Designation Minister of the Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* August, 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. 340

File

July 27, 1979
Date of Application

MALE
Medical Examination Report Dated 7-26-79
Name of Physician G. Sinkovic, Md.

FEMALE
Medical Examination Report Dated 7-26-79
Name of Physician G. Sinkovic, 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 R. Last Sladen

Date of Birth: Month March Day 16 Year 1946

Place of Birth (State or foreign country): Altoona Pa.

Residence Address: Street or R. R. 1539 Neal Ct. City Plfd. County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph A. Sladen
   Residence of father (if deceased so state) Louisville, Ky.
   Birthplace of father (State or foreign country) Kansas
9. Full maiden name of mother Grace Ann Butler
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David R. Sladen

New Address 1539 Neal Ct. Plainfield

Subscribed and sworn to before me this 27 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Mary Middle A. Last Braughton

Date of Birth: Month February Day 22 Year 1945

Place of Birth (State or foreign country): Indianapolis Marion In.

Residence Address: Street or R. R. 1539 Neal Ct. City Plainfield County Hen. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Douglas A. Braughton
   David A. Braughton
   Michael A. "

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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. Shotts
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha L. Sawyer
   Residence of mother (if deceased so state) Florida
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary A. Braughton

New Address 1539 Neal Ct. Plainfield

Subscribed and sworn to before me this 27 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 31 day of July and Mary A. Braughton David R. Sladen

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 August, at Danville, County of Hendricks, one thousand nine hundred and 79 State of Indiana, Groom David R. Sladen of Hendricks County, State of Indiana, and, Bride Mary A. Braughton of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 4 day of August, 19 79. Signed John C. Maurer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of August, 19 79

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

414

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. 341

File

July 30, 1979
Date of Application

MALE
Medical Examination Report Dated 7-25-79
Name of Physician Forest Denny

FEMALE
Medical Examination Report Dated 7-25-79
Name of Physician Forest Denny

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 Gary Middle A. Last Selke

Date of Birth: Month Mar Day 9 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 1 Box 571 City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lacase

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Selke
   Residence of father (if deceased so state) Mooresville, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Marjorie Boyer
   Residence of mother (if deceased so state) Mooresville, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gary a Selke
New Address 245 N Main

Subscribed and sworn to before me this 30 day of July, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Vickie Middle Lynn Last Pettigrew

Date of Birth: Month Mar Day 7 Year 1962

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 2419 Dawn Dr. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lacase

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Garnett Pettigrew
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Va.
9. Full maiden name of mother Delsys Robertson
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Vickie L. Pettigrew
New Address 245 N Main Plainfield

Subscribed and sworn to before me this 30 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Garnett L. Pettigrew Fath

Signed ..... Moth

Subscribed and sworn to before me this 30 day of July, 19 7

Glen M. Harvey Cl

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, t

HENDRICKS County Court by written order issued 3 day waiver and fi

in Superior II authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 19 79, authorizing the joining together as husband and wife Gary A. Selke and Vickie Lynn Pettigrew

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Darrell W. Cox hereby certify that on the 5th day of August, one thousand nine hundred and 79 at Maple Grove Baptist Church, County of Hendricks, State of Indiana, Groom Gary A. Selky of Hendricks County, State of Indiana, and, Bride Vickie Lynn Pettigrew of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30th day of July, 19 79

Signed Darrell W. Cox

Official Designation Pastor, Maple Grove Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of August, 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. 341

File

July 30 1979
Date of Application

MALE
Medical Examination Report Dated 7-25-79
Name of Physician Forrest Denney

FEMALE
Medical Examination Report Dated 7-25-79
Name of Physician Forrest Denney

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 Gary Middle A. Last Selke

Date of Birth: Month Mar Day 9 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 Box 571 City Plainfield County Hen. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Lewis Selke
   Residence of father (if d
   Birthplace of father (St
9. Full maiden name of m
   Residence of mother (if
   Birthplace of mother (

State of Indiana,
County of HEN

Subscribed and sworn

Glen M.

CONSENT OF PAR

We, the parents, of

signs, state facts wh

State of Indiana,
County of H

Subscribed and swo

FEMALE APPLICANT

Name: First Vickie Middle Lynn Last Pettigrew

Date of Birth: Month Mar Day 7 Year 1962

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 2119 Jaun Straeet City Plainfield County Hen. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Garnett Pettigrew
   Plainfield, Ind.

I, Deloris A. Pettigrew, hereby give my consent for my _____, _____ to marry _____.

FILED
JUL 30 1979
HEND. CO. CLERK

Subscribed and sworn to before me this 30th day of July 1979.

Deloris A. Pettigrew

Franklin J. McKee
NOTARY PUBLIC

Notary resides in Hendricks County, Ind.

COMPLETE I

HENDRICKS County Court by Written

in Superior Ct authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 19 79, authorizing the joining together as husband and wife Gary A. Selke and Vickie Lynn Pettigrew

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Darrell W. Cox hereby certify that on the 5th day of August, one thousand nine hundred and 79 at Maple Grove Baptist Church, County of Hendricks, State of Indiana, Groom Gary A. Selky of Hendricks County, State of Indiana, and, Bride Vickie Lynn Pettigrew of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30th day of July, 19 79

Signed Darrell W. Cox

Official Designation Pastor, Maple Grove Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of August, 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. 342

File

July 30, 1979
Date of Application

MALE
Medical Examination Report Dated 7-30-79
Name of Physician Adrian M. Oleck

FEMALE
Medical Examination Report Dated 7-30-79
Name of Physician Stuart Burns

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 H. Last Reynolds

Date of Birth: Month 9 Day 26 Year 1953

Place of Birth (State or foreign country) Pennsylvania

Residence Address: Street or R. R. 617 W. Mill St. 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 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 Herbert W. Reynolds
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Lois K. Stettler
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Pennsylvania

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X David H. Reynolds
New Address 617 W. Mill, Danville

Subscribed and sworn to before me this 31 day of July, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Linda Middle L. Last Elliott

Date of Birth: Month 10 Day 21 Year 1952

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 3303 Congress City Greenfield County Marion State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David Elliott
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jacqueline Pope
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Linda Elliott
New Address 617 W. Mill St.

Subscribed and sworn to before me this 31 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 3 day of Aug and Linda L. Elliott David H. Reynolds

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dr. Marvin Wittkopf hereby certify that on the 4th day of August, at Indianapolis, County of Marion, one thousand nine hundred and 79, of Hendricks County, State of Indiana, State of Indiana, Groom David Herbert Reynolds of Marion County, State of Indiana, and, Bride Linda Lee Elliott of Marion County, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 4th day of August, 19 79

Signed Dr. Marvin Wittkopf
Official Designation Pastor, Faith Lutheran Church

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of August, 19 79

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

416

No. 343

File 40

7-30-79
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated 7-26-79
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 7-26-79
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 Gary Middle Alan Last Lone

Date of Birth: Month Sept. Day 2 Year 1955

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 820 Broken Bow Tr. 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) 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 Sammie Leo Lone
   Residence of father (if deceased so state) Marengo, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Hilda Pauline Collins
   Residence of mother (if deceased so state) same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gary A. Lone
New Address 820 Broken Bow Trail

Subscribed and sworn to before me this 30th day of July, 19 79.

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Judith Middle Ann Last Knight

Date of Birth: Month March Day 17 Year 1957

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR2 Bot 158, City Coatesville, 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) 57-023242

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Edward Knight
   Residence of father (if deceased so state) RR2 Bot 158, Coatesville, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marjorie Jean Copeland
   Residence of mother (if deceased so state) Same.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Judith A. Knight
New Address 820 Brokenbow Trail

Subscribed and sworn to before me this 30th day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19 .....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19 .....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* Aug. *, 19* 79 *, authorizing the joining together as husband and wife* Gary Alan Lone *and* Judith Ann 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* 10th *day of* August *, one thousand nine hundred and* 79 *at* New Winchester Christian Church *, County of* Hendricks *, State of Indiana, Groom* Gary Alan Lone *of* Marion *County, State of* Indiana *, and, Bride* Judith Ann Knight *of* Hendricks *County, State of* Indiana *, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 10th *day of* August *, 19* 79 .

Signed Alan W. Hughes

Official Designation Minister of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* August *, 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. 344
File 40
7-30-79 Date of Application

MALE
Medical Examination Report Dated 7-27-79
Name of Physician Fred R. Brooks

FEMALE
Medical Examination Report Dated 7-27-79
Name of Physician Fred R. 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 Michael Middle O. Last Moore
Date of Birth: Month March Day 4 Year 1955
Place of Birth (State or foreign country) Beech Grove Ind.
Residence Address: Street or R. R. 24 S. Tennessee City Danville County In State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Albert Moore
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Unknown
9. Full maiden name of mother June Marie Springer
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Michael O. Moore
New Address 24 S. Tennessee Danville

Subscribed and sworn to before me this 30 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Tina Middle L. Last Hollis
Date of Birth: Month February Day 4 Year 1961
Place of Birth (State or foreign country) Escondido San Diego Co. Cal.
Residence Address: Street or R. R. 314 N. Washington City Danville County In State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Larry Edward Hollis
   Residence of father (if deceased so state) U. S. Navy
   Birthplace of father (State or foreign country) Mo.
9. Full maiden name of mother Shirley Jane Colley
   Residence of mother (if deceased so state) San Diego, Cal.
   Birthplace of mother (State or foreign country) Texas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Tina Hollis
New Address 24 S. Tennessee Danville

Subscribed and sworn to before me this 30 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 3 day of August, 19 79, authorizing the joining together as husband and wife Michael O. Moore and Tina L. Hollis

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 4 day of August, one thousand nine hundred and 79 at Danville, County of Hendricks State of Indiana, Groom Michael O. Moore of Hendricks County, State of Indiana and, Bride Tina L. Hollis of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 4 day of August, 19 79. Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of August, 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. 345
File 40
7-30-79
Date of Application

MALE
Medical Examination Report Dated 7-24-79
Name of Physician L. W. Ellis

FEMALE
Medical Examination Report Dated 7-24-79
Name of Physician L. W. 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 David, Middle A., Last Ogden
Date of Birth: Month December, Day 6, Year 1943
Place of Birth (State or foreign country)
Residence Address: Street or R. R. 389 Mulberry, City Danville, County, State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Christie Lynn Ogden
   Sonja Dlene Ogden
   Carrish Allen Ogden
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. Ogden
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Manie A. Marsh
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X David A. Ogden
New Address 389 E. Mulberry (Danville)

Subscribed and sworn to before me this 30 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Tammie, Middle L., Last Lezotte
Date of Birth: Month August, Day 19, Year 1959
Place of Birth (State or foreign country) Key West, Florida
Residence Address: Street or R. R. 389 E. Mulberry, City Danville, County, State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clarence Charles Lezotte
   Residence of father (if deceased so state) Havana, Florida
   Birthplace of father (State or foreign country) Maine
9. Full maiden name of mother Jeanieta Joyce Vest
   Residence of mother (if deceased so state) Largo, Florida
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Tammie L. Lezotte
New Address 389 E Mulberry (Danville)

Subscribed and sworn to before me this 30 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 3rd day of August, 19 79, authorizing the joining together as husband and wife David A. Ogden and Tammie L. Lezotte
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Larry R. Williams hereby certify that on the 4th day of August, one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom David A. Ogden of Hendricks County, State of Indiana, and, Bride Tammie L. Lezotte of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 4th day of August, 19 79

Signed Larry R. Williams
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of August, 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. 346
File 40
7-30-79 Date of Application

MALE
Medical Examination Report Dated 7-24-79
Name of Physician Richard D. Floyd

FEMALE
Medical Examination Report Dated 7-24-79
Name of Physician Richard D. Floyd

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 Paul Middle D. Last Mathis
Date of Birth: Month February Day 15 Year 1954
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 1103 Pierce Dr. City Plainfield County In State In

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Christopher Eric Mathis
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any courtorder or orders issued for their support.
8. Full name of father Paul E. Mathis
   Residence of father (if deceased so state) R1 Bx 460, Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruth E. Hybarger
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Paul D Mathis
New Address 1103 Pierce Dr. Plainfield

Subscribed and sworn to before me this 30 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Donna Middle L. Last Mann
Date of Birth: Month August Day 26 Year 1942
Place of Birth (State or foreign country) Columbus Indiana
Residence Address: Street or R. R. 1103 Pierce Dr. City Plainfield County In State In

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Sally Ann 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 Donald Green
   Residence of father (if deceased so state) Mars Hill Indpls. In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Lois Fife
   Residence of mother (if deceased so state) North Vernon, In.
   Birthplace of mother (State or foreign country) Kansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Donna L. Mann
New Address 1103 Pierce Dr. Plainfield

Subscribed and sworn to before me this 30 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 7th day of Aug, 19 79, authorizing the joining together as husband and wife Paul D. Mathis and Donna L. Mann

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 18 day of August, one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom Paul D. Mathis of Hendricks County, State of Indiana, and, Bride Donna L. Mann of Hendricks County, State of Indiana, were by me united 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 August, 19 79. Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of August, 19 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. 347
File 40
7-30-79
Date of Application

MALE
Medical Examination Report Dated 7-26-79
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 7-26-79
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: First Dennis Middle D. Last Hawkins
Date of Birth: Month September Day 16 Year 1938
Place of Birth (State or foreign country) Kendallville In
Residence Address: Street or R. R. 5115 Brandywine Dr. City Indpls. County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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.
   Sheila Hawkins
   Dennis S. Hawkins
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hubert Canfield Hawkins
   Residence of father (if deceased so state) Mesa, Arizona
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alberta Marjorie Runge
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Dennis H. Hawkins
New Address 5115 Brandywine Dr. Indpls. Ind.

Subscribed and sworn to before me this 30 day of July, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Christine Middle E. Last Burdine
Date of Birth: Month December Day 11 Year 1953
Place of Birth (State or foreign country) Fort Dodge Iowa
Residence Address: Street or R. R. R#1 Box 66 City Brownsburg County Hendricks State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Dean Kessmeier
   Residence of father (if deceased so state) Fort Dodge, Iowa
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Bonita ~~Mae~~ Lee Sutcliffe
   Residence of mother (if deceased so state) Des Moines, Iowa
   Birthplace of mother (State or foreign country) Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Christine E. Burdine Indpls. Ind.
New Address 5115 Brandywine Dr.

Subscribed and sworn to before me this 30 day of July, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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* 8th *day of* August, 19 79, *authorizing the joining together as husband and wife* Dennis H. Hawkins *and* Christine E. Burdine
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Daniel H. Fylstra *hereby certify that on the* 15 *day of* August, *one thousand nine hundred and* 79 *at* Scottsdale, *County of* Maricopa, *State of Indiana, Groom* Dennis H. Hawkins *of* Marion *County, State of* Indiana *and, Bride* Christine E. Burdine *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 15th *day of* August, 19 79.

Signed Daniel H. Fylstra
Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* August, 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. 348

File

July 31, 1979 Date of Application

MALE
Medical Examination Report Dated 7/24/79
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 7/24/79
Name of Physician Larry D Lovell 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 Mark Middle A. Last Long
Date of Birth: Month March Day 11 Year 1960
Place of Birth (State or foreign country) Terre Haute
Residence Address: Street or R. R. 320 Shaw St. City Plainfield, County, State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Vernon W. Long
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Dorothy C. Thomas
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mark A. Long
New Address 227 N. BELMONT

Subscribed and sworn to before me this 31st day of July, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Lori Middle J. Last Cassity
Date of Birth: Month Oct Day 11 Year 1962
Place of Birth (State or foreign country) Missouri
Residence Address: Street or R. R. 14 Brenda Ct. City Danville, County, State In
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gavin Henry Cassity Jr.
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Edna Marie Greer
   Residence of mother (if deceased so state) Danville, In
   Birthplace of mother (State or foreign country) Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lori J. Cassity
New Address 227 N. Belmont

Subscribed and sworn to before me this 31 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 31st *day of* July, 19 79, *authorizing the joining together as husband and wife* Mark A. Long *and* Lori J. Cassity

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William E. Dickey *hereby certify that on the* 2nd *day of* August *one thousand nine hundred and* 79 *at* Danville, *County of* Hendricks', *State of Indiana, Groom* Mark Allen *of* Hendricks *County, State of* Indiana, *and, Bride* Lori Jean Cassity *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 2nd *day of* August, 19 79.

Signed William E. Dickey
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* August, 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. 348

File

July 31, 1979 Date of Application

MALE
Medical Examination Report Dated 7/24/79
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 7/24/79
Name of Physician Larry D. Lovell 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 Mark Middle A. Last Long

Date of Birth: Month March Day 11 Year 1960

Place of Birth (State or foreign country) Terre Haute

Residence Address: Street or R. R. 320 Shaw St. City Plainfield County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Vernon W. Long
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Dorothy C. Thomas
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mark A. Long
New Address 227 N. BELMONT

Subscribed and sworn
Glen M

CONSENT OF PAR
We, the parents, of
signs, state facts wh

State of Indiana,
County of H
Si
Si
Subscribed and sworn

COMPLETE IF
HENDR
in Clerk's Office

FEMALE APPLICANT

Name: First Lori Middle J. Last Cassity

Date of Birth: Month Oct Day 11 Year 1962

Place of Birth (State or foreign country) Missouri

Residence Address: Street or R. R. 14 Brenda Ct. City Danville County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Irvin Henry Cassety Jr.
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Edna Marie Greer
   Residence of mother (if deceased so state) Danville, In
   Birthplace of mother (State or foreign country) Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lori J. Cassity
New Address 221 N. Belmont

hereby this 24th day of July, 1979, give our permission for Lori Jean Cassity to mary Mark Long.

Irvin H. Cassity Jr.
Irvin H. Cassity, Jr., Father

Edna M. Cassity
Edna M. Cassity, Mother

Subscribed and sworn to before me, a Notary Public in and for said County and State this 24th day of July, 1979.

Alida L. Dillon

authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 31st day of July, 19 79, authorizing the joining together as husband and wife Mark A. Long and Lori J. Cassity

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William E. Dickey hereby certify that on the 2nd day of August, one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom Mark Allen of Hendricks County, State of Indiana, and, Bride Lori Jean Cassity of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2nd day of August, 19 79. Signed William E. Dickey

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of August, 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. 349
File 40
7-31-79
Date of Application

MALE
Medical Examination Report Dated 7-30-79
Name of Physician John Ellett, Jr.

FEMALE
Medical Examination Report Dated 7-30-79
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: First Ronald Middle Lee Last Smith
Date of Birth: Month June Day 12 Year 1940
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. RR 2 Box 284 City Coatesville, County In State In

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers Lic. 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 Dale Charles Smith
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nellie Stewart
   Residence of mother (if deceased so state) Indpls, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Ronald L. Smith
New Address Coatesville Box 21

Subscribed and sworn to before me this 31 day of July, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Connie Middle L. Last Travelsted
Date of Birth: Month July Day 2 Year 1960
Place of Birth (State or foreign country) Chicago Illinois
Residence Address: Street or R. R. Box 21 City Coatesville County State In.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Eugene Sulty
   Residence of father (if deceased so state) Mumford, Tenn.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Margaret June Peach
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Connie L. Travelsted
New Address P.O. Box 21 Coatesville

Subscribed and sworn to before me this 31 day of July, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3 Day Waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 31 *day of* July, *19* 79, *authorizing the joining together as husband and wife* Ronald Lee Smith *and* Connie L. Travelsted

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Malcolm R. Neier *hereby certify that on the* 3rd *day of* August, *one thousand nine hundred and* 79 *at* Coatesville, *County of* Hendricks, *State of Indiana, Groom* Ronald Lee Smith *of* Hendricks *County, State of* Indiana, *and, Bride* Connie L. Travelsted *of* Hendricks *County, State of* Indiana, *were by me united 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* July, *19* 79.

Signed Malcolm R. Neier
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* March, 19 2002

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. 350

File 40

7-31-79 Date of Application

MALE
Medical Examination Report Dated 7-13-79
Name of Physician Larry D. Lovall

FEMALE
Medical Examination Report Dated 7-13-79
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: First Harold Middle Jeffry Last Martin

Date of Birth: Month June Day 25 Year 1953

Place of Birth (State or foreign country) Scott Air Force Base Illinois

Residence Address: Street or R. R. P.O. Box 204 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) Driver's Lic. 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 Harold J. Martin, Jr.
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Texas
9. Full maiden name of mother Barbara Jean Williams
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Harold Jeffry Martin
New Address 372 Raintree Dr., Danville

Subscribed and sworn to before me this 31 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Nancy Middle L. Last Wills

Date of Birth: Month September Day 13 Year 1952

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 240 Urban 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) Driver's Lic 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 Clifford Pierce Wills
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Martha Eleanor Morris
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Nancy L. Wills
New Address 372 Raintree Dr.

Subscribed and sworn to before me this 31 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 4th day of August and Harold Jeffry Martin Nancy L. Wills

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John P. Roof hereby certify that on the 4th day of August, at Danville, County of Hendricks, one thousand nine hundred and 79 County, State of Indiana, State of Indiana, Groom Harold Jeffry Martin of Hendricks County, State of Indiana, and, Bride Nancy Louise Wills 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 4th day of August, 19 79

Signed John P. Roof
Official Designation Episcopal Priest

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of August, 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. 351
File 40
8-1-79
Date of Application

MALE
Medical Examination Report Dated 7-27-79
Name of Physician Howard W. Beaver

FEMALE
Medical Examination Report Dated 7-27-79
Name of Physician Howard W. Beaver

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 Mitchell Middle K. Last Davis
Date of Birth: Month August Day 25 Year 1953
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 712 Bacon St. City Indianapolis County In. State

Previous Marital Status: Never Married X OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
X Other (Specify) Driver's Lic. w/ picture

1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No X Yes ☐
3. Are you related to the female applicant closer than second cousin? No X Yes ☐
4. Are you now under the influence of intoxicating liquor? No X Yes ☐
5. Are you now under the influence of a narcotic drug? No X Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Marsh H. Davis
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Nova May Stephens
   Residence of mother (if deceased so state) Bacon St, Indpls, In.
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Mitchell Davis
New Address Regency Park Apts 816 Indpls

Subscribed and sworn to before me this 1 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Virginia Middle L. Last Meyer
Date of Birth: Month July Day 15 Year 1961
Place of Birth (State or foreign country) In.
Residence Address: Street or R. R. RR 2, Box 491 City Plainfield County In. State

Previous Marital Status: Never Married X OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
X Other (Specify) Driver's Lic. w/ picture

1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No X Yes ☐
3. Are you related to the male applicant closer than second cousin? No X Yes ☐
4. Are you now under the influence of intoxicating liquor? No X Yes ☐
5. Are you now under the influence of a narcotic drug? No X Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Walter Meyer, Jr.
   Residence of father (if deceased so state) RR2 Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alice Virginia Foster
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Virginia Louise Meyer
New Address Regency Park Apts. 816 Indpls

Subscribed and sworn to before me this 1 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 9 day of Aug, 19 79, authorizing the joining together as husband and wife Mitchell K. Davis and Virginia L. Meyer

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dennis R. Fulton hereby certify that on the 18 day of August one thousand nine hundred and 79 at Indianapolis, County of Marion, State of Indiana, Groom Mitchell K. Davis of Marion County, State of Indiana, and, Bride Virginia Louise Meyer of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18 day of August, 19 79.

Signed Dennis R. Fulton
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of August, 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. 352

File

Aug 2 1979 Date of Application

MALE
Medical Examination Report Dated 7/27/79
Name of Physician Thomas C. Dascoli MD

FEMALE
Medical Examination Report Dated 7/27/79
Name of Physician Thomas C. Dascoli 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 Gary Middle L. Last Doolin
Date of Birth: Month 10 Day 15 Year 1949
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 936 Gary Dr. City Plainfield County In. State
Previous Marital Status: Never Married ☐ OR 1 time
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kiren Thomas 7 years
   Father has custody
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Keith Eugene Doolin
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carol Jane Glantz
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gary Lee Doolin
New Address 936 Gary Dr. Plainfield Ind.
Subscribed and sworn to before me this 2nd day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Marilyn Middle S. Last McDaniel
Date of Birth: Month 5 Day 20 Year 1950
Place of Birth (State or foreign country) Cinn Ohio
Residence Address: Street or R. R. 9880 W. 10th St. City Indpls County In. State
Previous Marital Status: Never Married ☐ OR 1 time
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clyde Lee Fry
   Residence of father (if deceased so state) Newtonsville Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Esther Josephine Myers
   Residence of mother (if deceased so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marilyn S. McDaniel
New Address 936 Gary Dr. Plainfield Ind.
Subscribed and sworn to before me this 2nd day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 7th day of Aug, 19 79, authorizing the joining together as husband and wife Gary L. Doolin and Marilyn S. McDaniel

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Carl M. Hazel hereby certify that on the 10th day of August, one thousand nine hundred and 79 at Rainbow Acres Church of God, County of Hendricks, State of Indiana, Groom Gary L. Doolin of Hendricks County, State of Indiana, and, Bride Marilyn S.. McDaniel of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10th day of August, 19 79

Signed Carl M. Hazel
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of August, 19 79

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. 353

File

August 2, 1979
Date of Application

MALE
Medical Examination Report Dated 7-30-79
Name of Physician Dr. R L Vuch

FEMALE
Medical Examination Report Dated 7-30-79
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 Keith Middle A. Last Knopp
Date of Birth: Month October Day 16 Year 1944
Place of Birth (State or foreign country): Port Clinton City Ottawa County Ohio
Residence Address: 5969 Oak Hill W. Dr. Street or R. R. Plainfield 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) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Donald A. Knapp
   Dennis K. "
   Diana "
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 Carl Knapp
   Residence of father (if deceased so state) Mooresville, In.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Elaine Treater
   Residence of mother (if deceased so state) Mooresville, In.
   Birthplace of mother (State or foreign country) Toledo, Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Keith A. Knopp
New Address 5969 Oak Hill W. Dr. Plainfield, Ind
Subscribed and sworn to before me this 2nd day of August, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First B. Middle Geraldine Last Bullerdick
Date of Birth: Month January Day 23 Year 1934
Place of Birth (State or foreign country): Bainbridge City Putnam County In. State
Residence Address: 5969 Oak Hill Dr. Street or R. R. West Plfd. City In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Cecil L. Bullerdick
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Poland, In.
9. Full maiden name of mother Irene M. Dierdorff
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed B. Geraldine Bullerdick
New Address 5969 Oak Hill Dr Plainfield In 46168
Subscribed and sworn to before me this 2 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ....., and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 6th *day of* Aug., 19 79, *authorizing the joining together as husband and wife* Keith A. Knopp *and* B. Geraldine Bullerdick

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Charles R. Gipson *hereby certify that on the* 11 *day of* August, *one thousand nine hundred and* 79 *at* Morgan, *County of* Indiana, *State of Indiana, Groom* Keith A.KNopp *of* Hendricks *County, State of* Indiana, *and, Bride* B. Geraldine Bullerdick *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 11 *day of* August, 19 79.

Signed Charles R. Gipson
Official Designation Pastor, First United Methodist, Mooresville, In.

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* August, 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. 354

File

8-2-79 Date of Application

MALE
Medical Examination Report Dated 7-30-79
Name of Physician William L. Wagner

FEMALE
Medical Examination Report Dated 7-18-79
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 Roger Middle P. Last Roe

Date of Birth: Month 8 Day 1 Year 56

Place of Birth (State or foreign country) Marion Co. Indiana

Residence Address: Street or R. R. 17 Elm Dr City Plainfield County Hendricks State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Roe
   Residence of father (if deceased so state) Plainfield, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Clara Sue Allen
   Residence of mother (if deceased so state) Plainfield, Indiana
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Roger P. Roe

New Address Maple Grove Lot 11 Trida Plainfield

Subscribed and sworn to before me this 2 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Kathryn Middle Marie Last Alpine

Date of Birth: Month 12 Day 5 Year 58

Place of Birth (State or foreign country) Marion Co. Ind.

Residence Address: Street or R. R. RR#1 Box 465 City Plainfield County Hendricks State Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harvey James Alpine
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma Sue Walden
   Residence of mother (if deceased so state) Plainfield, Ind
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kathryn Marie Alpine

New Address Maple Grove Lot 11 Plainfield

Subscribed and sworn to before me this 2 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 August, 19 79, authorizing the joining together as husband and wife Roger P. Roe and Kathryn Marie Alpine

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev Dillon Laffin hereby certify that on the 11 day of August, one thousand nine hundred and 79 at Plainfield, County of Hendricks, State of Indiana, Groom Roger P. Roe of Hendricks County, State of Indiana, and, Bride Kathryn Marie Alpine 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 8 day of August, 19 79. Signed Rev. Dillon Laffin

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of Aug., 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. 355

File

8-3-79
Date of Application

MALE
Medical Examination Report Dated 7/28/79
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 7/28/79
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 Kenneth Middle W. Last Allen

Date of Birth: Month 3 Day 10 Year 1945

Place of Birth (State or foreign country) Danville, Illinois

Residence Address: Street or R. R. 804 Tucker City Plainfield County Hend State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License & picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Derek S. Allen
   Erin L. Allen
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lewis P. Allen
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Gladys Elaine Cole
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kenneth W. Allen
New Address 1016 Springcrest St. Plainfield, In 46168

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 3 day of August, 19 79
Glen M. Harvey ..... Clerk

FEMALE APPLICANT

Name: First Pamela Middle Sue Last Conrad

Date of Birth: Month 2 Day 6 Year 1950

Place of Birth (State or foreign country) Evansville, Ind.

Residence Address: Street or R. R. City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) .....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kristie Dawn Conrad
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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. Neufelder
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wilma F. Hasselbrink
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Pamela Sue Conrad
New Address 1016 Springcrest St. Plainfield, In. 46168

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 3 day of August, 19 79
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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 8 day of August, 19 79, authorizing the joining together as husband and wife Kenneth W. Allen and Pamela Sue Conrad.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Marc S. Hays hereby certify that on the 8th day of August one thousand nine hundred and 79 at Plainfield, County of Hendricks, State of Indiana, Groom Kenneth W. Allen of Hendricks County, State of Indiana, and, Bride Pamela Sue Conrad of Hendricks County, State of Indiana, were by me united 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 August, 19 79.

Signed Marc S. Hays
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of August, 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. 356

File

Aug. 4, 1979
Date of Application

MALE
Medical Examination Report Dated 7-31-79
Name of Physician Murray Mehboob, U.S. Army

FEMALE
Medical Examination Report Dated 8-1-79
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 Scott Middle Andrew Last Turner

Date of Birth: Month May Day 3 Year 1960

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 34 Esther Ct. City Plainfield County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) U.S. Army I.D.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert W. Turner
   Residence of father (if deceased so state) Shelbyville, Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Alice Hauser
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Scott A. Turner

New Address F.T. Belvoir VA.

Subscribed and sworn to before me this 4th day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Cynthia Middle Lynne Last Rawlins

Date of Birth: Month Nov. Day 24 Year 1957

Place of Birth (State or foreign country) Mo.

Residence Address: Street or R. R. 1330 Hector City Plainfield County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support..
8. Full name of father Billy Rawlins
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Texas
9. Full maiden name of mother Lois Drake
   Residence of mother (if deceased so state) Mo. Same
   Birthplace of mother (State or foreign country) Mo.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cynthia L. Rawlins

New Address Ft. Belvoir

Subscribed and sworn to before me this 4th day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 8 day of Aug and Scott Andrew Turner Cynthia Lynne Rawlins

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William M. Walter hereby certify that on the 1st day of Sept., one thousand nine hundred and 79 at Plainfield, County of Hendricks, State of Indiana, Groom Scott Andrew Turner of Hendricks County, State of Indiana, and, Bride Cynthia Lynne Rawlins of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of Sept., 19 79 Signed William M. Walter

Official Designation Presbyterian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of Sept., 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. 357
File 40
8-6-79 Date of Application

MALE
Medical Examination Report Dated 7-28-79
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 7-28-79
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 Douglas Middle F. Last Esamann
Date of Birth: Month December Day 5 Year 1957
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 509 Simmons City Plainfield County State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Driver's Lic 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 Robert C. Esamann
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Ann Farmer
   Residence of mother (if deceased so state) 509 Simmons, Plainfield
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Douglas F. Esamann
New Address 514 Lawndale Dr. Plfd. In.

Subscribed and sworn to before me this 6 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Kimberly Middle S. Last Hunter
Date of Birth: Month December Day 6 Year 1958
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 4503 Kathryn Dr. City Indianapolis County State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Driver's Lic. 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 Charles Ray Hunter
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Iris Regina Pierson
   Residence of mother (if deceased so state) Kathryn Dr., Indpls.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kimberly S. Hunter
New Address 514 Lawndale Drive Plainfield

Subscribed and sworn to before me this 6 day of Aug. 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 10th day of August, 19 79, authorizing the joining together as husband and wife Douglas F. Esamann and Kimberly S. Hunter

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Dillon Laffen hereby certify that on the 10 day of August at Plainfield, County of Hendricks, one thousand nine hundred and 79 State of Indiana, Groom Douglas F. Esamann of Hendricks County, State of Indiana, and, Bride Kimberly S. Hunter of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10 day of August, 19 79 Signed Rev. Laffen
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of August, 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. 358
File 40
8-6-79
Date of Application

MALE
Medical Examination Report Dated 8-3-79
Name of Physician Norman E. Whitney

FEMALE
Medical Examination Report Dated 8-3-79
Name of Physician Norman E. Whitney

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 Phillips
Date of Birth: Month April Day 25 Year 1961
Place of Birth (State or foreign country): In.
Residence Address: Street or R. R. 532 Arlington City Mooresville County Morgan State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 John Phillips
   Residence of father (if deceased so state): Mooresville, In.
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Reba Kaye Tooker
   Residence of mother (if deceased so state): Same
   Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Kevin D Phillips
New Address 6027 A Cheshire Indpls

Subscribed and sworn to before me this 6 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Sheryl Middle J. Last Hamblen
Date of Birth: Month January Day 11 Year 1960
Place of Birth (State or foreign country): In.
Residence Address: Street or R. R. 10234 Bocara Dr. City Indpls. County Hendricks, State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Billy Joe Hamblen
   Residence of father (if deceased so state): Deceased
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Janice Verlee Miles
   Residence of mother (if deceased so state): Quincy, Florida
   Birthplace of mother (State or foreign country): Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Sheryl J. Hamblen
New Address 6027 A Cheshire Rd, Indps.

Subscribed and sworn to before me this 6 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 10 day of August, 19 79, authorizing the joining together as husband and wife Kevin D. Phillips and Sheryl J. Hamblen
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Larrey Lilley hereby certify that on the 10 day of August, one thousand nine hundred and 79 at Avon, County of Hendricks State of Indiana, Groom Kevin D. Phillips of Morgan County, State of Indiana and, Bride Sheryl J. Hamblen of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 10 day of August, 19 79.

Signed Larrey Lilley
Official Designation Pastor, Faith Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of August, 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. 359

File

Aug 7 1979
Date of Application

MALE
Medical Examination Report Dated July 31, 1979
Name of Physician William L. Wagner

FEMALE
Medical Examination Report Dated July 31, 1979
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 Dale Middle La Monte Last

Date of Birth: Month 2 Day 23 Year 1959

Place of Birth (State or foreign country) Indianapolis, In

Residence Address: Street or R. R. 2633 W Woodrow City Indpls. County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dale La Monte
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Anna Mae Barnhart
   Residence of mother (if deceased so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dale La Monte

New Address

Subscribed and sworn to before me this day of , 19

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Angela Middle Last Salmons

Date of Birth: Month 2 Day 16 Year 1959

Place of Birth (State or foreign country) Columbus Ohio

Residence Address: Street or R. R. 44 Oak Ridge Dr. City Mooresville, County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Ray Salmons
   Residence of father (if deceased so state) Mooresville, In.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Mary Alice Cheeks
   Residence of mother (if deceased so state) Mooresville, In.
   Birthplace of mother (State or foreign country) Ohio.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Angela Salmons

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 HENDRICKS County 3 day Court by written order issued 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 7th day of Aug and Angela Salmons

Dale LaMonte

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 11th day of August, one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom Dale LaMonte of Marion County, State of Indiana, and, Bride Angela Salmons of Hendricks County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 11th day of August, 19 79. Signed John C. Mowrer

Official Designation Judge, Superior Coutt #2

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of August, 19 79

Signed Glenn 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. 360

File

8-7-79
Date of Application

MALE
Medical Examination Report Dated 8-6-79
Name of Physician Phillip D. Toth

FEMALE
Medical Examination Report Dated 8-6-79
Name of Physician Phillip D. Toth

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 A. Last Brown
Date of Birth: Month 5 Day 26 Year 1958
Place of Birth (State or foreign country): Lebanon, Indiana
Residence Address: Street or R. R. 123 E. College 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) Drivers Licens 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 James A. Brown
   Residence of father (if deceased so state) Ohio
   Birthplace of father (State or foreign country) -Unknown-
9. Full maiden name of mother Violet Nadean Copeland
   Residence of mother (if deceased so state) Brownsburg, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Jeffrey A. Brown
New Address 680 Whitestown RD 2. ZIONSVILLE

Subscribed and sworn to before me this 7 day of August, 19 79.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Cheryl Middle L. Last Sharp
Date of Birth: Month 5 Day 17 Year 1959
Place of Birth (State or foreign country) Lebanon Indiana
Residence Address: Street or R. R. 614 Saratoga 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) Drivers Licens 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 Shelby Allen Sharp
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy Jane McCarthy
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Cheryl Sharp
New Address 680 Whitestown Rd. Zionsville

Subscribed and sworn to before me this 7 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13 *day of* August, 1979, *authorizing the joining together as husband and wife* Jeffrey A. Brown *and* Cheryl L. Sharp

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Clifford L. Carmichael *hereby certify that on the* 25th *day of* August, *one thousand nine hundred and* 79 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Jeffrey Allen Brown *of* Hendricks *County, State of* Indiana, *and, Bride* Cheryl Lu Sharp *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 13 *day of* August, 19 79.

Signed Clifford L. Carmichael
Official Designation United Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 *day of* Aug., 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. 361
File 40
8-7-79 Date of Application

MALE
Medical Examination Report Dated 8-1-79
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 8-1-79
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: First Michael Middle S. Last Scott
Date of Birth: Month November Day 13 Year 1961
Place of Birth (State or foreign country) Indianapolis In
Residence Address: Street or R. R. 2445 S. Six Points Rd. City Indpls. County Indpls. State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Norman Wallace Scott
   Residence of father (if deceased so state) 2445 S. Six Points, Indpls, In.
   Birthplace of father (State or foreign country) Mo.
9. Full maiden name of mother Marilyn Joan Williams
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Michael S. Scott
New Address 7446 D Rockleigh Indianapolis
Subscribed and sworn to before me this 7 day of Aug, 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, County of HENDRICKS } ss:
Signed ..... Father
Signed x Marilyn J. Scott Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Daywyn Middle V. Last Holder
Date of Birth: Month October Day 26 Year 1960
Place of Birth (State or foreign country) Portsmouth Virginia
Residence Address: Street or R. R. RR8 Box 432 City Indpls. County Indpls. State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 K. Holder
   Residence of father (if deceased so state) RR8, Indpls, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Aurella Grace McCann
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Daywyn Holder
New Address 7446 Rockleigh Indpls
Subscribed and sworn to before me this 7 day of Aug, 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 ..... Circuit Court of Indiana dated the 11th day of August, 1979, authorizing the joining together as husband and wife Michael S. Scott and Daywyn V. Holder

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Gael T. Wade hereby certify that on the 11 day of August, County of Marion, at Greenwood, County, State of Indiana, one thousand nine hundred and 79 State of Indiana, Groom Michael Shaw Scott of Hendricks County, State of Indiana, and, Bride Daywyn Vernice Holder of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of August, 19 79. Signed Rev. Ralph C. Wade
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of August, 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. 361
File 40
8-7-79 Date of Application

MALE
Medical Examination Report Dated 8-1-79
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 8-1-79
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: First Michael Middle S. Last Scott
Date of Birth: Month November Day 13 Year 1961
Place of Birth (State or foreign country): Indianapolis In
Residence Address: Street or R. R. 2445 S. Six Points Rd. City Indpls. County Ind. State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Wallace Scott
   Residence of father (if deceased so state) 2445 S. Six Points, Indpls, In.
   Birthplace of father (State or foreign country) Mo.
9. Full maiden name of mother Marilyn Joan Williams
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Michael S. Scott
New Address 7446 D Rockleigh Indianapolis
Subscribed and sworn to before me this 7 day of Aug, 19 79
Glen M Harv

FEMALE APPLICANT

Name: First Dawayn Middle V. Last Holder
Date of Birth: Month October Day 26 Year 1960
Place of Birth (State or foreign country): Portsmouth Virginia
Residence Address: Street or R. R. RR8 Box 432 City Indpls. County In. State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 K. Holder
   Residence of father (if deceased so state) RR8, Indpls, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Aurella Grace McCann
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Dawayn Holder
New Address 7446 Rockleigh Indpls
Subscribed and sworn to before me this 7 day of Aug, 19 79
HENDRICKS

CONSENT OF PARENTS, PAREN

We, the parents, of this applicant

signs, state facts which render the

State of Indiana, County of HENDRICKS

Signed

Signed X

Subscribed and sworn to before

COMPLETE IF MARRIA
HENDRICKS
in

Be It Rem
of Indiana dated the
Mic
Be it further remembere
I, Rev.
one thousand nine hund
State of Indiana, Groon
and, Bride Day
were by me united in ma
County.
Dated this 11 day of August, 19 79.

I, Norman W. Scott, hereby give my consent for my Son, Michael Shawn Scott to marry Dawayne Holder.

Norman W. Scott

Subscribed and sworn to before my this 8th day of August 1979.

Candace Cheryl Cope
NOTARY PUBLIC
2-25-83

Signed Rev. Ralph C. Wade
Official Designation Pastor
Filed and recorded in accordance with the laws of the State of Indiana this 17 day of August, 1979
Signed Glen M. Harvey HENDRICKS Circuit Court
Clerk

436

No. 362

File

Aug. 7, 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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated 7-21-79
Name of Physician M. D. Scamahorn

FEMALE
Medical Examination Report Dated 7-21-79
Name of Physician M. D. 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: First Timothy Middle Dane Last Horn

Date of Birth: Month Feb. Day 15 Year 1961

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 705 Prairie Pkwy City Brownsburg County Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 D. Horn
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Rhelda Smith
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Timothy Dane Horn
New Address 705 Prairie Drive

Subscribed and sworn to before me this 7 day of Aug., 19 79.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Yvonne Middle Carla Last Miller

Date of Birth: Month Dec. Day 29 Year 1961

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 316 Napleknoll City Brownsburg, County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Stephen Miller
   Residence of father (if deceased so state) Naples, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Barbara Ann Stevens
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Yvonne Carla Miller
New Address 316 Napleknoll

Subscribed and sworn to before me this 7 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed X Barbara Ann Miller Mother

Subscribed and sworn to before me this ..... day 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* 15th *day of* Aug., 19 79, *authorizing the joining together as husband and wife* Timothy Dane Horn *and* Yvonne Carla Miller

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D. Wilson hereby certify that on the 18 day of August, one thousand nine hundred and 79 at Brownsburg, County of Hendricks, State of Indiana, Groom Timothy Dane Horn of Hendricks County, State of Indiana, and, Bride Yvonne Carla 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 HENDRICKS County.

Dated this 18 day of August, 19 79.

Signed Joseph D. Wilson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* August, 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. 363

File

August 8, 1979
Date of Application

MALE
Medical Examination Report Dated 8-7-79
Name of Physician Michael Neely, M.D.

FEMALE
Medical Examination Report Dated 8-7-79
Name of Physician Michael Neely, 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 James Middle Chester Last Miner

Date of Birth: Month 2 Day 11 Year 1953

Place of Birth (State or foreign country): Champaign, Illinois

Residence Address: Street or R. R. R. #2 Box 316 City Danville County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Jason Chester Miner
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Chester Dale Miner
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Patricia Belle Pratt
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James Chester Miner
New Address R # 2 Box 316 Danville, Ind 3/6123

Subscribed and sworn to before me this 8th day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Brenda Middle Ann Last Himsel

Date of Birth: Month 11 Day 10 Year 1952

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. R. #2 Box 88 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
#049019

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wilfred Slater Himsel
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Anita Ivey Cole
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brenda Ann Himsel
New Address R. 2 Box 316 Danville, In

Subscribed and sworn to before me this 8th day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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* HENDRICKS *Circuit Court of Indiana dated the* 13th *day of* Aug., 19 79, *authorizing the joining together as husband and wife* James Chester Miner *and* Brenda Ann Himsel

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Earl C. Davis *hereby certify that on the* 31st *day of* August, *one thousand nine hundred and* 79 *at* North Salem Christian Church, *County of* Hendricks, *State of Indiana*, Groom James Chester Miner *of* Hendricks *County, State of* Indiana, *and, Bride* Brenda Ann Himsel *of* Hendricks *County, State of* Indiana, *were by me united 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* Auguat, 19 79. *Signed* Earl C. Davis
Official Designation Pastor-Counselor

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. 364
File 40
Aug 9, 1979
Date of Application

MALE
Medical Examination Report Dated 8-8-79
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 8-8-79
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 Kenneth Middle David Last Stewart
Date of Birth: Month May Day 15 Year 1957
Place of Birth (State or foreign country) Ind Pls. Ind
Residence Address: Street or R. R. R 1 Box 100 City Danville County Hen. State Ind.
Previous Marital Status: Never Married X OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
X Other (Specify) Drivers license w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No X Yes ☐
3. Are you related to the female applicant closer than second cousin? No X Yes ☐
4. Are you now under the influence of intoxicating liquor? No X Yes ☐
5. Are you now under the influence of a narcotic drug? No X Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 J. Stewart
   Residence of father (if deceased so state) Danville, Ind
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Betty Lucille Bennett
   Residence of mother (if deceased so state) Danville, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kenneth David Stewart
New Address R. 1, Box 100 Apt 4. Danville Ind.

Subscribed and sworn to before me this 9 day of Aug, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Barbara Middle Lynn Last Best
Date of Birth: Month April Day 28 Year 1960
Place of Birth (State or foreign country) Elizabethtown, Kentucky
Residence Address: Street or R. R. R 1 Box 100 City Danville County Hen. State Ind.
Previous Marital Status: Never Married X OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
X Other (Specify) Drivers license w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No X Yes ☐
3. Are you related to the male applicant closer than second cousin? No X Yes ☐
4. Are you now under the influence of intoxicating liquor? No X Yes ☐
5. Are you now under the influence of a narcotic drug? No X Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Augustus Best
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Anna Fern Johnson
   Residence of mother (if deceased so state) Coatesville Ind.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Barbara L. Best
New Address R R 1 Box 100 Apt 4 Danville Ind

Subscribed and sworn to before me this 9 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior #1 Court by written order issued 3 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* 9th *day of* Aug, 19 79, *authorizing the joining together as husband and wife* Kenneth David Stewart *and* Barbara Lynn Best

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John P. Roof *hereby certify that on the* 11 *day of* August, *one thousand nine hundred and* 79 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Kenneth David Stewart *of* Hendricks *County, State of* Indiana, *and, Bride* Barbara Lynn Best *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 11 *day of* August, *19* 79

Signed John P. Roof

Official Designation Episcopal Priest

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* August, *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. 365

File

Aug. 9 1979
Date of Application

MALE
Medical Examination Report Dated 8-7-79
Name of Physician A. N. Scudder MD

FEMALE
Medical Examination Report Dated 8-7-79
Name of Physician A. N. Scudder 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 Fred Middle M. Last Carter

Date of Birth: Month February Day 5 Year 1924

Place of Birth (State or foreign country) Williamson Tennessee

Residence Address: 122 Street or R. R. Williams Dr. City Brownsburg County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ezra Lesley Carter
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Bessie Ruth Farmer
   Residence of mother (if deceased so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Fred M. Carter

New Address 122 Williams Dr

Subscribed and sworn to before me this 9 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Marianne Middle Denise Last Pingleton

Date of Birth: Month June Day 3 Year 1953

Place of Birth (State or foreign country) Marion Co. In.

Residence Address: 361 N. Richie Ave. Street or R. R. City Indpls. County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Monte Pingleton
   Residence of father (if deceased so state) Lucasville
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Mc Murray
   Residence of mother (if deceased so state) Portsmouth Ohio
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marianne Denise Pingleton

New Address 122 Williams Dr. Apt. N. Brownsburg Ind.

Subscribed and sworn to before me this 9 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 13 day of August, 19 79, authorizing the joining together as husband and wife Fred M. Carter and Marianne Denise Pingleton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 14th day of August, one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom Fred M. Carter of Hendricks County, State of Indiana, and, Bride Marianne D. Pingleton of Marion County, State of HENDRICKS, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of August, 19 79. Signed John C. Mowrer

Official Designation Judge, Superior Court #2

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of August, 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. 366

File

August 10, 1979
Date of Application

MALE
Medical Examination Report Dated 8/2/79
Name of Physician Michael L. Duly M.D.

FEMALE
Medical Examination Report Dated 8/2/79
Name of Physician Michael L. Duly 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 George Middle Hannell Last Jr

Date of Birth: Month May Day 30 Year 1962

Place of Birth (State or foreign country) Nashville Tenn

Residence Address: Street or R. R. RR # 3 Box 334 City Clayton County Hen State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 George L. Hannell Sr.
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma Jan McCary
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Colorado

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x George Hannell Jr.
New Address Cartersburg

Subscribed and sworn to before me this 10th day of Aug, 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, County of HENDRICKS } ss:

Signed George Hannell Father
Signed Mother

Subscribed and sworn to before me this 10 day of August, 19 79.
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Susan Middle Last Lauman

Date of Birth: Month May Day 23 Year 1961

Place of Birth (State or foreign country) ~~Indiana~~ Ohio

Residence Address: Street or R. R. P.O. Box 118 City Cartersburg County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Walter Lauman
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Marjorie Ann Gordon
   Residence of mother (if deceased so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Susan Lauman
New Address Cartersburg

Subscribed and sworn to before me this 10 day of August, 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, County of HENDRICKS } ss:

Signed Father
Signed Mother

Subscribed and sworn to before me this day 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 & Age and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10 day of August, 19 79, authorizing the joining together as husband and wife George Hannell, Jr. and Susan Lauman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glen M. Harvey hereby certify that on the 10 day of August one thousand nine hundred and 79 at Danville, County of Hendricks State of Indiana, Groom George Hannell, Jr. of Hendricks County, State of Indiana and, Bride Susan Lauman of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10 day of August, 19 79.

Signed Glen M. Harvey
Official Designation Clerk, Hendricks Co.

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of Aug., 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. 367

File

Aug 10, 1979
Date of Application

MALE
Medical Examination Report Dated 8-9-79
Name of Physician Timothy W. Geist

FEMALE
Medical Examination Report Dated 8-9-79
Name of Physician Timothy W. Geist

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 Clarence Middle E. Last Schmidt

Date of Birth: Month Aug Day 15 Year 1959

Place of Birth (State or foreign country) Hendricks Co. Hospital, Danville

Residence Address: Street or R. R. 48 Omega Lane City Plainfield County Hen. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers 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 Fred Schmidt
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Natalynn Smith
   Residence of mother (if deceased so state) Indpls, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Clarence E Schmidt

New Address 20 Elm Dr.

Subscribed and sworn to before me this 10 day of Aug, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Barbara Middle A. Last Reinhardt

Date of Birth: Month January Day 30 Year 1962

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. F. 20 Elm Dr. City Plainfield County Hen. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers 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 Robert Reinhardt
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Brill
   Residence of mother (if deceased so state) Plainfield, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Barbara A. Reinhardt

New Address 20 Elm Drive

Subscribed and sworn to before me this 10 day of Aug, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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 10th day of Aug, 19 79, authorizing the joining together as husband and wife Clarence E. Schmidt and Barbara A. Reinhardt

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Ray Hundley hereby certify that on the 15th day of August, one thousand nine hundred and 79 at Indianapolis, County of Marion, State of Indiana, Groom Clarence E. Schmidt of Hendricks County, State of Indiana, and, Bride Barbara A. Reinhardt of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10th day of August, 19 79

Signed Rev. Ray Hundley

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of August, 19 79

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

No. 368

File

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

Aug. 13, 1979
Date of Application

MALE
Medical Examination Report Dated 8-6-79
Name of Physician James Black

FEMALE
Medical Examination Report Dated 8-6-79
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 Mark Middle Earl Last Blanford

Date of Birth: Month June Day 16 Year 1954

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 53 East Tilden City Brownsburg County [illegible] State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 113-54-047144

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Ford Blanford
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Beatrice Pacey
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Canada

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mark Earl Blanford
New Address 6130 Georgetown Rd. Apt D

Subscribed and sworn to before me this 13 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Jennie Middle Lea Last Davis

Date of Birth: Month Sept. Day 9 Year 1958

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 110 Greenacre Dr. City Brownsburg County [illegible] State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 58-073127

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Davis
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Helen Jean Pedigo
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jennie Lea Davis
New Address 6130 Georgetown Rd Apt D

Subscribed and sworn to before me this 13 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 27th day of August, 19 79, authorizing the joining together as husband and wife Mark Earl Blanford and Jennie Lea Davis

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry R. Nash hereby certify that on the 1st day of Sept. one thousand nine hundred and 79 at Brownsburg, County of Hendricks State of Indiana, Groom Mark Earl Blanford of Marion County, State of Indiana, and, Bride Jennie Lea Davis of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of Sept., 19 79.

Signed Jerry R. Nash
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of Sept., 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. 369

File

August 13 1979
Date of Application

MALE
Medical Examination Report Dated 8/7/79
Name of Physician David L. Haggard M.D.

FEMALE
Medical Examination Report Dated Aug 4, 1979
Name of Physician David M Hadley 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 Leo Middle — Last Reed

Date of Birth: Month July Day 1 Year 1955

Place of Birth (State or foreign country) Honolulu Ha.

Residence Address: Street or R. R. 950 A. Wyckford Dr. City Indpls. County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License 1242-96-7389

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Reed.
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) West Virginia
9. Full maiden name of mother Virginia G. Sobzack
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Wisconsin

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Leo Reed

New Address 950A Wyckford Dr. Indpls. Ind

Subscribed and sworn to before me this 13 day of August, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Edith Middle Kimberly Last Martin

Date of Birth: Month Feb Day 27 Year 1960

Place of Birth (State or foreign country) Richmond In.

Residence Address: Street or R. R. 453 Gibbs Rd. City Danville, County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Driver's License 1303-76-7903

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Martin Jr.
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Richmond, In.
9. Full maiden name of mother Mary J. Angi
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Richmond, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X E. Kimberly Martin

New Address 950 A Wyckford Dr, Indpls.

Subscribed and sworn to before me this 13 day of August, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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 *Circuit Court of Indiana dated the* 17 *day of* August, 19 79, *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....., State of Indiana, Groom.....of....., County, State 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 HENDRICKS *County.*

Dated this.....day of....., 19.....

Signed.....

Official Designation.....

Filed and recorded in accordance with the laws of the State of Indiana this.....day of....., 19.....

Signed.....Clerk

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 370
File 40
8-13-79
Date of Application

MALE
Medical Examination Report Dated 8-7-79
Name of Physician David B. ~~Hadley~~ Haggard

FEMALE
Medical Examination Report Dated 8-7-79
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 John Middle D. Last Hill
Date of Birth: Month Oct. Day 25 Year 1955
Place of Birth (State or foreign country) Shelbyville, Ind.
Residence Address: Street or R. R. 337 N. Center, City Plainfield, County Hend., State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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 Charles E. Hill
   Residence of father (if deceased so state) Poolesville, Texas
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Evelyn June Knapp
   Residence of mother (if deceased so state) RR1 Fountaintown, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John D. Hill
New Address 337 N. Center St.
Subscribed and sworn to before me this 13th day of Aug., 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Twila Middle Marie Last Donner
Date of Birth: Month Oct. Day 15 Year 1959
Place of Birth (State or foreign country) Indpls, Ind.
Residence Address: Street or R. R. 912 Highlander Dr., City Plainfield, County Hend., State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) # 2513

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Maynard Wayne Donner
   Residence of father (if deceased so state) 912 Highlander Dr. Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Verna May McAdams
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Twila Donner
New Address 337 N. Center St.
Subscribed and sworn to before me this 13th day of Aug., 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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* 17th *day of* August, 19 79, *authorizing the joining together as husband and wife* John D. Hill *and* Twila Marie Donner

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Joseph G. Walters *hereby certify that on the* 18th *day of* August, *one thousand nine hundred and* 79 *at* Plainfield Church of God, *County of* Hendricks, *State of Indiana, Groom* John D. Hill *of* Hendricks *County, State of* Indiana, *and, Bride* Twila Marie Donner *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 18th *day of* August, 19 79.

Signed Rev. Joseph G. Walters
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* August, 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. 371
File 40
8-13-79 Date of Application

MALE
Medical Examination Report Dated 8-4-79
Name of Physician James J. Harris

FEMALE
Medical Examination Report Dated 8-7-79
Name of Physician O. 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 Michael Middle J. Last Neace
Date of Birth: Month June Day 5 Year 1957
Place of Birth (State or foreign country) Anderson In.
Residence Address: Street or R. R. 4919 Fairfield City Fort Wayne County Allen State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's Lic. 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 Estel Leroy Neace
   Residence of father (if deceased so state) Deceased.
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Margaret Ann Fargie
   Residence of mother (if deceased so state) Fairfield, Fort Wayne, In.
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Michael J. Neace
New Address 604 RIVERSIDE FT. WAYNE IN

Subscribed and sworn to before me this 13 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Julie Middle Ann Last Brower
Date of Birth: Month February Day 3 Year 1959
Place of Birth (State or foreign country) Lebanon In.
Residence Address: Street or R. R. RR 3 Bx 90 City Brownsburg County Hend. State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's Lic. 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 Robert Eugene Brower
   Residence of father (if deceased so state) R3, Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Thelma Creston
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Julie Brower
New Address 604 Riverside Ft. Wayne, In.

Subscribed and sworn to before me this 13 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 ..... Circuit Court of Indiana dated the 17 day of Aug., 19 79, authorizing the joining together as husband and wife Michael J. Neace and Julie Ann Brower

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Kenneth R. Mahan hereby certify that on the 18th day of August, at Brownsburg Calvary United Methodist Church, Hendri County, State of Indiana, one thousand nine hundred and 79 of Allen County, State of Indiana, State of Indiana, Groom Michael James Neace of Hendricks County, State of Indiana, and, Bride Julie Ann Brower of HENDRICKS County, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18 day of August, 19 79 Signed Kenneth R. Mahan
Official Designation Ordained Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of August, 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. 372

File

August 13, 1979
Date of Application

MALE
Medical Examination Report Dated 8-9-79
Name of Physician Norman E. Whitney D.O.

FEMALE
Medical Examination Report Dated 8-9-79
Name of Physician Norman E. Whitney D.O.

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 D. Last Schaaf
Date of Birth: Month 4 Day 14 Year 1960
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 2006 S. Six Points Rd. City Indpls County Marion State Ind
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers 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 Robert Schaaf
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) New York.
9. Full maiden name of mother Mary Alice White
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert D. Schaaf
New Address 9119 W. 10th In Dips. Ind.
Subscribed and sworn to before me this 13 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Margaret Middle E. Last Hensley
Date of Birth: Month 8 Day 16 Year 1962
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. RR 1 Box 617 City Pitfd. 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 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 Phillip Max Hensley
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ethel D. Roe
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Margaret Ann Hensley
New Address 9119 W. 10th Indpls. Ind.
Subscribed and sworn to before me this 13 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed Ethel Hensley Mother
Subscribed and sworn to before me this 13th day of Aug., 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 Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 17 *day of* August, 19 79, *authorizing the joining together as husband and wife* Robert D. Schaaf *and* Margaret E. Hensley
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Joseph G. Walters *hereby certify that on the* 17t *day of* August, *one thousand nine hundred and* 79 *at* Plainfield Church of God, *County of* Hendricks, *State of Indiana, Groom* Robert D. Schaaf *of* Marion *County, State of* Indiana, *and, Bride* Margaret Ann Hensley *of* ~~Hendricks~~ Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 17th *day of* August, 19 79

Signed Rev. Joseph G. Walters
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* August, 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. 373

File

8-13-79
Date of Application

MALE
Medical Examination Report Dated 7/27/79
Name of Physician James McAfee

FEMALE
Medical Examination Report Dated 7/27/79
Name of Physician James McAfee

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 Richardson

Date of Birth: Month 5 Day 12 Year 1930

Place of Birth (State or foreign country) LeBanon Ind.

Residence Address: Street or R. R. 108 E Main 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 licens 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 David C. Richardson
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lilly Opal Fern Tolley
   Residence of mother (if deceased so state) Indiana.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X David L. Richardson
New Address 340 W. Main, Danlle Ind
Subscribed and sworn to before me this 13 day of August, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Mara Middle Lynn Last Stamper

Date of Birth: Month 7 Day 23 Year 1956

Place of Birth (State or foreign country) Indianapolis Ind

Residence Address: Street or R. R. 340 W. Main City Danville County Hend. State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Owen L. Stamper
   Residence of father (if deceased so state) Dayville. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lualla May Parker
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Mara Lynn Stamper
New Address 340 West Main, Danville, Indiana
Subscribed and sworn to before me this 13 day of August, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day 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 Circuit Court of Indiana dated the 17 day of August, 1979, authorizing the joining together as husband and wife David L. Richardson and Maralynn S ramper

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 18 day of August, one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom David L. Richardson of Hendricks County, State of Indiana, and, Bride Mara Lynn S ramper of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18 day of August, 19 79. Signed Dr. Joseph D. STump

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of August, 19 79

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

448

No. 374

File 40

8-13-79
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated 8-1-79
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 8-1-79
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 Robert Middle Brian Last Shuler
Date of Birth: Month April Day 30 Year 1961
Place of Birth (State or foreign country) Greencastle Putnam In
City County State
Residence Address: Street or R. R. RR 1 Stilesville In
Previous Marital Status: Never Married X OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: X Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No X Yes ☐
3. Are you related to the female applicant closer than second cousin? No X Yes ☐
4. Are you now under the influence of intoxicating liquor? No X Yes ☐
5. Are you now under the influence of a narcotic drug? No X Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Robert Shuler
   Residence of father (if deceased so state) Stilesville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Doris Jeanine Durham
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Brian Shuler
New Address RR1 Stilesville

Subscribed and sworn to before me this 13 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Tamara Middle G. Last Hopper
Date of Birth: Month June Day 29 Year 1963
Place of Birth (State or foreign country) Danville Hend. In
City County State
Residence Address: Street or R. R. RR 2 By 294 A Clayton In
Previous Marital Status: Never Married X OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: X Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No X Yes ☐
3. Are you related to the male applicant closer than second cousin? No X Yes ☐
4. Are you now under the influence of intoxicating liquor? No X Yes ☐
5. Are you now under the influence of a narcotic drug? No X Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Davis Hopper
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Georgia Mae Powell
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Tammi Hopper
New Address RR1 Stilesville

Subscribed and sworn to before me this 13 day of Aug., 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, County of HENDRICKS } ss:

Signed X Earl D Hopper Father
Signed X Georgia M. Hopper Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court #2 Court by written order issued Age requirement + 3 day waiver and filed in Clerk's Ofc. authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Aug., 19 79, authorizing the joining together as husband and wife Robert Brian Shuler and Tamara G. Hopper
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John Edward Fitch hereby certify that on the 18 day of August, one thousand nine hundred and 79 at Stilesville, County of Hendricks, State of Indiana, Groom Brian Shuler of Hendricks County, State of Indiana, and, Bride Tammi Hopper of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 18 day of August, 19 79

Signed John E. Fitch
Official Designation Pastor, Good News Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of August, 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. 375

File

August 13 1979
Date of Application

MALE
Medical Examination Report Dated 7-28-79
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 7-28-79
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 Rick Middle — Last Toney

Date of Birth: Month October Day 15 Year 1955

Place of Birth (State or foreign country) Lebanon Boone In

Residence Address: Street or R. R. 209 1/2 Harlan City Plainfield County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Russell Toney
   Residence of father (if deceased so state) Kingman Arizona
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Louise Sandusky
   Residence of mother (if deceased so state) Kingman Dr.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rick Toney
New Address 209 1/2 Harlan St Plainfield
Subscribed and sworn to before me this 13 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Patricia Middle L. Last Snyder

Date of Birth: Month October Day 18 Year 1957

Place of Birth (State or foreign country) Greencastle Putnam In.

Residence Address: Street or R. R. R.R. # 2 City Spencer County Owen State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wayne Eugene Snyder
   Residence of father (if deceased so state) Spencer In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Beverly Jean Wood
   Residence of mother (if deceased so state) Spencer, In.
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patricia L Snyder
New Address # 209 1/2 Harlan St.
Subscribed and sworn to before me this 13 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 ..... HENDRICKS County ..... Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13th day of Aug, 19 79, authorizing the joining together as husband and wife Rick Toney and Patricia L. Snyder

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Robert Yount hereby certify that on the 18 day of August, one thousand nine hundred and 79 at Cataract Church, County of Owen, State of Indiana, Groom Rick Toney of Hendricks County, State of Indiana, and, Bride Patricia L. Snyder of Owen County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18 day of August, 19 79 Signed Robert Yount

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of August, 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. 376

File

Aug 14 1979
Date of Application

MALE
Medical Examination Report Dated 8-9-79
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 8-9-79
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: First Mark Middle H. Last Chance

Date of Birth: Month February Day 23 Year 1955

Place of Birth (State or foreign country): St. Louis Missouri

Residence Address: Street or R. R. 1008 Valley View Dr. Apt. #3 City Plfd. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License - picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Herbert Floyd Chance
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Charlotte Schleicher
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) St. Louis, Mo.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mark H. Chance.

New Address 1008 Valleyview Dr. apt. 1

Subscribed and sworn to before me this 14 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Elaine Middle M. Last McFall

Date of Birth: Month March Day 14 Year 1950

Place of Birth (State or foreign country): Indianapolis Marion In.

Residence Address: Street or R. R. 1008 Valley View Dr. Apt. #1 City Plfd. County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Oral A. McFall
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty J. Howard
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Elaine M. McFall

New Address 1008 Valley View Dr #1 Plainfield

Subscribed and sworn to before me this 14 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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* 21 *day of* Aug, 19 79, *authorizing the joining together as husband and wife* Mark N. Chance *and* Elaine M. McFall

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jeffery A. Trees *hereby certify that on the* 25 *day of* August, *one thousand nine hundred and* 79 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Mark N. Chance *of* Hendricks *County, State of* Indiana, *and, Bride* Elaine M. McFall *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 25 *day of* August, 19 79

Signed Rev. Jeffery A. Trees

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* Sept., 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. 377

File

August 15, 1979
Date of Application

MALE
Medical Examination Report Dated 8-12-79
Name of Physician R. Stephen Irwin, MD.

FEMALE
Medical Examination Report Dated 8-12-79
Name of Physician R. Stephen Irwin 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 Randall Middle J Last Neff

Date of Birth: Month June Day 22 Year 1958

Place of Birth (State or foreign country) Marion County Indiana

Residence Address: Street or R. R. R.R. # 1 North City Salem County Washington State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Joseph Neff
   Residence of father (if deceased so state) North Salem, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elaine Klashmit
   Residence of mother (if deceased so state) North Salem, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Randall J. Neff
New Address P.O. BOX 133 North Salem, Ind

Subscribed and sworn to before me this 15 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sue Middle Anne Last McKee

Date of Birth: Month August Day 6 Year 1958

Place of Birth (State or foreign country) Fairbury Illinois

Residence Address: Street or R. R. 202 Maple Street City Pittsboro County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 McKee
   Residence of father (if deceased so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Mansfield, Ill.
9. Full maiden name of mother Carolyn Cafis
   Residence of mother (if deceased so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) Lodge Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sue Anne McKee
New Address P.O. 133 North Salem, Ind.

Subscribed and sworn to before me this 15 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 Aug., 19 79, authorizing the joining together as husband and wife Randall J. Neff and Sue Anne McKee

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Lawrence E. Dettner hereby certify that on the 25 day of August, one thousand nine hundred and 79 at North Salem, County of Hendricks, State of Indiana, Groom Randall J. Neff of Hendricks County, State of Indiana, and, Bride Sue Anne McKee of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25 day of August, 19 79. Signed Rev. Lawrence E. Dettner

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of August, 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. 378

File

Aug 15, 1979
Date of Application

MALE
Medical Examination Report Dated 8-14-79
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 8-14-79
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: First James Middle M. Last Humphrey

Date of Birth: Month December Day 1 Year 1944

Place of Birth (State or foreign country): Dubre Mitchell Ky

Residence Address: Street or R. R. R.R. # 1 Box 125 City Clayton County Hen State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licence (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.
   James M. Humphrey
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James N. Humphrey
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Ree Gearlds
   Residence of mother (if deceased so state) Plainfield In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James Humphrey

New Address RR I Box 125 Clayton Ind.

Subscribed and sworn to before me this 15 day of August, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Brenda Middle M. Last Bushee

Date of Birth: Month December Day 5 Year 1946

Place of Birth (State or foreign country): Lyons Alabama

Residence Address: Street or R. R. R.R. # 1 Box 125 City Clayton County Hen State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licence (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 ~~Brock~~ Bacel Bushee
   Residence of father (if deceased so state) Palmyra Wisc.
   Birthplace of father (State or foreign country) Alabama
9. Full maiden name of mother Ruth Mae Baughn
   Residence of mother (if deceased so state) Indianapolis, Ind.
   Birthplace of mother (State or foreign country) Alabama

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brenda M. Bushee

New Address R.R. 1 Box 125 Clayton In.

Subscribed and sworn to before me this 15 day of August, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 3 day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 15 *day of* August, 19 79, *authorizing the joining together as husband and wife* James M. Humphrey *and* Brenda Bushee

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. William Hamner *hereby certify that on the* 17 *day of* August, *one thousand nine hundred and* 79 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* James M. Humphrey *of* Marion *County, State of* Indiana, *and, Bride* Brenda Bushee *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* August, 19 79

Signed Rev. William Hamner

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* August, 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. 379

File

August 16, 1979
Date of Application

MALE
Medical Examination Report Dated Aug 9, 1979
Name of Physician William A. Edwards

FEMALE
Medical Examination Report Dated 8-9-79
Name of Physician William A. 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 Darrell Middle — Last McDonald

Date of Birth: Month March Day 26 Year 1958

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. RR #1 Box 162 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) Drivers License #314-70-2367

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. Mc Donald
   Residence of father (if deceased so state) Plainfield, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Leona Hicks
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Darrell McDonald
New Address R#1 BOX 162 DANVILLE

Subscribed and sworn to before me this 16 day of Aug, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Julie Middle — Last Moore

Date of Birth: Month Jan. Day 9 Year 1959

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R.R. RR #1 Box 162 City Danville County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License #307-66-8149

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Moore
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Beverly Jean Liggon
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Julie Moore
New Address R#1 Box 162 Danville

Subscribed and sworn to before me this 16th day of August, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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 ..... Circuit Court of Indiana dated the 21 day of August, 19 79, authorizing the joining together as husband and wife Darrell Mc Donald and Julie Moore

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Andy Arnett, Jr. hereby certify that on the 25 day of August, at Bridgeport, County of Marion, one thousand nine hundred and 79 at Hendricks County, State of Indiana, State of Indiana, Groom Darrell McDonald of Hendricks County, State of Indiana, and, Bride Julie Moore of Hendricks HENDRICKS County, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25 day of August, 19 79.

Signed Andy Arnett, Jr.
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of Sept., 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. 380

File

August 16, 1979
Date of Application

MALE
Medical Examination Report Dated 8-9-79
Name of Physician Charles W. Link Jr.

FEMALE
Medical Examination Report Dated 8-9-79
Name of Physician Charles W. Link 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 James Middle E. Last Crawley

Date of Birth: Month July Day 4 Year 1939

Place of Birth (State or foreign country) Indianapolis

Residence Address: Street or R. R. 10 W. Main St. City Danville 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.
   Jere Marshall Crawley
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Orville Edward Crawley
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Danville, Ind.
9. Full maiden name of mother Mingle Pearl McCammack
   Residence of mother (if deceased so state) Danville, Ind.
   Birthplace of mother (State or foreign country) Owen County, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James Edward Crawley
New Address 3315 St. Rd. 144 Mooresville, Ind.

Subscribed and sworn to before me this 16 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Janice Middle M. Last Priebe

Date of Birth: Month November Day 9 Year 1941

Place of Birth (State or foreign country) Oneco Howard Iowa

Residence Address: Street or R. R. 3315 State Rd. 144 City Mooresville County Morgan 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.
   Renee
   Tamara
   Warren
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Sambrada
   Residence of father (if deceased so state) Lubbock Texas
   Birthplace of father (State or foreign country) Howard Co. Iowa
9. Full maiden name of mother Elva Marie Kapka
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Howard County, Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Janice M Priebe
New Address 3315 st rd 144 Mooresville Ind

Subscribed and sworn to before me this 16 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior #1 Court by written order issued 3 day Waiver and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 16 *day of* August, 19 79, *authorizing the joining together as husband and wife* James Edward Crawley *and* Janice M. Priebe

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Vincin Helton *hereby certify that on the* 25 *day of* August, *one thousand nine hundred and* 79 *at* Hollandsburg, *County of* Parke, *State of Indiana, Groom* James Edward Crawley *of* Hendricks *County, State of* Indiana, *and, Bride* Janice Marie Priebe *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 25 *day of* August, 19 79.

Signed Vincin Helton
Official Designation Judge, Superior Court #1, Hendricks Co.

Filed and recorded in accordance with the laws of the State of Indiana this 28 *day of* August, 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. 381
File 40
8-16-79 Date of Application

MALE
Medical Examination Report Dated 8-13-79
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 8-13-79
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 Aaron Middle C. Last Poynter
Date of Birth: Month Sept. Day 17 Year 1939
Place of Birth (State or foreign country) Cave City Ky.
Residence Address: Street or R. R. R#1 Box 150 City Clayton County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers Lic. 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.
   Tommie Poynter
   Frank Poynter
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Vebchel Poynter
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Cave City, Ky.
9. Full maiden name of mother Mossie Sharon Dennison
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Aaron Cecil Poynter
New Address R.R. 1 Box 150 CLAYTON Ind
Subscribed and sworn to before me this 16 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Elizabeth Middle L. Last Thompson
Date of Birth: Month July Day 21 Year 1945
Place of Birth (State or foreign country) Louisville Ky.
Residence Address: Street or R. R. 221 S. Cross City Danville County Ind. State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Edward Thompson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Edith mc Cherson
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Elizabeth L Thompson
New Address R.R. 1, Box 150 C Clayton, 2nd.
Subscribed and sworn to before me this 16 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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* ..... *, 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 ....., one thousand nine hundred and ..... at ....., County of ....., State of ....., State of Indiana, Groom ..... of ....., County, State 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 HENDRICKS *County.*

Dated this ..... day of ....., 19.....

Signed .....
Official Designation .....

Filed and recorded in accordance with the laws of the State of Indiana this ..... day of ....., 19.....

Signed ..... Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 382
File 40
8-17-79
Date of Application

MALE
Medical Examination Report Dated 8-10-79
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 8-10-79
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 Brian Middle D. Last Smith
Date of Birth: Month January Day 2 Year 1961
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 740 W. Jessup City Plainfield County Hend. State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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 Marvin G. Smith
   Residence of father (if deceased so state) RR 5 Box 1, Danville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joyce L. McGuiness
   Residence of mother (if deceased so state) Ohio
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brian G. Smith
New Address Plainfield
Subscribed and sworn to before me this 17th day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Vicki Middle L. Last Larkin
Date of Birth: Month July Day 6 Year 1961
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR1 Box 241 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) 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 [redacted] Arless M. Larkin
   Residence of father (if deceased so state) RR1 Box 241, Danville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Florence L. Morphew
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Vicki Larkin
New Address Plainfield
Subscribed and sworn to before me this 17th day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 28 day of August, 19 79, authorizing the joining together as husband and wife Brian G. Smith and Vicki L. Larkin
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John Caldwell hereby certify that on the 1st day of Sept., one thousand nine hundred and 79 at Avon, County of Hendricks, State of Indiana, Groom Brian Gene Smith of Hendricks County, State of Indiana, and, Bride Vicki Lynne Larkin of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 1st day of Sept., 19 79

Signed John Caldwell
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of Sept., 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. 383

File

August 17, 1979
Date of Application

MALE
Medical Examination Report Dated 8-14-79
Name of Physician Robert N. Arnold MD.

FEMALE
Medical Examination Report Dated 8-14-79
Name of Physician Robert N. Arnold 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 Tracy Middle W. Last Britt

Date of Birth: Month November Day 29 Year 1955

Place of Birth (State or foreign country): Indianapolis

Residence Address: Street or R. R. 510 Stephens Dr. City Brownsburg County Marion State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father W. Raymond Britt
   Residence of father (if deceased so state) Brownsburg In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marjorie Ellen Keeney
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tracy W. Britt
New Address 850½ North Green Street
Subscribed and sworn to before me this 17 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Edde Middle J Last Schrier

Date of Birth: Month February Day 26 Year 1956

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R. R. 1 Heritage Place City Brownsburg County Boone State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Ball State I.D.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold Edward Schrier
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Joanne Shelton
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Edde J. Schrier
New Address 850½ N. Green Brownsburg
Subscribed and sworn to before me this 17 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 21st day of Aug., 19 79, authorizing the joining together as husband and wife and Tracy W. Britt and Edde J. Schrier

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John Caldwell hereby certify that on the 25 day of August, at Avon, County of Hendricks, one thousand nine hundred and 79 State of Indiana, Groom Tracy Wyatt Britt of Hendricks County, State of Indiana, and, Bride Edde Jo Schrier of Hendricks County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28 day of August, 19 79 Signed John Caldwell
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of August, 19 79
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

458

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. 384

File

Aug. 17, 1979
Date of Application

MALE
Medical Examination Report Dated 8-13-79
Name of Physician John Elliott Jr.

FEMALE
Medical Examination Report Dated 8-13-79
Name of Physician John Elliott 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 Larry Middle Dean Last Cop
Date of Birth: Month Oct Day 26 Year 1955
Place of Birth (State or foreign country) Ind
Residence Address: Street or R. R. 3603 S. Clarks Creek Rd. City Stilesville County Hendricks State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. Lucas

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wayne D. Cop
   Residence of father (if deceased so state) Stilesville, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Evelyn Hurst
   Residence of mother (if deceased so state) Stilesville, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Larry Cop
New Address 3603 S. Clarks Creek Rd
Subscribed and sworn to before me this 17th day of Aug., 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Susan Middle Ann Last Hutto
Date of Birth: Month Dec Day 25 Year 1957
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. R.D. Box 107 City Clayton County Hen. State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Hutto
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Lillian Rogers
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Susan Hutto
New Address 3003 S. Clarks Creek Rd.
Subscribed and sworn to before me this 17th day of Aug., 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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 August, 1979, authorizing the joining together as husband and wife Larry Dean Cop and Susan Ann Hutto
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Tom Mc Gilliard hereby certify that on the 2nd day of Sept., one thousand nine hundred and 79 at 3:00 PM, County of Hendricks, State of Indiana, Groom Larry Dean Cop of Hendricks County, State of Indiana, and, Bride Susan Ann Hutto of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 2 day of Sept., 1979.

Signed Tom Mc Gilliard
Official Designation Minister, Stilesville Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of Sept., 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. 385

File

August 17, 1979
Date of Application

MALE
Medical Examination Report Dated 8-14-79
Name of Physician David B. Haggard, Md.

FEMALE
Medical Examination Report Dated 8-14-79
Name of Physician David B. Haggard 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 Harland Middle L. Last Vondersaar

Date of Birth: Month October Day 10 Year 1960

Place of Birth (State or foreign country) Buck Grove Iowa

Residence Address: Street or R. R. RR#2 Box 599 City Plainfield County Hendricks State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Albert Frank Vondersaar
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dixie Lee Kirk
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Harland L Vondersaar
New Address 616 C Lakeside Drive

Subscribed and sworn to before me this 17 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Susan Middle L. Last Kingery

Date of Birth: Month February Day 29 Year 1956

Place of Birth (State or foreign country) Marion County Indiana

Residence Address: Street or R. R. 20 West Weird Dr. City Plainfield County Hendricks State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Daniel Kingery
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Mae Robertson
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Susan L Kingery
New Address 616-C Lakeside Dr.

Subscribed and sworn to before me this 17 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 ..... Circuit Court of Indiana dated the 21 day of August, 19 79, authorizing the joining together as husband and wife Harland L. Vondersaar and Susan L. Kingery

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edward Curtice hereby certify that on the 25 day of August, one thousand nine hundred and 79 at Avon, County of Hendricks, State of Indiana, Groom Harlan L. Vondersaar of Hendricks County, State of Indiana, and, Bride Susan L. Kingery of Hendricks County, State of HENDRICKS, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of August, 19 79. Signed Edward Curtice

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of August, 19 79

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

460

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. 386
File 40
8-17-79
Date of Application

MALE
Medical Examination Report Dated 7-17-79
Name of Physician L. H. Ellis

FEMALE
Medical Examination Report Dated 7-17-79
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 Paul Middle J. Last Mullins
Date of Birth: Month March Day 6 Year 1959
Place of Birth (State or foreign country) Greencastle In
Residence Address: Street or R. R. PO Box 226 City Danville County In State In.
Previous Marital Status: Never Married X OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: X Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No X Yes ☐
3. Are you related to the female applicant closer than second cousin? No X Yes ☐
4. Are you now under the influence of intoxicating liquor? No X Yes ☐
5. Are you now under the influence of a narcotic drug? No X Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Mullins
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Nona Faye Miller
   Residence of mother (if deceased so state) Greencastle, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Paul Junior Mullins
New Address 300 S ~~Wash~~ Washington Danville

Subscribed and sworn to before me this 17 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Deborah Middle K. Last Carter
Date of Birth: Month July Day 8 Year 1957
Place of Birth (State or foreign country) South Bend Indiana
Residence Address: Street or R. R. 300 S. Washington City Danville County In State In.
Previous Marital Status: Never Married X OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No X Yes ☐
3. Are you related to the male applicant closer than second cousin? No X Yes ☐
4. Are you now under the influence of intoxicating liquor? No X Yes ☐
5. Are you now under the influence of a narcotic drug? No X Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Kenneth Carter
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Mary Lavone Shields
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Deborah K. Carter
New Address 300 S Washington Danville

Subscribed and sworn to before me this 17 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 22 day of August, 19 79, authorizing the joining together as husband and wife Paul J. Mullins and Deborah K. Carter
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, A. Joseph Stevenson hereby certify that on the 28 day of September, one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom Paul J. Mullins of Hendricks County, State of Indiana, and, Bride Deborah K. Carter of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 28 day of September, 19 79.

Signed A. Joseph Stevenson
Official Designation Judge Pro Tem

Filed and recorded in accordance with the laws of the State of Indiana this 1st. day of October, 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. 387
File 40
8-17-79 Date of Application

MALE
Medical Examination Report Dated 7-26-79
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 7-26-79
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: First David Middle Roy Last Wooden
Date of Birth: Month Sept. Day 19 Year 1960
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 201 E. Columbia City Danville County Hend. State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Wilson Wooden
   Residence of father (if deceased so state) RR 3 Box 323A, Danville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phyllis Lee Stinnett
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X David Roy Woodm
New Address 201 E Columbia Danville

Subscribed and sworn to before me this 17 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Ronna Middle Jo Last Goodman
Date of Birth: Month Nov. Day 6 Year 1960
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R. R. 201 E. Columbia City Danville County Hend. State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ronnie Lee Goodman
   Residence of father (if deceased so state) Wheel Estates LOT 157 South, Greenwood, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jo Ann Ferrell
   Residence of mother (if deceased so state) 410 W. Lincoln, Danville, Ind.
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Ronna Jo Goodman
New Address 201 E. Columbia St. Danville, In

Subscribed and sworn to before me this 17 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 HENDRICKS Circuit Court of Indiana dated the 22nd day of Aug., 19 79, authorizing the joining together as husband and wife David Roy Wooden and Ronna Jo Goodman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Stanley A. Johnson hereby certify that on the 25 day of August, one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom David R. Wooden of Hendricks County, State of Indiana, and, Bride Ronna Jo Goodman of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25 day of August, 19 79. Signed Stanley A. Johnson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of August, 19 79
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

462

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. 388
File 40
8-20-79
Date of Application

MALE
Medical Examination Report Dated 8-15-79
Name of Physician Wm. A. Edwards

FEMALE
Medical Examination Report Dated 8-15-79
Name of Physician Wm. A. 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 William Middle E. Last Plunkett II
Date of Birth: Month April Day 4 Year 1956
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 1717 Hawthorne Dr. City 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. 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 Wm. E. Plunkett I
   Residence of father (if deceased so state) Hawthorne, Plainfield In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Lee Gunby
   Residence of mother (if deceased so state) Suitland, Maryland
   Birthplace of mother (State or foreign country) Maryland

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ William E. Plunkett II
New Address 115 N. EAST ST Plnfld. In.

Subscribed and sworn to before me this 20 day of Aug., 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Margaret Middle L. Last Sabo
Date of Birth: Month November Day 12 Year 1958
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 329 Southmore City 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. 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 Andrew Sabo
   Residence of father (if deceased so state) Southmore, Plainfield, In.
   Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Mary Theresa Cooper
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Margaret L. Sabo
New Address 115 N. East St Plnfld. In.

Subscribed and sworn to before me this 20 day of Aug., 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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 23 day of August, 19 79, authorizing the joining together as husband and wife William E. Plunkett II and Margaret L. Sabo
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Thomas E. Chittenden hereby certify that on the 31 day of August, one thousand nine hundred and 79 at Plainfield, County of Hendricks, State of Indiana, Groom William E. Plunkett II of Hendricks County, State of Indiana, and, Bride Margaret L Sabo of Hendricks County, State of Indiana, were by me united 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 August, 19 79.

Signed Thomas E. Chittenden
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of Sept., 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. 389

File

Aug. 20 1979
Date of Application

MALE
Medical Examination Report Dated 8-15-79
Name of Physician David B Haggard M.D.

FEMALE
Medical Examination Report Dated 8-15-79
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: First Keith Middle E. Last Taylor

Date of Birth: Month 2 Day 24 Year 1954

Place of Birth (State or foreign country) St. Louis Missouri

Residence Address: Street or R. R. 223 Raines St. City Plfd. County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree 124-34 01975 7

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Eldon Taylor
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bernadine Anne Engelbrecht
   Residence of mother (if deceased so state) Indpls. In
   Birthplace of mother (State or foreign country) Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Keith E. Taylor
New Address 223 Raines St #2 PLFD. IND

Subscribed and sworn to before me this 20 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

FEMALE APPLICANT

Name: First Linda Middle L Last Gilfillan

Date of Birth: Month 10 Day 19 Year 1959

Place of Birth (State or foreign country) Greenville, Ohio

Residence Address: Street or R. R. 517 Elm Dr. City Plfd. County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Larry Neil Gilfillan
   Residence of father (if deceased so state) Plfd. In.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Karol Ellen Fourman
   Residence of mother (if deceased so state) Plfd. In.
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Linda L Gilfillan
New Address 223 Raines St. Apt 2 Plfd. Ind.

Subscribed and sworn to before me this 20th day of August, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 ....., 19 79, authorizing the joining together as husband and wife of Indiana dated the 24 day of August and Linda L. Gilfillan
Keith E. Taylor
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jeffery A. Trees hereby certify that on the 1st day of Sept. one thousand nine hundred and 79 at Plainfield, County of Hendricks, State of Indiana, Groom Keith E. Taylor of Hendricks County, State of Indiana, and, Bride Linda L. Gilfillan of Hendricks County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 5 day of Sept., 19 79 Signed Rev. Jeffery A. Trees
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of Sept., 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. 390

File

Aug. 20 1979
Date of Application

MALE
Medical Examination Report Dated 8-17-79
Name of Physician James Black

FEMALE
Medical Examination Report Dated 8-17-79
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 Gregory Middle Dean Last Merritt

Date of Birth: Month Aug. Day 24 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 5458 B Pleasant Hills Circle City Indpls County Marion State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Tyler

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dickey Merritt
   Residence of father (if deceased so state) Braunsburg, In.
   Birthplace of father (State or foreign country) Wisc.
9. Full maiden name of mother Pat Wilbur
   Residence of mother (if deceased so state) Braunsburg, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gregory Merritt
New Address 5458-B Pleasant Hill Circle

Subscribed and sworn to before me this 20 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Jill Middle Suzanne Last Wiles

Date of Birth: Month April Day 18 Year 1960

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 64 Stonybrook City Braunsburg County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Voter Reg.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Wiles
   Residence of father (if deceased so state) Braunsburg, In.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Marcia Mc Ferran
   Residence of mother (if deceased so state) Braunsburg, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jill S Wiles
New Address 6458B Pleasant Hill Circle

Subscribed and sworn to before me this 20 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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* 24 *day of* August, 19 79, *authorizing the joining together as husband and wife* Gregory Dean Merritt *and* Jull Suzanne Wiles

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dr. Don Tyler *hereby certify that on the* 25 *day of* August, *one thousand nine hundred and* 79 *at* Bethesda Baptist Churdh *County of* Hendricks, *State of Indiana, Groom* Gregory Dean Merritt *of* Marion *County, State of* Indiana *and, Bride* Jill Suzanne Wiles *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 25 *day of* August, 19 79.

Signed Dr. Don Tyler

Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 *day of* August, 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. 391

File

8-21-79 Date of Application

MALE
Medical Examination Report Dated 8-21-79
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 8-21-79
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 Jimmie Middle L. Last Vogel

Date of Birth: Month 11 Day 17 Year 1959

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: 129 Pickett Street or R. R. Plainfield City Hend. 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) Drivers 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 Jimmie Lee Vogel, Sr.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indpls Ind
9. Full maiden name of mother Violet L. Danz
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indpls. Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Jimmie Lee Vogel Jr.

New Address 129 pickett st plainfield

Subscribed and sworn to before me this 21 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Jennifer Middle R. Last Walters

Date of Birth: Month 2 Day 6 Year 1941

Place of Birth (State or foreign country) Indpls. Ind

Residence Address: R 1 Box 178 Plfd Street or R. R. # City Hend. 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) Drivers 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 John E. Walters
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia A. Kaegi
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Jennifer R. Walters

New Address 129 Pickett Plfd. Ind.

Subscribed and sworn to before me this 21 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 ..... HENDRICKS ..... 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 28 day of Aug, 19 79, authorizing the joining together as husband and wife Jimmie L Vogel and Jennifer R Walters

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Dillon Laffin hereby certify that on the 8 day of September, one thousand nine hundred and 79 at Plainfield County of Hendricks, State of Indiana, State of Indiana, Groom Jimmie L Vogel of Hendricks County, State of Indiana, and, Bride Jennifer R Walters of Hendricks County, State of Indiana, were by me united 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 August, 1979. Signed Rev. Dillon Laffin

Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of Sept., 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. 392

File

8-21-79
Date of Application

MALE
Medical Examination Report Dated 8-10-79
Name of Physician Larry Lovall

FEMALE
Medical Examination Report Dated 8-10-79
Name of Physician Larry 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: First David Middle B Last Hess

Date of Birth: Month 2 Day 16 Year 1959

Place of Birth (State or foreign country) Columbus Indiana

Residence Address: Street or R.R. RR2 Box 34, 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 & picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter Harold Hess
   Residence of father (if deceased so state) Danville Indiana
   Birthplace of father (State or foreign country) Nebraska
9. Full maiden name of mother Martha Grove
   Residence of mother (if deceased so state) Danville Indiana
   Birthplace of mother (State or foreign country) Cloverdale, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X David R. Hess

New Address 51 Old North Salem Road Danville, IN

Subscribed and sworn to before me this 21 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Janalynn Middle Last Stoneking

Date of Birth: Month 6 Day 19 Year 1960

Place of Birth (State or foreign country) Yorkshire, England

Residence Address: Street or R.R. 651 West Mills 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 Licnse w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Theodore Stoneking
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Indpls. Ind.
9. Full maiden name of mother Jane & Darlene Gallatin
   Residence of mother (if deceased so state) Danville Ind
   Birthplace of mother (State or foreign country) Crawfordsville Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Janalynn Stoneking

New Address ~~651 West Mills~~ 51 Old North Salem Rd.

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 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* 25th *day of* Aug., 19 79, *authorizing the joining together as husband and wife* David R. Hess *and* Janalynn Stoneking

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Earl T. Bonham *hereby certify that on the* 1st *day of* Sept., *one thousand nine hundred and* 79 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* David Ray Hess *of* Hendricks *County, State of* Indiana *and, Bride* Janalynn Stoneking *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 1st *day of* Sept., 19 79

Signed Earl T. Bonham

Official Designation Pastor, United Methodist

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* Sept., 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. 393
File 40
8-21-79 Date of Application

MALE
Medical Examination Report Dated 8-17-79
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 8-17-79
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 Mark Middle Allen Last Havens
Date of Birth: Month July Day 5 Year 1953
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R. R. 97 Orchard Lane 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) Driver's Licence 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 Alfred Elwood Havens
   Residence of father (if deceased so state) 97 Orchard Lane, Danville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Billie Lou Clark
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✓ Mark Allen Havens
New Address 5904 Trafalger Ln. #A Indpls
Subscribed and sworn to before me this 21st day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

FEMALE APPLICANT

Name: First Michele Middle B. Last Napier
Date of Birth: Month April Day 15 Year 1957
Place of Birth (State or foreign country) Germany
Residence Address: Street or R. R. 6315 Mass. Ave. 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) Driver's Licinse 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 James D. Napier
   Residence of father (if deceased so state) McDaniels, Kentucky
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Teresa Zelinski
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Wisconsin

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✓ Michele B. Napier
New Address 5904 TRAFALGER Ln
Subscribed and sworn to before me this 21st day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 ..... Circuit Court of Indiana dated the 28 day of Aug, 1979, authorizing the joining together as husband and wife Mark Allen Havens and Michele B. Napier

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Stanley A. Johnson hereby certify that on the 22 day of Sept, one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom Mark Allen Havens of Hendricks County, State of Indiana, and, Bride Michele B. Napier of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 22 day of Sept., 1979. Signed Stanley A Johnson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of Sept., 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. 394

File

August 22, 1979
Date of Application

MALE
Medical Examination Report Dated 8-20-79
Name of Physician Thomas Walker MD.

FEMALE
Medical Examination Report Dated 8-20-79
Name of Physician Thomas Walker 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 Wayne Middle Last Carpenter

Date of Birth: Month September Day 16 Year 1957

Place of Birth (State or foreign country): Martinsville City Morgan County Ind. State

Residence Address: R.R. #1 Box 433 Street or R. R. Plainfield City Hendricks County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) I.D. Shown

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 W. Carpenter
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Geraldine Harrigus
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Wayne Carpenter
New Address 230 Short St

Subscribed and sworn to before me this 22 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Betty Middle L. Last Abney

Date of Birth: Month March Day 17 Year 1961

Place of Birth (State or foreign country): Indianapolis City Marion County In. State

Residence Address: 13 Elsa Street or R. R.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Larry Ray Abney
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Gloria Jean Lash
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Betty L Abney
New Address 230 Short St Plfd, In.

Subscribed and sworn to before me this 22 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 27th day of August, 19 79, authorizing the joining together as husband and wife Wayne Carpenter and Betty L. abney

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Samuel Stewart hereby certify that on the 8 day of Sept., one thousand nine hundred and 79 at Plainfield, County of Hendricks, State of Indiana, Groom Wayne Carpenter of Hendricks County, State of Indiana, and, Bride Betty L. Abney of Hendricks County, State of Indiana, were by me united 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 Sept., 19 79

Signed Rev. Samuel Stewart
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of Sept., 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. 395

File

Aug. 22, 1979
Date of Application

MALE
Medical Examination Report Dated 8-8-79
Name of Physician Wm Wagner

FEMALE
Medical Examination Report Dated 8-8-79
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 Michael Middle Wayne Last Austin

Date of Birth: Month July Day 1 Year 1957

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 429 Harding City Plainfield County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Lucina

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Austin
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Glenda Rose
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael Austin
New Address 429 Harding St.

Subscribed and sworn to before me this 22 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Carrie Middle Lynn Last Pearman

Date of Birth: Month April Day 18 Year 1962

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1416 Miami C.A. City Plainfield County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gary Pearman
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Carol Spangler
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carrie Pearman
New Address 429 Harding St.

Subscribed and sworn to before me this 22 day of Aug., 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, County of HENDRICKS } ss:

Signed + Gary Pearman Father

Signed Carol Pearman Mother

Subscribed and sworn to before me this ..... day 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 28 day of August, 19 79, authorizing the joining together as husband and wife Michael Wayne Austin and Carrie Lynn Pearman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. R. O. Lassanske hereby certify that on the 1st day of Sept., at Plainfield, County of Hendricks, one thousand nine hundred and 79 Hendricks County, State of Indiana, State of Indiana, Groom Michael Wayne Austin of Hendricks County, State of Indiana, and, Bride Carrie Lynn Pearman of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of Sept., 19 79.

Signed Rev. R. O. Lassanske
Official Designation Clergyman - St. Luke's Luth. Church

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of Sept., 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. 396
File 40
8-22-79
Date of Application

MALE
Medical Examination Report Dated 8-21-79
Name of Physician Wm. B. Kriel

FEMALE
Medical Examination Report Dated 8-21-79
Name of Physician Wm. B. Kriel

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 Friedman
Date of Birth: Month August Day 23 Year 1956
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R. R. 7492-C Rockleigh Ave. City Indpls. County State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's Lic 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 Ernest L. Friedman
   Residence of father (if deceased so state) 16410 N. E. 35th Ave. N. Miami Beach, Fl.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Eileen Pearl Kramer
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X David L. Friedman
New Address 7492 C ROCKLEIGH AV.
Subscribed and sworn to before me this 22 day of Aug., 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Dana Middle L. Last Kelly
Date of Birth: Month December Day 10 Year 1956
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 10923 W. Morris City Indpls. County State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's Lic 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 Deane Eugene Kelly
   Residence of father (if deceased so state) Morris St. Indpls, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Leola Mae Yancey
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Dana Kelly
New Address 7492 C Rockleigh Av.
Subscribed and sworn to before me this 22 day of Aug., 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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* 31 *day of* August, 19 79, *authorizing the joining together as husband and wife* David L. Friedman *and* Dana S. Kelly

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William L. Fisher *hereby certify that on the* 31 *day of* August, *one thousand nine hundred and* 79 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* David L. Friedman *of* Marion *County, State of* Indiana *and, Bride* Dana S. Kelly *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 31 *day of* August, 19 79.

Signed William L. Fisher
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 17 *day of* Sept., 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. 397
File 40
8-22-79
Date of Application

MALE
Medical Examination Report Dated 8-21-79
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 8-20-79
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: First Allen Middle Lee Last Sherven
Date of Birth: Month August Day 20 Year 1952
Place of Birth (State or foreign country): Devil's Lake N. Dekota
Residence Address: Street or R. R. 751 Cristina City Plainfield County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's Lic. 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.
   Scott Norman Sherven
   Michelle Lee Sherven
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 George Sherven
   Residence of father (if deceased so state) Midland, Michigan
   Birthplace of father (State or foreign country) N. Dekota
9. Full maiden name of mother La Donna Lee Robertson
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) N. Dekota

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Allen L. Sherven
New Address Rt. 2 Box 83B Brownsburg

Subscribed and sworn to before me this 22 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Kathryn Middle Anne Last Collins
Date of Birth: Month October Day 17 Year 1954
Place of Birth (State or foreign country): Indianapolis In.
Residence Address: Street or R. R. R2 Box 86-C City Brownsburg County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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 male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Clarence Collins
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lyda Frances Guilfoil
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kathryn Anne Collins
New Address RR 2 Box 83B Brownsburg

Subscribed and sworn to before me this 22 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 HENDRICKS *Circuit Court of Indiana dated the* 27 *day of* August, 19 79, *authorizing the joining together as husband and wife* Allen Lee Sherven *and* Kathryn Ann Collins
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Orval V. Sutton *hereby certify that on the* 1st *day of* Sept., *one thousand nine hundred and* 79 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Allen Lee Sherven *of* Hendricks *County, State of* Indiana, *and, Bride* Kathryn Ann 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.*
Dated this 1st *day of* Sept., 19 79 *Signed* Rev. Orval Sutton *Official Designation* Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* September, 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. 398

File

August 23 1979
Date of Application

MALE
Medical Examination Report Dated 8-20-79
Name of Physician John Elliott Jr. Md.

FEMALE
Medical Examination Report Dated 8-15-79
Name of Physician Warren L. May 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 Albert Middle Stephen Last Parrish

Date of Birth: Month July Day 20 Year 1953

Place of Birth (State or foreign country) Brownsville Madison Co. In.

Residence Address: Street or R. R. Box 119 City Coatesville 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 - 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 Albert Clayton Parrish
   Residence of father (if deceased so state) Connersville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Pauley
   Residence of mother (if deceased so state) Connersville In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Albert Stephen Parrish

New Address RR1 Box 200 Coatesville Indiana 46121

Subscribed and sworn to before me this 23 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Karen Middle J. Last Johnson

Date of Birth: Month April Day 12 Year 1953

Place of Birth (State or foreign country) Lafayette Tippecanoe Co. In.

Residence Address: Street or R. R. R.R.#1 City Coatesville County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Billy Lee Johnson
   Residence of father (if deceased so state) Frankfort, In.
   Birthplace of father (State or foreign country) Camden, In.
9. Full maiden name of mother Mary Lou Sharp
   Residence of mother (if deceased so state) Frankfort, In.
   Birthplace of mother (State or foreign country) Flora, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Karen J. Johnson

New Address R.R.#1, Box 200 Coatesville, Ind

Subscribed and sworn to before me this 23 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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* 28 *day of* Aug, 19 79, *authorizing the joining together as husband and wife* Albert Stephen Parrish *and* Karen J. Johnson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glen M. Harvey hereby certify that on the 28 day of August, one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom Albert Stephen Parrish of Hendricks County, State of Indiana, and, Bride Karen J. Johnson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28 day of August, 19 79.

Signed Glen M. Harvey

Official Designation Clerk Hendricks Co.

Filed and recorded in accordance with the laws of the State of Indiana this 29 *day of* Aug., 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. 399

File August 24, 1979 Date of Application

MALE
Medical Examination Report Dated 8/17/79
Name of Physician Norman E. Whitney, D.O.

FEMALE
Medical Examination Report Dated 8/17/79
Name of Physician Norman E. Whitney, D.O.

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 Hadley

Date of Birth: Month 1 Day 04 Year 1960

Place of Birth (State or foreign country) Terre Haute, Indiana

Residence Address: Street or R. R. 79 Ashbury Village City Mooresville County Morgan State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Herschel Hadley
   Residence of father (if deceased so state) 22 Meadow Ln., Mooresville
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Beverly Bee Molder
   Residence of mother (if deceased so state) 22 Meadow Ln., Mooresville
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Steve J. Hadley
New Address 79 Ashbury Village Mooresville

Subscribed and sworn to before me this 24 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Kay Middle L. Last Johnson

Date of Birth: Month 6 Day 06 Year 1960

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. 1813 Black Oak Dr. City Plfd. 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/ 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 Ronald W. Johnson
   Residence of father (if deceased so state) 1813 Black Oak Dr., Plfd., In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Linda L. Warren
   Residence of mother (if deceased so state) 1813 Black Oak Dr., Plfd., In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kay L. Johnson
New Address 79 Ashbury Village Mooresville

Subscribed and sworn to before me this 24 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 29th day of August, 19 79, authorizing the joining together as husband and wife Steven J. Hadley and Kay L. Johnson

Be it further remembered, the following marriage certificate was filed in my office, to-wit

I, Rev. Paul Landwerlen hereby certify that on the 1st day of Sept. at Mooresville, County of ..... one thousand nine hundred and 79 of Morgan County, State of Indiana, State of Indiana, Groom Steven J. Hadley of Hendricks County, State of Indiana, and, Bride Kay L. Johnson 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 1st day of Sept., 19 79. Signed Paul Landwerlen

Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of Sept., 19 79.

Signed Glen M. Harney Clerk HENDRICKS Circuit Court

474

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. 400

File

Aug. 24, 1979
Date of Application

MALE
Medical Examination Report Dated 8-21-79
Name of Physician James V. Cortese

FEMALE
Medical Examination Report Dated 8-21-79
Name of Physician James V. Cortese

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 Bruce Last Conner

Date of Birth: Month Oct Day 7 Year 1947

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. 3087 St Rd. 144 City Mooresville County Morgan State In

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 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 Joseph L. Conner
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Mildred Miller
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mildred B. Conner
New Address RR 18 Box 343 I, Indpls.
Subscribed and sworn to before me this 24 day of Aug., 19 79.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Linda Middle Grace Last Sparks

Date of Birth: Month Oct Day 20 Year 1948

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 18 Box 343 I City Indpls County Hendricks State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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.
   Barry Sparks
   Amy Sparks

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 W. Cole
   Residence of father (if deceased so state) Terre Haute, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Wilma Spear
   Residence of mother (if deceased so state) Terre Haute, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda G. Sparks
New Address RR 18 Box 343 I Indpls. In
Subscribed and sworn to before me this 24 day of Aug., 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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* Aug *, 19*79*, authorizing the joining together as husband and wife* Michael Bruce Conner *and* Linda Grace Sparks

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Wilma Allen *hereby certify that on the* 1st *day of* September *, one thousand nine hundred and* 79 Morristown *, County of* Shelby *, State of Indiana, Groom* Michael Bruce Conner *of* Morgan *County, State of* Indiana *and, Bride* Linda Grace Sparks *of* Hendricks *County, State of* Indiana *, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 1st *day of* September *, 19* 79.

Signed Rev. Wilma Allen
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* September *, 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. 101

File

Aug. 24 1979
Date of Application

MALE
Medical Examination Report Dated 8-13-79
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 8-13-79
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 Jeffrey Middle Thomas Last Coats

Date of Birth: Month Feb. Day 22 Year 1957

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1654 N. Burgetson City Indpls County Marion State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Coats
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Loretta Rice
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jeffrey T. Coats
New Address RR 2. Box 351 Plainfield In.

Subscribed and sworn to before me this 24 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Jennie Middle Marie Last Mitchell

Date of Birth: Month Feb. Day 22 Year 1961

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 4710 S. Newby Ln. City Indpls County Hend. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Larry Mitchell
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Meier
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jennie Mitchell
New Address RR 2 Box 351 Plainfield Ind.

Subscribed and sworn to before me this 24 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 29th day of Aug., 19 79, authorizing the joining together as husband and wife Jeffrey Thomas Coats and Jennie Marie Mitchell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Paul W. Ragsdale hereby certify that on the 8 day of Sept. at Center Friends Church, County of Hendricks one thousand nine hundred and 79 State of Indiana, Groom Jeffrey Thomas Coats of Hendricks County, State of Indiana, and, Bride Jennie Marie Mitchell of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 8 day of Sept., 19 79. Signed Paul W. Ragsdale

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of Sept., 19 79.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

476

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. 402

File

8-27-79
Date of Application

MALE
Medical Examination Report Dated 8-25-79
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 8-25-79
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: First Jerry Middle A. Last Lawson

Date of Birth: Month 8 Day 18 Year 1959

Place of Birth (State or foreign country) Indpls. Indiana

Residence Address: Street or R. R. 738 Aberdeen Dr. City Indpls County Marion State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Warren Lawson
   Residence of father (if deceased so state) Indpls, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy Lois Brown
   Residence of mother (if deceased so state) Indpls. Ind
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Jerry A. Lawson
New Address 72A Fort Sylvia

Subscribed and sworn to before me this 27 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Lura Middle D. Last Martin

Date of Birth: Month 3 Day 31 Year 1960

Place of Birth (State or foreign country) Beech Grove, Indiana

Residence Address: Street or R. R. 10009 Medallion Dr. City Indpls County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Leroy Martin
   Residence of father (if deceased so state) Indpls, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sharon May Shouse
   Residence of mother (if deceased so state) Indpls. Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Lura D Martin
New Address 72A Fort Sylvia

Subscribed and sworn to before me this 27 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 31 day of Aug, 19 79, authorizing the joining together as husband and wife Jerry A. Lawson and Lura D. Martin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. William C. Hendricks hereby certify that on the 8 day of September, one thousand nine hundred and 79 at Washington Twnshp., County of Hendricks State of Indiana, Groom Jerry A. Lawson of Marion County, State of Indiana and, Bride Lura D. 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 31 day of Sept, 19 79.

Signed Rev. William C. Hendricks
Official Designation Pastor, Avon Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of Sept., 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. 403

File

8-27-79 Date of Application

MALE
Medical Examination Report Dated 8-22-79
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 8-16-79
Name of Physician David Kenley

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 Wayne Middle R. Last Showalter

Date of Birth: Month 8 Day 8 Year 1946

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R.R. RR 3 Box 88 City Danville County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Horace Milton Showalter
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Hannah Elizabeth Thomas
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Wayne A. Showalter
New Address RR 3 Box 88 Danville, In. 46122

Subscribed and sworn to before me this 27 day of August, 19 79.

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Annette Middle Lorraine Last Farley

Date of Birth: Month 11 Day 20 Year 1953

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R.R. 919 Shea Ct Twin Lakes Apt. City Carmel County Hamilton 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 Sam Dimicili
   Residence of father (if deceased so state) Carmel Ind.
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Cecelia Lorraine Farley
   Residence of mother (if deceased so state) Carmel, Ind.
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Annette L. ~~Farley~~ Farley
New Address RR3 Box 88 Danville, Ind 46122

Subscribed and sworn to before me this 27 day of August, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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 31st day of August, 19 79, authorizing the joining together as husband and wife Wayne A. Showalter and Annette Lorraine Farley

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glen M. Harvey hereby certify that on the 31 day of August, 19 79, at Danville, County of Hendricks, State of Indiana, one thousand nine hundred and 79 at Danville County, State of Indiana, State of Indiana, Groom Wayne A. Showalter of Hendricks County, State of Indiana, and, Bride Annette Lorraine Farley of Hamilton County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 31 day of August, 19 79. Signed Glen M. Harvey

Official Designation Clerk Hendricks Co.

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of Sept., 19 79.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

478

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. 404

File 40

8-27-79
Date of Application

MALE
Medical Examination Report Dated 8-21-79

Name of Physician R.W. Kirtley

FEMALE
Medical Examination Report Dated 8-21-79

Name of Physician R.W. Kirtley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-33-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jeffery Middle Michael Last Fieler

Date of Birth: Month March Day 20 Year 1956

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 306 S. Grant City Brownsburg County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) #866

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Leonard Harry Fieler
   Residence of father (if deceased so state) RR1 Box 288E, Pittsboro
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Elizabeth Ross
   Residence of mother (if deceased so state) same
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jeffery Fieler

New Address 306 S. Grant Brownsburg IN

Subscribed and sworn to before me this 27th day of Aug., 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Abigail Middle Bonita Last Koons

Date of Birth: Month Dec. Day 7 Year 1959

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 324 S. Jefferson City Brownsburg County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # 2345

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Arthur Koons
   Residence of father (if deceased so state) 466 Gray St., Zanesville, Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Sarah Irene Courtney
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Abigail Koons

New Address 306 S. Grant Brownsburg

Subscribed and sworn to before me this 27th day of Aug., 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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* 31 *day of* Aug., 19 79, *authorizing the joining together as husband and wife* JEFFREY MICHAEL FIELER *and* ABIGAIL BONITA KOONS

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* 15 *day of* September, *one thousand nine hundred and* 79 *at* Pittsboro, *County of* Hendricks, *State of Indiana, Groom* Jeffery Michael Fieler *of* Hendricks *County, State of* Indiana, *and, Bride* Abigail Bonita Koons *of* Hendricks *County, State of* Indiana, *were by me united 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* August, 19 79

Signed Rev. Dennis L. Dodson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* Sept., 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. 405

File

Aug 27, 1979
Date of Application

MALE
Medical Examination Report Dated 8-22-79
Name of Physician William A. Edwards MD

FEMALE
Medical Examination Report Dated 8-22-79
Name of Physician William A. 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 George Middle Van Last Zandt

Date of Birth: Month Dec. Day 4 Year 1956

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 1760 Joppa Rd. City Mooresville County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Hogsheby Van Zandt
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janet Carol Longmire
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed George T. VanZandt.
New Address Same address

Subscribed and sworn to before me this 27 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Deborah Middle A. Last Robertson

Date of Birth: Month Sept. Day 28. Year 1960

Place of Birth (State or foreign country) Beech Grove In.

Residence Address: Street or R. R. 1760 Joppa Rd. City Mooresville County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dale Eugene Robertson
   Residence of father (if deceased so state) Atlanta Georgia
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Darlene Sheets
   Residence of mother (if deceased so state) Mooresville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Deborah A. Robertson
New Address Same address

Subscribed and sworn to before me this 27 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 27 *day of* August, 19 79, *authorizing the joining together as husband and wife* George VanZandt *and* Deborah A. Robertson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Donald S. Wallace *hereby certify that on the* 1st *day of* Sept., *one thousand nine hundred and* 79 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* George Van Zandt *of* hendricks *County, State of* Indiana, *and, Bride* Deborah A. Robertson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 1st *day of* Sept., 19 79 *Signed* Donald S. Wallace

Official Designation Pastor, Calvary Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* Sept., 19 79

Signed Glen M Harvey HENDRICKS *Circuit Court* *Clerk*

480

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. 406

File

8-27-79
Date of Application

MALE
Medical Examination Report Dated 8-22-79
Name of Physician James Jay

FEMALE
Medical Examination Report Dated 8-22-79
Name of Physician James Jay

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 Alan Middle Richard Last Wehrman

Date of Birth: Month 10 Day 1 Year 1960

Place of Birth (State or foreign country) Ind. Beech Grove Ind.

Residence Address: Street or R. R. RR 3 Box 301 City Danville County Hend. State Co. Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licence 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 Richard William Wehrman
   Residence of father (if deceased so state) Danville Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rebeca Lee Moore
   Residence of mother (if deceased so state) Terre Haute, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Alan Wehrman
New Address 4015 E. main Danville, IND.
Subscribed and sworn to before me this 28 day of Aug, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Virginia Middle Lee Last McClure

Date of Birth: Month 7 Day 9 Year 1961

Place of Birth (State or foreign country) Beech Grove, Ind

Residence Address: Street or R. R. RR 3 Box 302 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 Licence 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 Oscar Roscoe McClure
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Louise Plunkett
   Residence of mother (if deceased so state) Danville, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Ginny McClure
New Address 4015 E. Main Danville
Subscribed and sworn to before me this 27 day of Aug., 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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* 31st *day of* Aug., 19 79, *authorizing the joining together as husband and wife* Alan Richard Wehrman *and* Virginia Lee Mc Clure.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer, *hereby certify that on the* 31 *day of* August, *one thousand nine hundred and* 79 *at* Danville, *State of Indiana, Groom* Alan Richard Wehrman Hendricks *County, State of* Indiana *and, Bride* Virginia Lee Mc Clure *of* Hendricks *County, State of* Indiana, *were by me united 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* August, 19 79.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* Sept., 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. 407

File

Aug 27, 1979
Date of Application

MALE
Medical Examination Report Dated 8-22-79
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 8-22-79
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: First Joseph Middle Nyswander Last

Date of Birth: Month April Day 6 Year 1939

Place of Birth (State or foreign country) Hendricks Co.

Residence Address: Street or R. R. 1317 Buckeye Rd. City Mooresville County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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.
   Kent Nyswander
   Erin Nyswander
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 D. Nyswander
   Residence of father (if deceased so state) Hendricks County
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Katherine Leota Johnson
   Residence of mother (if deceased so state) Hendricks
   Birthplace of mother (State or foreign country) Morgan

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Joseph Nyswander
New Address 1317 Buckeye Rd Mooresville

Subscribed and sworn to before me this 27 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Beverly Middle Sue Last House

Date of Birth: Month October Day 16 Year 1944

Place of Birth (State or foreign country) Connersville In.

Residence Address: Street or R. R. 4950 Ford St. City Speedway County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Clifford Eugene House
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Saunders
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) "
9. Full maiden name of mother Ola Elizabeth Brandenburge
   Residence of mother (if deceased so state) Indianapolis In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Beverly Sue House
New Address .....

Subscribed and sworn to before me this 27 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 31 day of Aug and Beverly Sue House
Joseph Nyswander
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 Sept., County of Hendricks, one thousand nine hundred and 79 at Danville, County, State of Indiana, State of Indiana, Groom Joseph Nyswander of Hendricks County, State of Indiana, and, Bride Beverly Sue House 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 31st day of August, 19 79

Sign Dr. Joseph D. Stump
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of Sept., 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. 408

File

Aug. 28, 1979
Date of Application

MALE
Medical Examination Report Dated 8-14-79
Name of Physician Carl Heinlein

FEMALE
Medical Examination Report Dated 8-14-79
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: First Herbert Middle J. Last Reinert
Date of Birth: Month 5 Day 9 Year 1954
Place of Birth (State or foreign country): Knopls. Ind.
Residence Address: Street or R. R. 1026 E. Marjine Blvd City Knopls 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 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.
   Christina Renee Reinert
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 Joseph Reinert Jr.
   Residence of father (if deceased so state) Knopls. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jaclyn Jane Andrews
   Residence of mother (if deceased so state) Knopls. Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Herbert J. Reinert III
New Address 5637 Portsmouth ave #B

Subscribed and sworn to before me this 28 day of Aug, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Karen Middle M. Last Kirkendall
Date of Birth: Month 3 Day 13 Year 1958
Place of Birth (State or foreign country): Knopls. Ind.
Residence Address: Street or R. R. 5637 Portsmouth ave #B City Indpls. County Marion State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License 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 James Edward Nichols
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rita Mae Blount
   Residence of mother (if deceased so state) Danville, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Karen Kirkendall
New Address 5637 Portsmouth ave #B

Subscribed and sworn to before me this 28 day of Aug, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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* 28 *day of* August, 19 79, *authorizing the joining together as husband and wife* Herbert J. Reinert *and* Karen M. Kirkendall
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mowrer *hereby certify that on the* 28 *day of* September, *one thousand nine hundred and* 79 *at* Danville, *County of* Hendricks *State of Indiana, Groom* Herbert J. Reinert *of* Hendricks *County, State of* Indiana *and, Bride* Karen M. Kirkendall *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 28 *day of* Sept. 19 79.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* October, 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. 409

File

Aug. 28, 1979
Date of Application

MALE
Medical Examination Report Dated Aug. 23, 1979
Name of Physician Wm. R. Edwards, M.D.

FEMALE
Medical Examination Report Dated Aug. 23, 1979
Name of Physician Wm. R. 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 James Middle Perry Last Davis

Date of Birth: Month 5 Day 23 Year 1959

Place of Birth (State or foreign country) Brazil, Indiana

Residence Address: Street or R. R. P.O. Box 127, City Amo 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) Voter's registration

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Leora James Davis
   Residence of father (if deceased so state) P.O. Box 127, Amo, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Jane Hillman
   Residence of mother (if deceased so state) P.O. Box 127, Amo, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James Perry Davis
New Address P.O. Box 217 Clayton In

Subscribed and sworn to before me this 28 day of Aug, 19 79.

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Lea Middle Ann Last Masterson

Date of Birth: Month 3 Day 01 Year 1960

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. P.O. Box 128, City Clayton 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
#113-60-022121

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Larry L. Masterson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elizabeth Louise Bear
   Residence of mother (if deceased so state) P.O. Box 128, Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lea Ann Masterson
New Address PO Box 217 Clayton, In.

Subscribed and sworn to before me this 28 day of Aug, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....Circuit Court of Indiana dated the 4th day of Sept, 19 79, authorizing the joining together as husband and wife James Perry Davis and Lea Ann Masterson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Faris D. Franz hereby certify that on the 8 day of Sept., one thousand nine hundred and 79 at Clayton, County of Hendricks, State of Indiana, Groom James Perry Davis of Hendricks County, State of Indiana, and, Bride Lea Ann Masterson of Hendricks County, State of Indiana, were by me united 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 Sept, 19 79. Signed Faris D. Franz

Official Designation Pastor, Clayton United Presbyterian Church

Filed and recorded in accordance with the laws of the State of Indiana this 11 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. 410
File 40
8-28-79
Date of Application

MALE
Medical Examination Report Dated 8-24-79
Name of Physician Herbert N. Hill

FEMALE
Medical Examination Report Dated 8-24-79
Name of Physician Herbert N. Hill

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 George Middle Ellison Last Trimble
Date of Birth: Month August Day 5 Year 1959
Place of Birth (State or foreign country) Indianapolis In
Residence Address: Street or R. R. RR2 Box 85-S City Brownsburg County — State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's Lic w/photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Trimble
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Unknown
9. Full maiden name of mother Virginia Margaret Estelle
   Residence of mother (if deceased so state) Meridian St. Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X George Ellison Trimble
New Address RR2 Box 85-S Brownsburg IN
Subscribed and sworn to before me this 28 day of Aug., 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Christine Middle Elaine Last Schmutte
Date of Birth: Month July Day 12 Year 1961
Place of Birth (State or foreign country) In
Residence Address: Street or R. R. RR2 Box 85-N City Brownsburg County — State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's Lic w/photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Raymond Edward Schmutte
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) California
9. Full maiden name of mother Helen Ann Spurgeon
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Christine Elaine Schmutte
New Address RR 2 Box 85-S Brownsburg, IN
Subscribed and sworn to before me this 28 day of August, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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* 1st *day of* Sept, 19 79, *authorizing the joining together as husband and wife* George Ellison Trimble *and* Christine Elaine Schmutte
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Charles A. Noll *hereby certify that on the* first *day of* September, *one thousand nine hundred and* 79 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* George Ellison Trimble *of* Hendricks *County, State of* Indiana *and, Bride* Christine Elaine Schmutte *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this forst *day of* August, 19 79.

Signed Rev. Charles A. Noll
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* September, 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. 411

File

Aug 28 1979 Date of Application

MALE
Medical Examination Report Dated Aug 27, 1979
Name of Physician Dr Carl L. Heinlein MD

FEMALE
Medical Examination Report Dated August 27, 1979
Name of Physician Dr. Carl L Heinlein 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 L Last Hayworth

Date of Birth: Month Aug Day 5 Year 1945

Place of Birth (State or foreign country) Martinsville Ind.

Residence Address: Street or R. R. 217 East Rd. 200 N City Danville County HENDRICKS State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Stephen J. Hayworth
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Amelia K. Sims
   Residence of mother (if deceased so state) Bargersville, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David L Hayworth

New Address 217 E Rd. 200 N. Danville

Subscribed and sworn to before me this 28 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Cheryll Middle L Last Tookes

Date of Birth: Month July Day 22 Year 1959

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. Danville City County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Roy Tookes
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Kansas
9. Full maiden name of mother Barbara Jane Rutherford
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cheryll L Tookes

New Address 217 E. Rd. 200 N Danville

Subscribed and sworn to before me this 28 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 4 day of Sept., 1979, authorizing the joining together as husband and wife David L. Hayworth and Cheryll L. Tookes

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. H. Cliff Davis hereby certify that on the 8 day of Sept., one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom David L. Hayworth of Hendricks County, State of Indiana, and, Bride Cheryll L. Tookes of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 8 day of October, 19 79. Signed Rev. H. Cliff Davis

Official Designation Pastor: Hillcrest Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of Sept., 19 79

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

486

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. 412

File

Aug 29, 1979
Date of Application

MALE
Medical Examination Report Dated 8-25-79
Name of Physician David B. Haggard MD.

FEMALE
Medical Examination Report Dated 8-25-79
Name of Physician David B. Haggard 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 A. Last Brewster
Date of Birth: Month August Day 29 Year 1960
Place of Birth (State or foreign country) Marion Co. In.
Residence Address: 11125 Street or R. R. W. Wash. St. City Indpls. County State

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Brewster
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jo Ann Borenberger
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Edward A. Brewster
New Address Fort Wayne
Subscribed and sworn to before me this 29 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Lisa Middle J. Last Robinson
Date of Birth: Month September Day 1 Year 1961
Place of Birth (State or foreign country) Buck Grove Marion Co. Ia.
Residence Address: 225 Street or R. R. Penn St. 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Clifford Robinson Jr.
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Rosemary Fry
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lisa J. Robinson
New Address Fort Wayne
Subscribed and sworn to before me this 29 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed Betty R. Robinson Mother
Subscribed and sworn to before me this 29 day of August, 19 79
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 Clerks office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court and dated the* 29 *day of* August, 19 79, *authorizing the joining together as husband and wife* Edward A. Brewster *and* lisa J. Robinson *I further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Daniel E. Finch *hereby certify that on the* 1st *day of* Sept., *one thousand nine hundred and* 79 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Edward A. Brewster *of* Hendricks *County, State of* Indiana *and, Bride* Lisa J. Robinson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 1st *day of* Sept., 19 79

Signed Daniel E. Finch
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* Sept., 19 79.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

86

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. 412

File

Aug 29, 1979
Date of Application

MALE
Medical Examination Report Dated 8-25-79
Name of Physician David B. Haggard MD.

FEMALE
Medical Examination Report Dated 8-25-79
Name of Physician David B. Haggard 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 A. Last Brewster
Date of Birth: Month August Day 29 Year 1960
Place of Birth (State or foreign country) Marion Co. In.
Residence Address: 11125 Street or R. R. W. Wash. St. City Indpls. County State

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Brewster
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jo Ann Borenberger
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Edward A. Brewster
New Address Fort Wayne
Subscribed and sworn to before me this 29 day of August 19 79

FEMALE APPLICANT

Name: First Lisa Middle J. Last Robinson
Date of Birth: Month September Day 1 Year 1961
Place of Birth (State or foreign country) Buck Grove Marion In.
Residence Address: 225 Street or R. R. Penn St. City Clayton County State In.

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George Clifford Robinson Jr.
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Rosemary Fry
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lisa J. Robinson
New Address Fort Wayne
Subscribed and sworn to before me this 29 day of August, 19 79
Clerk HENDRICKS Circuit Court

RDIAN

consent for this marriage. If only one parent
the other parent unnecessary

ss:

Father
R Robinson Mother
29 day of August, 19 79
M Harvey Clerk

sed to the above named parties, the
y Wayne and filed
arties.

ENDRICKS Circuit Court
ining together as husband and wife
nson

I, George C. Robinson Jr., hereby give my consent for my Daughter, Lisa Jane Robinson to marry Edward A. Brewster.

George C. Robinson Jr.

Subscribed and sworn to before me this 29 day of Aug 19 79.

Ann E Syms
Notary Public

Commission expires 8-12-82

Be it ju

I, Daniel E. Finch hereby certify that on the 1st day of Sept.
one thousand nine hundred and 79 at Plainfield, County of Hendricks,
State of Indiana, Groom Edward A. Brewster of Hendricks County, State of Indiana
and, Bride Lisa J. Robinson of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 1st day of Sept., 19 79.

Signed Daniel E. Finch
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of Sept., 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. 413
File 40
8-29-79 Date of Application

MALE
Medical Examination Report Dated 8-25-79
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 8-25-79
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 Stephen Middle R. Last Strawmyer
Date of Birth: Month May Day 21st Year 1947
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR #2 Box 183 City Thorntown County Boone State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Grant Richard Strawmyer
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hubert Strawmyer
   Residence of father (if deceased so state) RR #3 Lebanon, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Mozelle Baldwin
   Residence of mother (if deceased so state) Dane
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Steve Strawmyer
New Address RR 2 Thorntown, In. 46071
Subscribed and sworn to before me this 29th day of Aug., 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Janice Middle Lynn Last Bell
Date of Birth: Month Sept Day 23 Year 1956
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR 8 Box 263 City Indpls County Hend, State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) # 11204

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Richard Bell
   Residence of father (if deceased so state) RR 8 Box 263, Indpls, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Lou Woods
   Residence of mother (if deceased so state) Dane
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Janice Lynn Bell
New Address RR 2, Thorntown, In.
Subscribed and sworn to before me this 29th day of Aug, 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 ..... Circuit Court of Indiana dated the 5th day of September, 19 79, authorizing the joining together as husband and wife of Stephen R. Strawmyer and Janice Lynn Bell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Marc S. Hays hereby certify that on the 8 day of Sept., one thousand nine hundred and 79 at Plainfiled, County of Hendricks, State of Indiana, Groom Stephen R. Strawmyer of Boone County, State of Indiana, and, Bride Janice L. Bell of Hendricks County, State of HENDRICKS, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 8 day of Sept., 19 79. Signed Marc S. Hays
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of Sept., 19 79
Signed ..... Clerk
HENDRICKS Circuit Court

488

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. 414
File 40
8-30-79
Date of Application

MALE
Medical Examination Report Dated 8-27-79
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 8-27-79
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: First Edward Middle L. Last Gunnell
Date of Birth: Month June Day 16 Year 1952
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 7420 S. Rockleigh Ave. 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) 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.
   Edward L. Gunnell II
   Eric L. Gunnell
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Edward Gunnell
   Residence of father (if deceased so state) Mooresville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marjorie Mamie Christ
   Residence of mother (if deceased so state) Mooresville, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Edward L. Gunnell
New Address 277 N. Mill St. Plfd
Subscribed and sworn to before me this 30th day of August, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Teresa Middle E. Last Albright
Date of Birth: Month Dec. Day 28 Year 1956
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R. R. 277 N. Mill City Plainfield County Hend. State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Joshua N. Albright
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Forest Wayne Devore
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Martha Lou Hall
   Residence of mother (if deceased so state) Plainfield, Ind.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Teresa E. Albright
New Address 277 N. Mill Plfd
Subscribed and sworn to before me this 30th day of August, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued....., 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* September, 19 79, *authorizing the joining together as husband and wife* Edward L. Gunnell *and* Teresa E. Albright

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Gordon T. Wilson *hereby certify that on the* 7 *day of* Sept., *one thousand nine hundred and* 79 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Edward Lee Gunnell *of* Hendricks *County, State of* Indiana *and, Bride* Teresa Edna Albringt *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 7 *day of* Sept., 19 79

Signed Gordon T. Wilson
Official Designation Bishop, Church of Christ of Latter-

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* Sept., 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. 415
File 40
Aug 30, 1979
Date of Application

MALE
Medical Examination Report Dated Aug. 29, 1979.
Name of Physician James Black, M.D.

FEMALE
Medical Examination Report Dated Aug. 29, 1979.
Name of Physician James Black, 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 Jeffrey Middle C. Last Billingsley
Date of Birth: Month 7 Day 11 Year 1958
Place of Birth (State or foreign country) Columbus, Ohio
Residence Address: Street or R. R. 8495 Marcy Rd. City Lancaster County Fairfield State Ohio
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree #10047
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Clark Billingsley
   Residence of father (if deceased so state) 8495 Marcy Rd. Lancaster, Ohio
   Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Patricia Joan Miller
   Residence of mother (if deceased so state) Lancaster, Ohio
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jeffrey C. Billingsley
New Address R #5 Box 107 Danville Indiana

Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Brenda Middle Ann Last Crohn
Date of Birth: Month 5 Day 16 Year 1958
Place of Birth (State or foreign country) Columbus, Indiana
Residence Address: Street or R. R. R. #5 Box 107 City Danville County Hend. State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree #433
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wayne Thomas Crohn
   Residence of father (if deceased so state) R. #5 Box 107, Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margaret Scutt
   Residence of mother (if deceased so state) R. #5, Box 107, Danville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brenda Ann Crohn
New Address R. 5, Box 107 Danville, In

Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... 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 25 day of Oct, 19 79, authorizing the joining together as husband and wife Jeffrey C. Billingsley and Brenda Ann Crohn

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev Donald Tyler hereby certify that on the 16 day of December, one thousand nine hundred and 79 at Brownsburg, County of Hendricks, State of Indiana, Groom Jeffrey C. Billingsley of Fairfield County, State of Ohio, and, Bride Brenda Ann Crohn of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 day of December, 19 79. Signed Rev Donald Tyler
Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of Dec, 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. 416
File 40
August 30, 1979
Date of Application

MALE
Medical Examination Report Dated 8-27-79
Name of Physician Timothy Nichols

FEMALE
Medical Examination Report Dated 8-27-79
Name of Physician Timothy Nichols

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 L. Last Young
Date of Birth: Month 7 Day 4 Year 56
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R. R. RR #4 City Clayton County Hendricks State Ind

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers Lic W/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Young
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Betty Sondusty
   Residence of mother (if deceased so state) Danville, Ind.
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William Young
New Address RR 4 Clatory

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Corinne Middle E. Last Eubank
Date of Birth: Month 4 Day 15 Year 59
Place of Birth (State or foreign country): Ind
Residence Address: Street or R. R. RR 4 City Clayton County Hendricks State Ind

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers Lic/W-Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Christopher W. Eubanks
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 James Eubank
   Residence of father (if deceased so state) Tampa Fla.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dora Lee Coonce
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Corinne Eubank
New Address RR 4 Clayton

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 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 4th day of Sept, 1979, authorizing the joining together as husband and wife William L. Young and Corinne E. Eubank

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Cletis E. Ellett hereby certify that on the 8 day of Sept., one thousand nine hundred and 79 at R 2, Box 201, County of Monroe, State of Indiana, Groom William L. Young of Hendricks County, State of Indiana, and, Bride Corinne E. Eubank of Hendricks County, State of Indiana, were by me united 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 Sept., 19 79.

Signed Cletis E. Ellett
Official Designation Minister, Church of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of Sept., 19 79

Signed Glenn M. Harveep Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-13-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 417

File

Aug 30, 1979
Date of Application

MALE
Medical Examination Report Dated 8-25-79
Name of Physician M.D. Seamahorn

FEMALE
Medical Examination Report Dated 8-25-79
Name of Physician M.D. Seamahorn

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 L. Last Lottes

Date of Birth: Month April Day 8 Year 1959

Place of Birth (State or foreign country) Lebanon

Residence Address: Street or R. R. RR#1 Bx 168E1 City Danville County Boone State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold Wayne Lottes
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia May Neese
   Residence of mother (if deceased so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Boone Co. In.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Mark L. Lottes
New Address RR3 box 11-D Brownsburg

Subscribed and sworn to before me this 30 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Kimberly Middle S. Last Salmon

Date of Birth: Month March Day 9 Year 1961

Place of Birth (State or foreign country) Lebanon

Residence Address: Street or R. R. R.R.#1 Bx 168E1 City Boone County Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert William Salmon
   Residence of father (if deceased so state) Tipp.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia Jean Coons
   Residence of mother (if deceased so state) Danville In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Kimberly S Salmon
New Address RR 3 Box 11-D, Brownsburg

Subscribed and sworn to before me this 30 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 ..... on the 30 day of August, 19 79, authorizing the joining together as husband and wife of Indiana dated the ..... and Kimberly S. Salmon Mark L. Lottes

Be it further remembered, the following marriage certificate was filed in my office, to-wit: hereby certify that on the 1st day of Sept., I, Glen R. Jackson at Brownsburg, County of Hendricks, one thousand nine hundred and 79 of Hendricks County, State of Indiana, State of Indiana, Groom Mark L. Lottes of Hendricks County, State of Indiana, and, Bride Kimberly S. Salmon of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of Sept., 19 79 Signed Glen R. Jackson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of Sept., 19 79

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

492

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. 418
File 40
8-31-79
Date of Application

MALE
Medical Examination Report Dated 8-29-79
Name of Physician Larry D. Lovall

FEMALE
Medical Examination Report Dated 8-29-79
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: First Dennis Middle Allen Last Phillips
Date of Birth: Month December Day 19 Year 1949
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 505 alpha, City Brownsburg, County Hend., State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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.
   Krista Lynette
   Katie Michelle
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be 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 B. Phillips
   Residence of father (if deceased so state) RR3 Box 52, Brownsburg, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Jo Ann Douglas
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dennis A. Phillips
New Address 505 Alpha Av. Brownsburg
Subscribed and sworn to before me this 31 day of Aug, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Kathleen Middle Ann Last Davis
Date of Birth: Month December Day 11 Year 1947
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 505 alpha, City Brownsburg, County Hend., State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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 Edward Lee Henry
   Residence of father (if deceased so state) 538 Lantee Dr., Plainsburg, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma Jean Nolan
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kathleen Ann Davis
New Address 505 Alpha Av. Brownsburg
Subscribed and sworn to before me this 31 day of Aug, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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 6th day of Sept., 19 79, authorizing the joining together as husband and wife DENNIS ALLEN PHILLIPS and KATHLEEN ANN DAVIS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Bruce A. Brown hereby certify that on the 14th day of September, one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom Dennis Allen Phillips of Hendricks County, State of Indiana, and, Bride Kathleen Ann Davis of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of September, 19 79.

Signed Rev. Bruce A. Brown
Official Designation Pastor White Lick U. M. Church

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of Sept., 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. 419

File

August 31 1979
Date of Application

MALE
Medical Examination Report Dated 8-29-79
Name of Physician Robert Flanders

FEMALE
Medical Examination Report Dated 8-30-79
Name of Physician Robert Flanders

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 Hutchinson Last Jr.
Date of Birth: Month December Day 9 Year 1938
Place of Birth (State or foreign country) Ashland
Residence Address: Street or R. R. 1719 Sycamore Dr. City S. Plainfield County Boyd State Ky.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☑
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Arnold Scott Hutchinson

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 Hutchinson
   Residence of father (if deceased so state) Ashland Ky.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Rose Cleyond Atkins
   Residence of mother (if deceased so state) Ashland Ky.
   Birthplace of mother (State or foreign country) Ashland, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard Hutchinson Jr.
New Address 1719 Sycamore Dr. So. Plainfield

Subscribed and sworn to before me this 31 day of August, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Linda Middle L. Last Deardorf
Date of Birth: Month July Day 24 Year 1939
Place of Birth (State or foreign country) Linton
Residence Address: Street or R. R. 8433 Devonshire Ct. City Greenwood County Johnson State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Debra Sue Calvert

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Elvis T. Walker
   Residence of father (if deceased so state) Bloomington In.
   Birthplace of father (State or foreign country) Greenville, Ky.
9. Full maiden name of mother Helen Louise Bullock
   Residence of mother (if deceased so state) Phoenix Arizona
   Birthplace of mother (State or foreign country) Linton, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda L. Deardorf
New Address 1719 Sycamore Dr. So. Plainfield

Subscribed and sworn to before me this 31 day of August, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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 4th day of Sept. and Linda L. Deardorf
Richard Hutchinson, Jr.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Marc S. Hays hereby certify that on the 8 day of Sept. one thousand nine hundred and 79 at Plainfield, County of Hendricks, State of Indiana, Groom Richard Hutchinson, Jr. of Hendricks County, State of Indiana, and, Bride Linda L. Deardorf of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 8th day of Sept., 19 79 Signed Marc S. Hays
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of Sept., 19 79 Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

494

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. 420

File 40

8-31-79
Date of Application

MALE
Medical Examination Report Dated 8-28-79
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 8-28-79
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 Bruce Middle William Last Love
Date of Birth: Month August Day 5 Year 1959
Place of Birth (State or foreign country) Lafayette In.
Residence Address: Street or R. R. RR 3 Bx 225 Y City Brownsburg County State In.
Previous Marital Status: Never Married [X] OR
Last Marriage Ended By: Death [ ] Divorce [ ] Annulment [ ]
Date of birth verified by: [X] Birth Certificate [ ] Judicial Decree
[ ] Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes [ ]
   If answer is "yes", has the adjudication been removed? No [ ] Yes [ ]
2. Are you afflicted with a transmissible disease? No [X] Yes [ ]
3. Are you related to the female applicant closer than second cousin? No [X] Yes [ ]
4. Are you now under the influence of intoxicating liquor? No [X] Yes [ ]
5. Are you now under the influence of a narcotic drug? No [X] Yes [ ]
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No [ ] Yes [ ]
   If answer is "yes", it is required that this Application be 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 Dennis Love
   Residence of father (if deceased so state) Brownsburg, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carol Sue Steeley
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Bruce William Love
New Address RR3 Box 225Y Brownsburg

Subscribed and sworn to before me this 31 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Clarenda Middle Regina Last Smith
Date of Birth: Month February Day 13 Year 1963
Place of Birth (State or foreign country) Greensburg In.
Residence Address: Street or R. R. 426 Stuart Dr. City Brownsburg County State In.
Previous Marital Status: Never Married [X] OR
Last Marriage Ended By: Death [ ] Divorce [ ] Annulment [ ]
Date of birth verified by: [X] Birth Certificate [ ] Judicial Decree
[ ] Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes [ ]
   If answer is "yes", has the adjudication been removed? No [ ] Yes [ ]
2. Are you afflicted with a transmissible disease? No [X] Yes [ ]
3. Are you related to the male applicant closer than second cousin? No [X] Yes [ ]
4. Are you now under the influence of intoxicating liquor? No [X] Yes [ ]
5. Are you now under the influence of a narcotic drug? No [X] Yes [ ]
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No [ ] Yes [ ]
   If answer is "yes", it is required that this Application be 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 D. Smith
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Charlene Roberts
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Clarenda Regina Smith
New Address RR3 Box 225Y Brownsburg

Subscribed and sworn to before me this 31 day of Aug., 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, County of HENDRICKS } ss:

Signed x Jerry Douglas Smith Father
Signed x Charlene S. Smith Mother
Subscribed and sworn to before me this ..... day 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* 31 *day of* August, 19 79, *authorizing the joining together as husband and wife* Bruce William Love *and* Clarenda Regina Smith
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glen Jackson *hereby certify that on the* 23 *day of* September, *one thousand nine hundred and* 79 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Bruce William Love *of* Hendricks *County, State of* Indiana *and, Bride* Clarenda Regina Smith *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 23 *day of* Sept, 19 79.

Signed Glen Jackson
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 *day of* September, 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. 421
File 40
8-31-79 Date of Application

MALE
Medical Examination Report Dated 8-25-79
Name of Physician Malcomb O. Scamahorn

FEMALE
Medical Examination Report Dated 8-25-79
Name of Physician Malcolm 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: First Fred Middle Michael Last Garland
Date of Birth: Month November Day 25th Year 1960
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR #1 Box 58, City Pittsboro, County Hendricks, State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Urban Garland
   Residence of father (if deceased so state) RR1 Pittsboro, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Louise Lee Jones
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Fred M. Garland
New Address PO Box 87 Liston

Subscribed and sworn to before me this 31st day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Martha Middle Roseann Last Ridge
Date of Birth: Month Aug Day 24th Year 1962
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 427 N. Maple, City Pittsboro, County Hendricks, State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Antony Ridge
   Residence of father (if deceased so state) RR2, Sheridon, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Jane Merritt
   Residence of mother (if deceased so state) Sheridon, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Martha R. Ridge
New Address Box 87 Liston

Subscribed and sworn to before me this 31st day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed Martha J. Ridge Mother
Subscribed and sworn to before me this 31st day of Aug, 19 79.
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 ..... , 19 79, authorizing the joining together as husband and wife of Indiana dated the 4th day of Sept and Martha Roseann Ridge
Fred Michael Garland
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Sterling Crock hereby certify that on the 8 day of Sept, County of Hendricks, at Liston, one thousand nine hundred and 79 County, State of Indiana, State of Indiana, Groom Fred Michael Garland of Hendricks County, State of Indiana, and, Bride Martha Roseann Ridge of Hamilton County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 8 day of Sept., 19 79. Signed Rev. Sterling Crock
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of Sept., 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. 422

File

8-31-79
Date of Application

MALE
Medical Examination Report Dated 8-28-79
Name of Physician Thomas Walker, M. D.

FEMALE
Medical Examination Report Dated 8-28-79
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: First Richard Middle D. Last Kennedy

Date of Birth: Month 3 Day 22 Year 1922

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 11080 W. Washington St. City Indpls. County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Gary D. Madison Kennedy
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Blanche Spurlin
   Residence of mother (if deceased so state) Indianapolis, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard D Kennedy

New Address 11080 W. Washington St Indpls.

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Eunice Middle Last Mahan

Date of Birth: Month 6 Day 17 Year 1942

Place of Birth (State or foreign country) Illinois (Edwards Co.)

Residence Address: Street or R. R. 11080 W. Washington City Indpls. County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Mabrey
   Residence of father (if deceased so state) Louisville, Ky.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Ethel Kennedy
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Eunice Mahan

New Address 11080 W. Wash. St. Indpls.

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 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 4 day of Sept, 19 79, authorizing the joining together as husband and wife Richard D. Kennedy and Eunice Mahan

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ross E. Vandine hereby certify that on the 5 day of Sept., one thousand nine hundred and 79 at Indianapolis, County of Marion State of Indiana, Groom Richard D Kennedy of Hendricks County, State of Indiana and, Bride Eunice Mahan of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5 day of Sept., 19 79.

Signed Ross E. Vandine

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of Sept., 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. 423

File

8-31-79 Date of Application

MALE
Medical Examination Report Dated 8-29-79
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 8-29-79
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 Kenneth Middle E. Last Davis

Date of Birth: Month 1 Day 7 Year 1953

Place of Birth (State or foreign country) New Castle Ind.

Residence Address: Street or R. R. 475 N. Sheridan City Indpls County Marion State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License 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 Richard Eugene Davis
   Residence of father (if deceased so state) McMinnville, Tenn.
   Birthplace of father (State or foreign country) Burnside Kentucky
9. Full maiden name of mother Irene Emma Meyer
   Residence of mother (if deceased so state) New Castle, Ind.
   Birthplace of mother (State or foreign country) Cambridge City, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kenneth Eugene Davis

New Address 1225 Raymond St. Plfd.

Subscribed and sworn to before me this 31 day of Aug, 19 79.

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Virginia Middle S. Last Maupin

Date of Birth: Month 4 Day 20 Year 1953

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. 1225 Raymond City Plfd. County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers 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 George Washington Maupin
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Lena Lillian Barnett
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Virginia S. Maupin

New Address 1225 Raymond St. Plainfield

Subscribed and sworn to before me this 31 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 6 day of September and Virginia S. Maupin Kenneth E. Davis

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Carlos Gammon hereby certify that on the 8 day of Sept., County of Hendricks, one thousand nine hundred and 79 at Danville County, State of Indiana, State of Indiana, Groom Kenneth E. Davis of Henry County, State of Indiana, and, Bride Virginia Sue Maupin of Hendricks 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 8 day of Sept., 19 79. Signed Carlos Gammon

Official Designation Missionary Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of Sept., 19 79.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

498

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. 423

File

August 31, 1979
Date of Application

MALE
Medical Examination Report Dated 8-30-79
Name of Physician O. Kawrany Md.

FEMALE
Medical Examination Report Dated 8-30-79
Name of Physician O. Kawrany Md.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-13-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Schneider

Date of Birth: Month November Day 12 Year 1912

Place of Birth (State or foreign country) Madison In.

Residence Address: 314 Street or R. R. Welcomeway Dr. City Indpls County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Howard W. Schneider
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jeanette Layton
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William H Schneider
New Address 314 Welcome Way Dr. #102A

Subscribed and sworn to before me this 31 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Alma Middle Faye Last Tipps

Date of Birth: Month October Day 7 Year 1910

Place of Birth (State or foreign country) Morgan Co. In.

Residence Address: 402 Street or R. R. N. Vine City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) #1227 - Voters Reg.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Oliver D. Bryant
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Maude M. Miller
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Morgan Co. In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Alma Faye Dipps
New Address 314 Welcomeway Dr.

Subscribed and sworn to before me this 31 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 4th day of Sept., 19....., authorizing the joining together as husband and wife William H. Schneider and Alma Faye Tipps

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Donald H. Kutch hereby certify that on the 12 day of Sept., one thousand nine hundred and 79 at Marion, County of Hendricks, State of Indiana, Groom William H. Schneider of Marion County, State of Indiana, and, Bride Alma Faye Tipps of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12 day of September, 19 79.

Signed Donald H. Kutch
Official Designation Judge, Marion Co. Small Claims Ct.

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of Sept., 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. 425

File

Aug 31, 1979
Date of Application

MALE
Medical Examination Report Dated Aug 22, 1979
Name of Physician Larry D. Lowe, MD.

FEMALE
Medical Examination Report Dated Aug 22, 1979
Name of Physician Larry D. Lowe, 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 Bobbie Middle C. Last Burke

Date of Birth: Month September Day 8 Year 1958

Place of Birth (State or foreign country) Monroe Co. In.

Residence Address: Street or R. R. 1113 Valley View Dr. City Plainfield County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License - picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes" has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☒
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bobbie C. Burke
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Effie Muriel Heckathorn
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bobbie C. Burke

New Address 1113 Valley View Dr. Apt 4

Subscribed and sworn to before me this 31 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sandra Middle Kay Last Jones

Date of Birth: Month April Day 4 Year 1957

Place of Birth (State or foreign country) Monroe Co. In.

Residence Address: Street or R. R. 1113 Valley View Dr. City Plfd. County In. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) .....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Owen Jones
   Residence of father (if deceased so state) Bloomington, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Doris Louise Bush
   Residence of mother (if deceased so state) Bloomington, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sandra Kay Jones

New Address 1113 Valley View Dr. Apt 4

Subscribed and sworn to before me this 31 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 ..... HENDRICKS ..... 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 6 day of September, 1979, authorizing the joining together as husband and wife Bobbie C. Burke and Sandra Kay Jones

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Donald Endsley hereby certify that on the 8 day of Sept, one thousand nine hundred and 79 at Mooresville, County of Hendricks, State of Indiana, Groom Bobbie C. Burke of Hendricks County, State of Indiana, and, Bride Sandra Kay Jones of Hendricks County, State of Indiana, were by me united 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 Sept, 19 79. Signed Donald Endsley

Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of ....., 19 79.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

500

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. 426

File

9-4-79
Date of Application

MALE
Medical Examination Report Dated 8/31/79
Name of Physician Joseph Kerlen

FEMALE
Medical Examination Report Dated 8/31/79
Name of Physician Joseph Kerlen

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 Carey Middle Brent Last Chalfant

Date of Birth: Month 5 Day 20 Year 1959

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: 219 High St. Danville 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dale Edward Chalfant
   Residence of father (if deceased so state) Danville, Indiana
   Birthplace of father (State or foreign country) Muncie, Ind.
9. Full maiden name of mother Janet Gayle Ayers
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Pittsboro Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Carey B. Chalfant
New Address 219 N. High St.

Subscribed and sworn to before me this 4 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Theresa Middle Ann Last Wright

Date of Birth: Month 9 Day 30 Year 1958

Place of Birth (State or foreign country) Beech Grove, Ind.

Residence Address: 219 E. High Danville 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) Drivers 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.
   Kristopher Alan Wright

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Edward Bailey
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Thomasine McFeeley
   Residence of mother (if deceased so state) Danville, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Theresa A. Wright
New Address 219 N. High, Danville

Subscribed and sworn to before me this 4 day of Sept, 19 79.

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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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* 8th *day of* Sept., 19 79, *authorizing the joining together as husband and wife* Carey Brent Chalfant *and* Theresa Ann Wright

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* 8 *day of* Sept., *one thousand nine hundred and* 79 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Carey Brent Chalfant *of* Hendricks *County, State of* Indiana *and, Bride* Theresa Annn Wright *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 8 *day of* Sept., 19 79

Signed Dr. Joseph D. Stump
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* Sept., 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. 427
File 40
9-4-79 Date of Application

MALE
Medical Examination Report Dated 8-16-79
Name of Physician R. W. Kirtley

FEMALE
Medical Examination Report Dated 8-16-79
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 James Middle A. Last Flowers
Date of Birth: Month June Day 9 Year 34
Place of Birth (State or foreign country): Springfield Oklahoma
Residence Address: Street or R. R. R#1 City Pittsboro County In. State

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers 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 Ruben Frank Flowers
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Oklahoma
9. Full maiden name of mother Bertha Faye Jones
   Residence of mother (if deceased so state) Grand Saline, Texas
   Birthplace of mother (State or foreign country) Oklahoma

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x James A. Flowers
New Address R.R. 1 Box 279 Pittsboro

Subscribed and sworn to before me this 4 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Cheryl Middle L. Last Wolfe
Date of Birth: Month July Day 17 Year 49
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. R#1 City Pittsboro County State In.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Kirby
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jane Williams
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) New Jersey

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Cheryl Wolfe
New Address R#1, Box 279 Pittsboro

Subscribed and sworn to before me this 4 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 4 day of Sept, 19 79, authorizing the joining together as husband and wife James A. Flowers and Cheryl L. Wolfe

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Gary M. Mantooth hereby certify that on the 8 day of Sept, one thousand nine hundred and 79 at Pittsboro, County of Hendricks, State of Indiana, Groom James A. Flowers of Hendricks County, State of Indiana, and, Bride Cheryl L. Wolfe 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 8 day of Sept, 19 79. Signed Gary M. Mantooth
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of Sept, 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. 428

File

Sept. 5, 1979
Date of Application

MALE
Medical Examination Report Dated 8-15-79

Name of Physician Joseph Kirlin

FEMALE
Medical Examination Report Dated Aug. 15, 1979

Name of Physician Joseph Kirlin

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 Alfred Last Schrage

Date of Birth: Month Oct Day 14 Year 1956

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 1003 Valley View Dr., City Plainfield, County, State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Schrage
   Residence of father (if deceased so state) Brusi, Ill.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Alice Huelsmann
   Residence of mother (if deceased so state) Brusi, Ill.
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James A Schrage

New Address 1003 Valley View Dr #3, Plnfld Ind

Subscribed and sworn to before me this 5 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Carole Middle Lee Last Lawson

Date of Birth: Month April Day 19 Year 1958

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 589 W. Mill, City Danville, County, State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Russell T. Lawson
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Inez Talsman
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carole L Lawson

New Address 1003 Valley View Dr #3 Plfd.

Subscribed and sworn to before me this 5 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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* Sept, 19....., *authorizing the joining together as husband and wife* James Alfred Schrage *and* Carole Lee Lawson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Stanley A. Johnson *hereby certify that on the* 15 *day of* September, *one thousand nine hundred and* 79 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* James Alfred Schrage *of* Hendricks *County, State of* Indiana *and, Bride* Carole Lee Lawson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 15 *day of* September, 19 79

Signed Stanley A. Johnson

Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* September, 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. 429

File

9-6-79 Date of Application

MALE
Medical Examination Report Dated 9-5-79
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 9-5-79
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: First Denny Middle R. Last Parker

Date of Birth: Month 9 Day 4 Year 1954

Place of Birth (State or foreign country) Enoch Ind.

Residence Address: Street or R. R. RR 1 Box 37 City Fillmore County Putnam State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License & picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Claiburn Parker
   Residence of father (if deceased so state) Fillmore Ind.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Jessie Lucille Dyer
   Residence of mother (if deceased so state) Fillmore Ind.
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Denny Parker
New Address RR 1 Box 194 Danville

Subscribed and sworn to before me this 6 day of September 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Janice Middle K. Last Stepp

Date of Birth: Month 10 Day 9 Year 1949

Place of Birth (State or foreign country) Wood River Illinois

Residence Address: Street or R. R. RR 1 Box 194 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 & 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.
   Steven Wade Stepp

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dwight Melvin
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Lenora May Maynard
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Janice Stepp
New Address RR I Box 194 Danville

Subscribed and sworn to before me this 6 day of September 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 HENDRICKS Circuit Court, 19 79, authorizing the joining together as husband and wife of Indiana dated the 10 day of Spet. and Janice K. Stepp Denny R. Parket

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glen M. Harvey hereby certify that on the 10 day of Sept. one thousand nine hundred and 79 at Danville County of Hendricks, State of Indiana, Groom Denny R. Parker of Putnam County, State of Indiana, and, Bride Janice K. Stepp of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10 day of Sept., 19 79 Signed Glen M. Harvey

Official Designation Clerk Hendricks Co.

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of Sept., 19 79

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

504

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. 430
File 40
9-6-79
Date of Application

MALE
Medical Examination Report Dated 9-4-79
Name of Physician Glen V. Ryan

FEMALE
Medical Examination Report Dated 9-4-79
Name of Physician Glen V. Ryan

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 Robert Last Fanning
Date of Birth: Month June Day 4 Year 1959
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 437 Chatham, City Brownsburg, County Hendricks, State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) # 59-251373

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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) 437 Chatham Dr, B'Burg, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Zelda I. Kramer
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James R Fanning
New Address 22 Melton Dr. Mooresville
Subscribed and sworn to before me this 6th day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Cheryl Middle Rae Last Leisen
Date of Birth: Month Jan. Day 25 Year 1960
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 15 Melton Dr., City Mooresville, County Morgan, 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) #113-60-012679

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Don R. Leisen
   Residence of father (if deceased so state) Mooresville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dora M. Miller
   Residence of mother (if deceased so state) Ohio
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cheryl Rae Leisen
New Address same
Subscribed and sworn to before me this 6th day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior #2 Court by written order issued 3-day Waiver and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 6th *day of* Sept. *, 19* 79 *, authorizing the joining together as husband and wife* James Robert Fanning *and* Cheryl Rae Leisen

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Robert J. Gilday *hereby certify that on the* 8 *day of* Spet. *, one thousand nine hundred and* 79 *at* Brownsburg *, County of* Hendricks *, State of Indiana, Groom* James Robert Fanning *of* Hendricks *County, State of* Indiana *and, Bride* Cheryl Rae Leisen *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 8 *day of* Sept. *, 19* 79.

Signed Robert J. Gilday
Official Designation Asso. Pastor, St. Malachy Church

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* Sept. *, 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. 431
File 40
9-6-79
Date of Application

MALE
Medical Examination Report Dated 8-31-79
Name of Physician David B. Naggaud

FEMALE
Medical Examination Report Dated 8-31-79
Name of Physician David B. Naggaud

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 Gary Middle Lynn Last Marshall
Date of Birth: Month Jan. Day 24 Year 53
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 224 N. East, City Plainfield, County Hend., State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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 Cleo Allen Marshall
   Residence of father (if deceased so state) Wisconsin
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elenora Louise Winings
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gary L. Marshall
New Address 224 N. East St. Plainfield
Subscribed and sworn to before me this 6th day of Sept., 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Vicki Middle Kay Last Keihn
Date of Birth: Month Sept. Day 2[illegible] Year 1957
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 224 N. East, City Plainfield, County Hend., State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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 Clifford Thomas Keihn
   Residence of father (if deceased so state) 221 Rushville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Geneiva Jewell Pierce
   Residence of mother (if deceased so state) Dana
   Birthplace of mother (State or foreign country) ~~Indiana~~ Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Vicki Keihn
New Address 224 N. East St. Plnfld.
Subscribed and sworn to before me this 6th day of Sept., 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 ..... Circuit Court of Indiana dated the 10th day of Sept., 19 79, authorizing the joining together as husband and wife Gary Lynn Marshall and Vicki Kay Keihn

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Charles G. Justice hereby certify that on the 15 day of September, one thousand nine hundred and 79 at First Church of God, County of Rush, State of Indiana, Groom Gary Lynn Marshall of Hendricks County, State of Indiana, and, Bride Vicki Kay Keihn of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10 day of September, 19 79. Signed Charles G. Justice
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of September, 19 79
Signed Glen M Harvey Clerk HENDRICKS Circuit Court

506

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. 432

File

Sept. 7, 1979
Date of Application

MALE
Medical Examination Report Dated 9-6-79
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 9-6-79
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 Dean Middle Franklin Last Turner Jr.

Date of Birth: Month Sept. Day 19 Year 1956

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1198 Dan Jones Rd. City Plainfield County — State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dean F. Turner, Sr.
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Carolyn Gabel
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dean F. Turner Jr

New Address 1198 DAN JONES RD. PLAINFIELD

Subscribed and sworn to before me this 7 day of Sept, 19 79.

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Cynthia Middle Ann Last Ward

Date of Birth: Month Jan Day 5 Year 1956

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. Rt 3 Box 253 City Brownsburg County — State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Linton L. Ward
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Marilyn Johnson
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cynthia Ann Ward

New Address 1198 Dan Jones Rd. Plainfield

Subscribed and sworn to before me this 7 day of Sept., 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 11th *day of* Sept, 19 79, *authorizing the joining together as husband and wife* Dean Franklin Turner, Jr. *and* Cynthis Ann Ward

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jeffrey Scott Corey *hereby certify that on the* 15th *day of* September, *one thousand nine hundred and* 79 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Dean Franklin Turner, Jr. *of* Hendricks *County, State of* Indiana *and, Bride* Cynthia Ann Ward *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 15 *day of* September, 19 79.

Signed Jeffery Scott Corey

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* September, 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. 433
File 40
9-10-79 Date of Application

MALE
Medical Examination Report Dated 9-7-79
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 9-7-79
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: First Robert Middle Paul Last Turner

Date of Birth: Month April Day 16 Year 1961

Place of Birth (State or foreign country) Glasco Ky.

Residence Address: Street or R. R. RR1 Box 71 City Jamestown County — State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 T. Turner
   Residence of father (if deceased so state) Lafayette, In.
   Birthplace of father (State or foreign country) Glasco, Kentucky
9. Full maiden name of mother Elizabeth Ann Batchler
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Robert Paul Turner
New Address P.O. Box 71 Jamestown

Subscribed and sworn to before me this 10 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Christie Middle Ann Last Kerby

Date of Birth: Month July Day 19 Year 1962

Place of Birth (State or foreign country) Portland Oregon

Residence Address: Street or R. R. R.D. Box 71 City Jamestown County — State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Kerby
   Residence of father (if deceased so state) Portland, Oregon
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Barbara J. Killion
   Residence of mother (if deceased so state) Lizton, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Christie Ann Kerby
New Address P.O. Box 71 Jamestown

Subscribed and sworn to before me this 10 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father
X Signed Barbara J Sorenson Mother
Subscribed and sworn to before me this ..... day 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 ..... 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 14 day of Sept, 19 79, authorizing the joining together as husband and wife Robert Paul Turner and Christie Ann Kerby

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph G. Wick hereby certify that on the 14 day of Sept, one thousand nine hundred and 79 at Lafayette, County of Tippecanoe, State of Indiana, Groom Robert Paul Turner of Boone County, State of Indiana, and, Bride Christie Ann Kerby 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 14 day of Sept, 19 79. Signed Joseph G. Wick
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of Sept, 19 79.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

508

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. 434

File

9-10-79
Date of Application

MALE
Medical Examination Report Dated 9-9-79
Name of Physician Thomas Walker M.d.

FEMALE
Medical Examination Report Dated 9-9-79
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: First William Middle E. Last Goens Jr.

Date of Birth: Month Nov. Day 24 Year 1961

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 3403 S. Smith City Indpls. County Indpls. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licenses.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William B. Goens Sr.
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith Ann Higgins
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✗ William B. Goens Jr.

New Address

Subscribed and sworn to before me this 10th day of Sept, 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, County of HENDRICKS } ss:

Signed ✗ William B. Goens Sr. Father

Signed ✗ Judith Ann Goens Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Theresa Middle L. Last Ingle

Date of Birth: Month Jul Day 1 Year 1963

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 420 Rodney City Brownsburg County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George Harrison Ingle.
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Ann Oliphant
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✗ Theresa L. Ingle

New Address

Subscribed and sworn to before me this 10th day of Sept, 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, County of HENDRICKS } ss:

Signed ✗ George Harrison Ingle Father

Signed ✗ Shirley Ann Ingle Mother

Subscribed and sworn to before me this day 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 of ~~Dec~~ Aug was filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10 *day of* Sept. , 19 79 *authorizing the joining together as husband and wife* William B. Goens, Jr. *and* Theresa L. Ingle

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer *hereby certify that on the* 10 *day of* Sept. , *one thousand nine hundred and* 79 *at* Danville , *County of* Hendricks , *State of Indiana, Groom* William B. Goens, Jr. *of* Hendricks *County, State of* Indiana *and, Bride* Theresa Lynn 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.*

Dated this 10 *day of* Sept. , 19 79

Signed John C. Mowrer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* Sept. , 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. 435

File

September 10, 1979
Date of Application

MALE
Medical Examination Report Dated 9-9-79
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 9-9-79
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: First Ronald Middle L. Last Beaman

Date of Birth: Month May Day 24 Year 1948

Place of Birth (State or foreign country) Indianapolis Marion Co. In.

Residence Address: Street or R. R. R.R. #1 Box 429 City Avon County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Marc Alan Beaman
   Brian Keith "
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 Beaman
   Residence of father (if deceased so state) Avon, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Ethel Lloyd
   Residence of mother (if deceased so state) Avon, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Ronald L Beaman
New Address RT #1 Box 429

Subscribed and sworn to before me this 10 day of September 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sheila Middle J. Last Jones

Date of Birth: Month April Day 28 Year 1958

Place of Birth (State or foreign country) Marion Co. In.

Residence Address: Street or R. R. 1741 Hanlon City Edgle County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Herbert Lamar Jones
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Joan Haulk
   Residence of mother (if deceased so state) Indianapolis In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Sheila Jones
New Address RR 1st Box 429.

Subscribed and sworn to before me this 10 day of September 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 ....., 19 79, authorizing the joining together as husband and wife of Indiana dated the 14th day of Sept. and .....

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ... hereby certify that on the ..... day of ....., at ....., County of ....., one thousand nine hundred and ..... of ....., County, State of ....., State of Indiana, Groom ..... of ....., County, State of ....., and, Bride ..... were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this ..... day of ....., 19..... Signed .....

Official Designation .....

Filed and recorded in accordance with the laws of the State of Indiana this ..... day of ....., 19..... Clerk

Signed ..... HENDRICKS Circuit Court

510

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. 436

File

Sept. 10, 1979
Date of Application

MALE
Medical Examination Report Dated 9-6-79
Name of Physician R.W. Louden MD.

FEMALE
Medical Examination Report Dated 9-6-79
Name of Physician R. W. Louden, 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 Michael Middle A. Last Gony

Date of Birth: Month April Day 30 Year 1947

Place of Birth (State or foreign country) Danville City Vermillion County Ill. State

Residence Address: Street or R. R. 710 Ironwood Dr. City Plainfield County Hen. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers license (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Victor Henrie Gony
   Residence of father (if deceased so state) Danville, Ill.
   Birthplace of father (State or foreign country) Farmer City, Ill.
9. Full maiden name of mother Florena Gertrude Garrett
   Residence of mother (if deceased so state) Danville Ill.
   Birthplace of mother (State or foreign country) Terre Haute, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael A. Gony

New Address 710 Ironwood Dr.

Subscribed and sworn to before me this 10 day of September 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Michelle Middle J. Last Lash

Date of Birth: Month March Day 29 Year 1951

Place of Birth (State or foreign country) Des Moines Iowa

Residence Address: Street or R. R. 710 Ironwood Dr. City Plainfield County Hen. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers license (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Christopher Scott Lash
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Francis Sheehan
   Residence of father (if deceased so state) Bartlett, Ill.
   Birthplace of father (State or foreign country) Massachusetts
9. Full maiden name of mother Joan Makosky
   Residence of mother (if deceased so state) Bartlett, Ill.
   Birthplace of mother (State or foreign country) Orange, N.J.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michelle J. Lash

New Address 710 Ironwood Dr.

Subscribed and sworn to before me this 10 day of September 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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* 14 *day of* Sept, 19 79, *authorizing the joining together as husband and wife* Michael A. Gony *and* Michelle J. Lash

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Wendell W. Mayer *hereby certify that on the* 14 *day of* September, *one thousand nine hundred and* 79 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Michael A. Gony *of* Hendricks *County, State of* Indiana, *and, Bride* Michelle J. Lash *of* Hendricks *County, State of* Indiana, *were by me united 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* September, 19 79

Signed Wendell W. Mayer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* September, 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. 437

File

9-11-79 Date of Application

MALE
Medical Examination Report Dated 9-11-79
Name of Physician Ronald K. Stegemoller

FEMALE
Medical Examination Report Dated 9-11-79
Name of Physician Ronald K. 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 Kevin Middle D. Last Carlton.

Date of Birth: Month 1 Day 28. Year 1960

Place of Birth (State or foreign country) Lebanon, Indiana

Residence Address: Street or R. R. 1052 E. Morris City Plfd. County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers 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 George Edward Carlton
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Doris Eileen Mastor
   Residence of mother (if deceased so state) Plainfield, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kevin D. Carlton
New Address Plainfield, Ind.

Subscribed and sworn to before me this 11 day of September, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Katherine Middle D. Last Davis

Date of Birth: Month 1 Day 14 Year 1960

Place of Birth (State or foreign country) Arcola Ind.

Residence Address: Street or R. R. 132 Sheffield 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 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 Harold Aaron Davis
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Beverly Joann Davis
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Katherine D. Davis
New Address Plainfield Ind.

Subscribed and sworn to before me this 11 day of September, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 ..... HENDRICKS ..... 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 September, 1979, authorizing the joining together as husband and wife Kevin D. Carlton and Katherine D. Davis

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. R. B. Acheson hereby certify that on the 22 day of Sept., one thousand nine hundred and 79 at Indianapolis, County of Marion, State of Indiana, Groom Kevin D. Carlton of Hendricks County, State of Indiana, and, Bride Katherine D. Davis of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 22 day of September, 1979. Signed R. B. Acheson

Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of September, 1979

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

512

pick up date Friday for Saturday

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

APPLICATION FOR MARRIAGE LICENSE

No. 438

File 40

HENDRICKS County

9-11-79
Date of Application

MALE
Medical Examination Report Dated 8-28-79
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 8-28-79
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 Harold Middle L. Last Sullivan

Date of Birth: Month Aug. Day 8 Year 1928

Place of Birth (State or foreign country) Oklahoma

Residence Address: Street or R. R. 3603 Clarks Creek Rd. City Indpls. County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jeff Sullivan
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Alabama
9. Full maiden name of mother Mary Estes
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Mississippi

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Harold L Sullivan

New Address 3603 Clarks Creek Rd. Indpls,

Subscribed and sworn to before me this 11th day of Sept., 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, County of } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Donna Middle Mae Last Lashbrook

Date of Birth: Month May Day 9 Year 1920

Place of Birth (State or foreign country) Minnesota

Residence Address: Street or R. R. 1723 Black Oak Dr. City Plainfield, County Hend, State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Eden
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Minnie Burton
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Wisconsin

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donna Mae Lashbrook

New Address 3603 Clark's Creek Rd, Indp

Subscribed and sworn to before me this 11th day of Sept., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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* 14 *day of* Sept., 19 79., *authorizing the joining together as husband and wife* Harold L. Sullivan *and* Donna Mae Lashbrook

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James D. Wilson *hereby certify that on the* 15 *day of* ....., *one thousand nine hundred and* 79 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Harold L. Sullivan *of* Hendricks *County, State of* Indiana *and, Bride* Donna Mae Lashbrook *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 15 *day of* Sept., 19 79.

Signed James D. Wilson

Official Designation Minister Society of Friends

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* Nov., 19 79.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Re-MARRIAGE

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. 439

File

9-12-79 Date of Application

MALE
Medical Examination Report Dated 9-10-79
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 9-10-79
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 Donnie Middle — Last Jones

Date of Birth: Month April Day 21 Year 1948

Place of Birth (State or foreign country) Danny, Kentucky

Residence Address: Street or R. R. RR 1 Bx 141, City Danville, County Hendricks, State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license 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.
   Donna Sue Jones
   Lynelle Marie Jones
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be 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 Jones
   Residence of father (if deceased so state) Michigan
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Amina Stumbo
   Residence of mother (if deceased so state) Logansport, Ind.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Donnie Jones

New Address RR1 Box 141 Danville Ind.

Subscribed and sworn to before me this 12 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Linda Middle Sue Last Jones

Date of Birth: Month Oct. Day 19 Year 1948

Place of Birth (State or foreign country) Bethel, Kentucky

Residence Address: Street or R. R. RR1 Bx 141, City Danville, County Hendricks, State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Odus Rice
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Marie Hamilton
   Residence of mother (if deceased so state) Danville, Ind.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda Sue Jones

New Address RR1 Box 141 - Danville

Subscribed and sworn to before me this 12 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 17th day of Sept, 19 79, authorizing the joining together as husband and wife Donnie Jones and Linda Sue Jones

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 17 day of Sept. at Danville, County of Hendricks, one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom Donnie Jones of Hendricks, County, State of Indiana, and, Bride Linda Sue Jones of Hendricks, County, State of Indiana, were by me united 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 Sept., 19 79.

Signed John C. Mowrer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of Sept, 19 79.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

514

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. 440

File

Sept 13 1979
Date of Application

MALE
Medical Examination Report Dated 9-11-79
Name of Physician Wm Edwards

FEMALE
Medical Examination Report Dated 9-11-79
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: First Howard Middle Gordon Last Little

Date of Birth: Month Oct Day 22 Year 1923

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RT 3 Box 349 City Clayton County — State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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.
   Bruce Little
   David Little
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Little
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Ruth Woods
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Howard Gordon Little

New Address R3 Box 349 Clayton IN 46118

Subscribed and sworn to before me this 13 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Elizabeth Middle L. Last Masterson

Date of Birth: Month May Day 30 Year 1954

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Box 128 City Clayton County — State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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 Charles Bear
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Gladys Wolf
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Elizabeth L Masterson

New Address R 3 Box 349 - Clayton Ind 46

Subscribed and sworn to before me this 13 day of Sept., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 13th day of Sept., 19 79, authorizing the joining together as husband and wife Howard Gordon Little and Elizabeth L. Masterson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Paris D. Franz hereby certify that on the 22 day of September, one thousand nine hundred and 79 at Clayton, County of Hendricks, State of Indiana, Groom, Howard Gordon Little of Hendricks County, State of Indiana, and, Bride Elizabeth L. Masterson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 22 day of Sept., 19 79.

Signed Paris D. Franz

Official Designation Pastor - United Presbyterian Church

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of Sept., 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. 441

File

September 13, 1979
Date of Application

MALE
Medical Examination Report Dated Aug 17, 79
Name of Physician James Black

FEMALE
Medical Examination Report Dated Aug 17, 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: First Gary Middle Stephen Last Linton

Date of Birth: Month Nov. Day 9 Year 1954

Place of Birth (State or foreign country) Lebanon In.

Residence Address: Street or R. R. R R #1 Box 243 City Linton 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) 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 Marion E. Linton
   Residence of father (if deceased so state) Linton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Edith Leach
   Residence of mother (if deceased so state) Linton, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Gary S Linton

New Address

Subscribed and sworn to before me this 13th day of September 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Pamela Middle Susan Last Meadows

Date of Birth: Month May Day 24 Year 1954

Place of Birth (State or foreign country) Huntington West Virginia

Residence Address: Street or R. R. 6660 Valley Mills City Indpls. County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Meadows
   Residence of father (if deceased so state) Brownsburg
   Birthplace of father (State or foreign country) West Virginia
9. Full maiden name of mother Cecilia Engle
   Residence of mother (if deceased so state) Brownsburg, In
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Pamela S Meadows

New Address

Subscribed and sworn to before me this 13th day of September 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 ....., 19 79, authorizing the joining together as husband and wife of Indiana dated the 20 day of Sept and Gamela Susan Meadows Gary Stephen Linton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Charles G. Burnside hereby certify that on the 3 day of November, County of Hendricks one thousand nine hundred and 79 at Brownsburg, County, State of Indiana State of Indiana, Groom Gary Stephen Linton of Marion County, State of Indiana and, Bride Gamela Susan Meadows of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3 day of November, 19 79. Signed Charles G. Burnside

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of November, 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. 442

File

Sept 14 1979
Date of Application

MALE
Medical Examination Report Dated 9-12-79
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 9-12-79
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 Frankie Middle J. Last Hren

Date of Birth: Month 9 Day 10 Year 57

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. RR #8 Box 251H City Indpls. County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Frank Louis Hren
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma Jean Petty
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Frankie J Hren

New Address 1104 Pierce Dr

Subscribed and sworn to before me this 14th day of Sept., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Karen Middle S. Last Olinger

Date of Birth: Month 6 Day 6 Year 1960

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 511 W. Josup Rd. City Pfld. 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 Burton W. Olinger
   Residence of father (if deceased so state) Virginia
   Birthplace of father (State or foreign country) Plainfield, In.
9. Full maiden name of mother Mary E. White
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Karen S Olinger

New Address 1104 Pierce Dr.

Subscribed and sworn to before me this 14th day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 18 day of September, 19 79, authorizing the joining together as husband and wife Frankie J. Hren and Karen S. Olinger

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Vernon Smalling hereby certify that on the 22 day of Sept., one thousand nine hundred and 79 at Indianapolis, County of Marion, State of Indiana, Groom Frankie Hren of Hendricks County, State of Indiana, and, Bride Karen S. Olinger of Hendricks County, State of Indiana, were by me united 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 September, 19 79.

Signed Vernon Smalling

Official Designation Ordained Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of October, 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. 443
File 40
9-14-79
Date of Application

MALE
Medical Examination Report Dated 9-11-79
Name of Physician J. Thomas Vieira

FEMALE
Medical Examination Report Dated 9-11-79
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: First Dennis Middle J. Last Nelson
Date of Birth: Month June Day 10 Year 1957
Place of Birth (State or foreign country) Salem Indiana
Residence Address: Street or R. R. 8516 Fade Lane City Indianapolis County In. State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's Lic. w/photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. Nelson
   Residence of father (if deceased so state) Salem, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sharon Rose Cauble
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Dennis James Nelson
New Address 5613 Portsmouth Ave Indy
Subscribed and sworn to before me this 14 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Sally Middle L. Last Kelly
Date of Birth: Month July Day 14 Year 1957
Place of Birth (State or foreign country) Greencastle In.
Residence Address: Street or R. R. 125 N. Vine City Plainfield County In. State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hubert Kelly
   Residence of father (if deceased so state) Vine St. Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Dean Brown
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Sally Lou Kelly
New Address 5613 Portsmouth Ave. Indy.
Subscribed and sworn to before me this 14 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 ..... Circuit Court of Indiana dated the 18 day of September, 19 79, authorizing the joining together as husband and wife Dennis J. Nelson and Sally L. Kelly

Be it further remembered the following marriage certificate was filed in my office, to-wit:

I, Marc S. Hays hereby certify that on the 21 day of Sept. at Plainfield, County of Hendricks, one thousand nine hundred and 79 at Marion County, State of Indiana, State of Indiana, Groom Dennis J. Nelson of Marion County, State of Indiana, and, Bride Sally L. Kelly 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 25 day of Sept., 19 79. Signed Marc S. Hays
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of Sept., 19 79
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

518

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. 444

File

Sept. 14, 1979
Date of Application

MALE
Medical Examination Report Dated 9-12-79
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 9-12-79
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: First Michael Middle A. Last Young

Date of Birth: Month Oct. Day 10 Year 1960

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 513 Linden Lane City Plainfield County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Calvin D. Young, Jr.
   Residence of father (if deceased so state) Cincinnati, Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Rita Olsen
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael A Young

New Address 3+ Devens, Mass

Subscribed and sworn to before me this 14 day of Sept., 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, County of ..... } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Becky Middle Lynn Last Shaw

Date of Birth: Month Oct. Day 13 Year 1962

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 9202 Delaware Dr. City Indpls County Marion State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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. Michael David Shaw

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Larry Shaw
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Mo.
9. Full maiden name of mother Sandra Niece
   Residence of mother (if deceased so state) Prairie Creek, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correc

Signed Becky L. Shaw

New Address Ft. Devens, Mass.

Subscribed and sworn to before me this 14 day of Sept., 19 7

Glen M. Harvey Clerk HENDRICKS Circuit Co

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one par signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Fa

Signed ..... M

Subscribed and sworn to before me this ..... day of ....., 19

.....

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, HENDRICKS County Court by written order issued 3 days ago waivers and filed in Clerk's 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 Sept, 19 79, authorizing the joining together as husband and wife Michael A. Young and Becky Lynn Shaw

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Richard J. Groover hereby certify that on the 14 day of Sept., one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom Michael A. Young of Hendricks County, State of Indiana, and, Bride Becky Lynn Shaw of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14 day of Sept., 19 79.

Signed Richard J. Groover

Official Designation Judge Pro Tem, Superior #1

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of Sept., 19 79.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

518

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. 444

File

Sept. 14, 1979
Date of Application

MALE
Medical Examination Report Dated 9-12-79
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 9-12-79
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: First Michael Middle A. Last Young

Date of Birth: Month Oct. Day 10 Year 1960

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 513 Lenora Lane City Mansfield County Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Calvin D. Young, Jr.
   Residence of father (if deceased so state) Cincinnati, Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Rita Olsen
   Residence of mother (if deceased so state) Mansfield, Ind.
   Birthplace of mother (S

State of Indiana,
County of HEN

New

Subscribed and sworn

Glen

CONSENT OF PARE

We, the parents, of

signs, state facts wh

State of Indiana,
County of

Subscribed and sw

FEMALE APPLICANT

Name: First Becky Middle Lynn Last Shaw

Date of Birth: Month Oct. Day 13 Year 1962

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 9202 Galaxie Dr. City Naples County Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Michael David Shaw

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Larry Shaw
   Residence of father (if deceased so state) Naples, Ind.
   Birthplace of father (State or foreign country) Mo.
9. Full maiden name of mother Sandra Niece
   Residence of mother (if deceased so state) Prairie Creek, Ind.
   Birthplace of mother (State or foreign country) Ind.

information given

I, Larry M. Shaw, hereby give my consent for Glen M Harvey HEND. CO. CLERK my daughter, Becky Lynn Shaw to marry Michael Anthony Young.

Larry M Shaw
Larry M. Shaw

Subscribed and sworn to before me this 14th day of September 19 79.

Vicki L Rogers

Vicki L. Rogers, Notary Public for Johnson County
My commission expires May 13, 1983

FILED
SEP 14 1979
Glen M Harvey
CLERK

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. If marriage

HENDRICKS County Court by written order issued 3 days waiver and filed

in Clerks authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14 *day of* Sept, 19 79, *authorizing the joining together as husband and wife* Michael A. Young *and* Becky Lynn Shaw

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Richard J. Grower, *hereby certify that on the* 14 *day of* Sept., *one thousand nine hundred and* 79 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Michael A. Young *of* Hendricks *County, State of* Indiana, *and, Bride* Becky Lynn Shaw *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 14 *day of* Sept., 19 79.

Signed Richard J. Grower

Official Designation Judge Pro Tem, Superior #1

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* Sept., 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. 445
File 40
9-14-79 Date of Application

MALE
Medical Examination Report Dated 9-5-79
Name of Physician Wm. A. Edwards

FEMALE
Medical Examination Report Dated 9-5-79
Name of Physician Wm. A. 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 Gary Middle Allen Last Brinkman
Date of Birth: Month November Day 10 Year 1957
Place of Birth (State or foreign country) Indianapolis In
Residence Address: Street or R. R. 5911 West Lake Dr. City Indianapolis County State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Allen Brinkman
   Residence of father (if deceased so state) RR 8 Indpls. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Thelma Jean Wilson
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Gary Allen Brinkman
New Address 5911 West Lake Dr. Apt. #D Indpls 46254
Subscribed and sworn to before me this 14 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Tamara Middle Leigh Last Robertson
Date of Birth: Month April Day 27 Year 1958
Place of Birth (State or foreign country) Beech Grove In.
Residence Address: RR 3 Box 69 City Danville County In. State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Wm. Robertson
   Residence of father (if deceased so state) Lynhurst Dr., Indpls., In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Anna Mae McKenzie
   Residence of mother (if deceased so state) RR 3 Danville, In.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Tamara Leigh Robertson
New Address 5911 West Lake Dr, Apt D, Indpls
Subscribed and sworn to before me this 14 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 ..... HENDRICKS 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 ....., 19 79, authorizing the joining together as husband and wife of Indiana dated the 21st day of Sept. and Gary Allen Brinkman and Tamara Leigh Robertson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Wm. A. Hendricks hereby certify that on the 29 day of Sept. at Washington Township County of Hendricks one thousand nine hundred and 79 of Marion County, State of Indiana, State of Indiana, Groom Gary Allen Brinkman of Hendricks County, State of Indiana, and, Bride Tamara Leigh Robertson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21 day of Sept., 19 79. Signed Rev. Wm. A. Hendricks
Official Designation Pastor, Avon Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of October, 19 79. Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

520

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. 446
File 40
9-14-79
Date of Application

MALE
Medical Examination Report Dated 10-3-79
Name of Physician R. L. Schobert

FEMALE
Medical Examination Report Dated 8-20-79
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: First Daniel Middle L Last Ballard
Date of Birth: Month 1 Day 13 Year 59
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. PO Box 328 City Brownsburg County Hendricks State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Armed forces Indentification 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 Jon Ballard
   Residence of father (if deceased so state) Box 328 Brownsburg, Ind.
   Birthplace of father (State or foreign country) Idaho
9. Full maiden name of mother June Waggoner
   Residence of mother (if deceased so state) Box 328 Brownsburg, Ind
   Birthplace of mother (State or foreign country) Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Daniel L Ballard
New Address Mobile Alabama

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Melissa Middle Ann Last Webb
Date of Birth: Month Nov. Day 27 Year 1959
Place of Birth (State or foreign country) Texas
Residence Address: Street or R. R. RR 3 Box LT 22, City Brownsburg, County Hend, State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) #51572

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Clayton Webb
   Residence of father (if deceased so state) RR 3 Box LT 22, Brownsburg, I
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phyllis Ann Van Meter
   Residence of mother (if deceased so state) same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Melissa Ann Webb
New Address Mobile, Alabama

Subscribed and sworn to before me this 14th day of Sept., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 18 day of Oct., 19 79, authorizing the joining together as husband and wife Daniel L. Ballard and Melissa Ann Webb

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 October, one thousand nine hundred and 79 at Brownsburg, County of Hendricks, State of Indiana, Groom Daniel Thomas Ballard, of Hendricks County, State of Indiana, and, Bride Melissa Ann Webb of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18 day of October, 19 79.

Signed Clifford L. Carmichael
Official Designation United Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of October, 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. 447

File 40

9-17-79 Date of Application

MALE
Medical Examination Report Dated 9-10-79
Name of Physician James Black

FEMALE
Medical Examination Report Dated 9-10-79
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 Timothy Middle J. Last Wonnell

Date of Birth: Month March Day 21 Year 1956

Place of Birth (State or foreign country): Indianapolis In.

Residence Address: Street or R. R. 4950 Rue Valle City Indianapolis County In. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Elmer Christ
   Residence of father (if deceased so state) Martinsville, In.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Jean Huber
   Residence of mother (if deceased so state) Martinsville, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Timothy Jay Wonnell

New Address Apt. 11 4950 Rue Valle Indpls. In

Subscribed and sworn to before me this 17 day of Sept., 19 79.

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Christine Middle D. Last Johnston

Date of Birth: Month June Day 16 Year 1953

Place of Birth (State or foreign country): Lebanon Ind.

Residence Address: Street or R. R. 309 S. Grant City Brownsburg County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Leo John Johnston
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Charmaine Emma Weddle
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Christine D. Johnston

New Address Apt 11 4950 Rue Valle, Indpls

Subscribed and sworn to before me this 17 day of Sept., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed in HENDRICKS 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 21st day of Sept., 19 79, authorizing the joining together as husband and wife Timothy J. Wonnell and Christine D. Johnston

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Reginald A. Manson hereby certify that on the 22 day of September, one thousand nine hundred and 79 at Darlington, County of Montgomery State of Indiana, Groom Timothy J. Wonnell of Marion County, State of Indiana, and, Bride Christine Deane Johnston of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 22 day of September, 19 80. Signed Reginald J. Manson

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of June, 19 80. 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. 448

File

Sept. 17, 1979
Date of Application

MALE
Medical Examination Report Dated 9-14-79
Name of Physician David B. Haggard M.D.

FEMALE
Medical Examination Report Dated 9-14-79
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: First Robert Middle D. Last Farthing

Date of Birth: Month 6 Day 14 Year 1953

Place of Birth (State or foreign country) Huntington Ind.

Residence Address: Street or R. R. P.O Box 66 City Stilesville County State 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   No children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 D. Farthing
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen L. Harris
   Residence of mother (if deceased so state) Stilesville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Robert D. Farthing
New Address P.O. Box 66 Stilesville

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Angela Middle J. Last Reeves

Date of Birth: Month Feb Day 23 Year 1959

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. P.O. Box 66 City Stilesville County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Ora L. Reeves
   Residence of father (if deceased so state) Florida
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen J. Brewer
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Angela J. Reeves
New Address P.O. Box 66 Stilesville

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 ..... 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* 21st *day of* Sept, 19 79, *authorizing the joining together as husband and wife* Robert D. Farthing *and* Angela J. Reeves

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, C. F. Brewer hereby certify that on the 22 day of Sept. one thousand nine hundred and 79 at RR#1, County of Hendricks State of Indiana, Groom Robert D. Farthing of Hendricks County, State of Indiana and, Bride Angela J. Reeves of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25 day of Sept., 19.....

Signed Claude F. Brewer

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 *day of* Sept., 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. 449
File 40
9-18-79 Date of Application

MALE
Medical Examination Report Dated 9-13-79
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 9-13-79
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 Peter Middle L. Last Wingler
Date of Birth: Month 8 Day 12 Year 1951
Place of Birth (State or foreign country) Greencastle Ind
Residence Address: Street or R. R. 17 Water St City Coatesville 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 Licence 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 Maurice Edwin Wingler
   Residence of father (if deceased so state) Coatesville, Ind.
   Birthplace of father (State or foreign country) Clayton, Ind.
9. Full maiden name of mother Marjorie Evelyn Morgan
   Residence of mother (if deceased so state) Coatesville Ind.
   Birthplace of mother (State or foreign country) Coatesville Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Peter L. Wingler
New Address 17 Water St Coatesville
Subscribed and sworn to before me this 18 day of September 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Delana Middle S. Last Lowry
Date of Birth: Month 1 Day 20 Year 1948
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 239 Avon Ave City Plfd. County Hend. State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers Licence 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 Emoley Wilbur Lowry
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) Indianapolis Ind.
9. Full maiden name of mother Elmalou Goddard
   Residence of mother (if deceased so state) Plainfield Ind.
   Birthplace of mother (State or foreign country) Brazil Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Delana S. Lowry
New Address .....
Subscribed and sworn to before me this 18 day of September 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 18 day of Sept. and Delana L. Lowry Peter L. Wingler
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Wm. C. Vaughn III hereby certify that on the 20 day of September, at Greencastle County of Putnam, one thousand nine hundred and 79 State of Indiana, Groom Peter L. Wingler of Hendricks County, State of Indiana, and, Bride Delana L. Lowry of Hendricks County, State of Indiana, were by me united 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 September, 19 79. Signed William C. Vaughn III
Official Designation Judge, Putnam Co. Court
Filed and recorded in accordance with the laws of the State of Indiana this 24 day of Sept., 19 79
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

524

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. 450

File

9-19-79
Date of Application

MALE
Medical Examination Report Dated 9-14-79
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 9-14-79
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: James (First) R. (Middle) Clark (Last)
Date of Birth: Month 12 Day 31 Year 1957
Place of Birth (State or foreign country): Beech Grove, Indiana
Residence Address: RR # 2 Box 442 (Street or R. R.) Gfld (City) Hend. (County) Ind. (State)
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James R. Clark
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phyllis Irene Thompson
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X James R. Clark
New Address Plainfield

Subscribed and sworn to before me this 19 day of September 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: Theresa (First) A. (Middle) Shoulders (Last)
Date of Birth: Month 12 Day 13 Year 1957
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: RR 1 Box 134 (Street or R. R.) Plfd. (City) Hend. (County) Ind. (State)
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Connie Ray Shoulders
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Vicki Mullins
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Theresa A. Shoulders
New Address Plainfield

Subscribed and sworn to before me this 19 day of September 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 Sept, 19 79, authorizing the joining together as husband and wife James R. Clark and Theresa A. Shoulders

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. C. J. Gibson hereby certify that on the 28 day of Sept, one thousand nine hundred and 79 at Pencostal Liberty Tab, County of Marion, State of Indiana, Groom James R. Clark of Hendricks County, State of Indiana, and, Bride Theresa A. Shoulders of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28 day of Sept, 19 79.

Signed Rev. C. J. Gibson
Official Designation Asst. Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of Oct., 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

No. 451

HENDRICKS County

File

September 19, 1979
Date of Application

MALE
Medical Examination Report Dated 9-14-79
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 9-14-79
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 David Middle Leon Last Appleby Jr.

Date of Birth: Month February Day 19 Year 1961

Place of Birth (State or foreign country) Marion County Ind.

Residence Address: Street or R. R. 8843 Kathleen City Clermont County Hend. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers license (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David Leon Appleby
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Sonja Ann Donalds
   Residence of mother (if deceased so state) Clermont, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David Leon Appleby Jr.

New Address 8843 KATHLEEN

Subscribed and sworn to before me this 19 day of September 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Laura Middle Kathleen Last Crowe

Date of Birth: Month March Day 7 Year 1962

Place of Birth (State or foreign country) Marion Co. In.

Residence Address: Street or R. R. R.R#2 Box 235 City Clayton County Hend. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers license (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Milton Crowe
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nellie Joan Simpson
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Laura Kathleen Crowe

New Address 8843 KATHLEEN

Subscribed and sworn to before me this 19 day of September 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, County of HENDRICKS } ss:

Signed Robert M Crowe Father

Signed Nellie Joan Crowe Mother

Subscribed and sworn to before me this 19 day of Sept. 19 79

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 ..... on the 27 day of Sept, 19 79, authorizing the joining together as husband and wife of Indiana dated the ..... David Leon Appleby Jr. and Laura Kathleen Crowe

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Stevan W. Ranson hereby certify that on the 27 day of September, one thousand nine hundred and 79 at Hazelwood Christian Church, County of Hendricks, State of Indiana, Groom David Leon Appleby, Jr. of Marion County, State of Indiana, and, Bride Laura Kathleen Crowe of Hendricks County, State of Indiana, were by me united 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 October, 19 79 Signed Stevan W. Ranson

Official Designation Minsiter

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of October, 19 79

Signed Glen M Harvey Clerk HENDRICKS Circuit Court

526

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. 452

File

Sept. 20, 1979
Date of Application

MALE
Medical Examination Report Dated 9-15-79
Name of Physician Gary C. Sharp

FEMALE
Medical Examination Report Dated 9-12-79
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 William Middle C. Last Holden
Date of Birth: Month November Day 23 Year 1946
Place of Birth (State or foreign country) Marion Co. Ind.
Residence Address: Street or R. R. 514 S. Mount St. City Greenfield County (Hancock Co.) State Ind.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ 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.
   Annette Joyce Holden
   Melinda Lou " "
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 Clo Holden
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jane Baxter
   Residence of mother (if deceased so state) Greenfield, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William C. Holden
New Address R#18 Box 153 Indpls. Hendricks County

Subscribed and sworn to before me this 20 day of September 19 79

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Pamela Middle Kay Last Harris
Date of Birth: Month August Day 12 Year 1942
Place of Birth (State or foreign country) Indianapolis Marion Co. Ind.
Residence Address: Street or R. R. R.R.#18 Box 153 City Indpls. County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) ID 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.
   Cathy Dale Sluss
   Karen Marie Sluss
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Maynard Leroy Doolin
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Ruth Eleanor Peterson
   Residence of mother (if deceased so state) Hendricks Co. Ind.
   Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Pamela K Harris
New Address R#18 Box 153 Indpls. Hend. Ind.

Subscribed and sworn to before me this 20 day of September 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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* September, 19 79, *authorizing the joining together as husband and wife* William C. Holden *and* Pamela Kay Harris

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 29 day of September, one thousand nine hundred and 79 at Indianapolis, County of Marion, State of Indiana, Groom William C. Holden of Hancock County, State of Indiana, and, Bride Pamela Kay Harris of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 29 day of September, 19 79.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of October, 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. 453

File

9-20-79 Date of Application

MALE
Medical Examination Report Dated 8-22-79
Name of Physician E. J. O'Brian, MD

FEMALE
Medical Examination Report Dated 8-22-79
Name of Physician E. J. O'Brian, 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 Kenneth Middle Carl Last Fulk

Date of Birth: Month 7 Day 7 Year 57

Place of Birth (State or foreign country) Freedom, Ind.

Residence Address: Street or R. R. 6016 apt C., Magdalene Dr. City Indpls. County State Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers licnse w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Arthur Fulk
   Residence of father (if deceased so state) Freedom, Ind.
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Winona Addela Spease
   Residence of mother (if deceased so state) Freedom, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kenneth Carl Fulk

New Address 6016 Apt C. Magdalene Dr.

Subscribed and sworn to before me this 20 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Leisa Middle Diane Last Glass

Date of Birth: Month 12 Day 1 Year 61

Place of Birth (State or foreign country) Indpls. Ind

Residence Address: Street or R. R. RR #18 By 134A, City Indpls. County Nen, 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 licnse w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Doyle Glass
   Residence of father (if deceased so state) Indpls, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lena Sue Groh
   Residence of mother (if deceased so state) Indpls, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Leisa Diane Glass

New Address 6016 Magdalene Dr.

Subscribed and sworn to before me this 20 day of Sept, 19 79

Glen M. Harvey Clerk HENDRICKS Circuit Cou

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one pa

signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed .....

Signed .....

Subscribed and sworn to before me this ..... day of .....

.....

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named par

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 26 day of September, 19 79, authorizing the joining together as husband and wife Kenneth Carl Fulk and Leisa Diane Glass

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Gary C. Black hereby certify that on the 21 day of October, one thousand nine hundred and 79 at Indianapolis, County of Marion, State of Indiana, Groom Kenneth Carl Fulk of Marion County, State of Indiana, and, Bride Leisa Diane Glass of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21 day of Oct., 19 79. Signed Gary C. Black

Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of Oct., 19 79.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

528

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. 454

File

9-20-79
Date of Application

MALE
Medical Examination Report Dated 9-18-79
Name of Physician M. D. Scamahorn

FEMALE
Medical Examination Report Dated 9-18-79
Name of Physician M. D. 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: First Ellis Middle M Last Weaver

Date of Birth: Month 12 Day 9 Year 1912

Place of Birth (State or foreign country): Pittsboro Indiana

Residence Address: Street or R. R. RR #1 Box 258 City Pittsboro County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Driver's Licence 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 Porter Weaver
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Pittsboro Indiana
9. Full maiden name of mother Hannah Otela Johnson
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Pittsboro Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Ellis M Weaver
New Address Pittsboro Ind

Subscribed and sworn to before me this 20 day of September 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Martha Middle E. Last Swain

Date of Birth: Month 11 Day 26 Year 1912

Place of Birth (State or foreign country): Van Wert, Ohio

Residence Address: Street or R. R. RR #5 Box 149 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 Licence 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 Gregory
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Nebraska
9. Full maiden name of mother Loretta Belle Royse
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Kansas?

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Martha E. Swain
New Address Pittsboro In.

Subscribed and sworn to before me this 20 day of September 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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* 26 th *day of* Sept - 26, 19 79, *authorizing the joining together as husband and wife* Ellis M. Weaver *and* Martha E. Swain

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William Charles Mc Graw *hereby certify that on the* 15 *day of* October, *one thousand nine hundred and* 79 *at* Pittsboro, *County of* Hendricks, *State of Indiana, Groom* Ellis Martin Weaver *of* Hendricks *County, State of* Indeiana, *and, Bride* Martha Evangaline Swain *of* Hendricks *County, State of* Indeiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 15 *day of* October, 19 79.

Signed Wm. Charles Mc Grace
Official Designation Minister, Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* October, 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. 455
File 40
9-20-79 Date of Application

MALE
Medical Examination Report Dated 9-14-79
Name of Physician M. O. Seamahorn

FEMALE
Medical Examination Report Dated 9-14-79
Name of Physician M. O. Seamahorn

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 T. Last Drew II
Date of Birth: Month December Day 30 Year 1954
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. Pittsboro City County State In.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Gregg Thomas Drew
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Thomas Drew
   Residence of father (if deceased so state) Pittsboro, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Roseanne Lukens
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X James T Drew II
New Address 3644C Glen Arm Rd INDIANAPOLIS IN
Subscribed and sworn to before me this 20 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of.....19.....
.....Clerk

FEMALE APPLICANT

Name: First Lisa Middle E. Last Ilg
Date of Birth: Month March Day 9 Year 1957
Place of Birth (State or foreign country) Lebanon In.
Residence Address: RR3 Box 38 Street or R. R. Brownsburg City County State In.

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gerald J. Ilg
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Anita D. Clark
   Residence of mother (if deceased so state) RR3 Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Lisa E. Ilg
New Address 3644C Glen Arm Rd INDIANAPOLIS IN
Subscribed and sworn to before me this 20 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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 Circuit Court of Indiana dated the 24th day of Sept, 19 79, authorizing the joining together as husband and wife James T. Drew and Lisa E. Ilg

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D. Wilson hereby certify that on the 5th day of October, one thousand nine hundred and 79 at Brownsburg, County of Hendricks, State of Indiana, Groom James T. Drew of Marion County, State of Indiana, and, Bride Lisa E. Ilg of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7th day of October, 19 79. Signed Joseph D. Wilson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of October, 19 79
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

530

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. 456

File

Sept. 20 1979
Date of Application

MALE
Medical Examination Report Dated 9-18-79
Name of Physician Wm. Edwards MD

FEMALE
Medical Examination Report Dated 9-18-79
Name of Physician William A. 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 Jeffrey Middle L. Last Smith

Date of Birth: Month May Day 7 Year 1954

Place of Birth (State or foreign country) Vermilion Ill.

Residence Address: Street or R. R. 35 Almond Dr. City Plainfield County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Eulos L. Smith
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) E. Prairie Mo.
9. Full maiden name of mother Virginia M. Ellmore
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Jeffrey Scott Smith
New Address 1113 Valley View Dr. Apt #2 Plfd.

Subscribed and sworn to before me this 20 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Teresa Middle M. Last Johnson

Date of Birth: Month Nov. Day 17 Year 1957

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 919 Sheets Rd. City Woodsville County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James H. Johnson
   Residence of father (if deceased so state) Moorsville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wanda Mae Dee Bois
   Residence of mother (if deceased so state) Moorsville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Teresa Mae Johnson
New Address 1113 Valley View Dr. Apt 2 Plfd.

Subscribed and sworn to before me this 20 day of Sept 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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* 25th *day of* Sept., 19 79, *authorizing the joining together as husband and wife* Jeffrey S. Smith *and* Teresa M. Johnson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Johnie Edwards hereby certify that on the 13 day of October, one thousand nine hundred and 79 at Plainfield, County of Hendricks, State of Indiana, Groom Jeffrey S. Smith of Hendricks County, State of Indiana, and, Bride Teresa M. Johnson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25 day of Sept., 19 79.

Signed Johnie Edwards
Official Designation Minister, Church of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* October, 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. 457

File

Sept 24 1979 Date of Application

MALE
Medical Examination Report Dated 9-19-79
Name of Physician Thomas H. Greist M.D.

FEMALE
Medical Examination Report Dated 9-19-79
Name of Physician Thomas H. Greist 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 Michael Middle Mc Henry Last

Date of Birth: Month February Day 9 Year 1948

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 1833 Cholla Ct. City Indpls. County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Patrick M. Mc Henry
   Residence of father (if deceased so state) South Dakota
   Birthplace of father (State or foreign country) deceased
9. Full maiden name of mother Dorothy I. Brooke
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael R. McHenry

New Address 57 Normandie Dr

Subscribed and sworn to before me this 24th day of Sept., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Mary Middle W Last White

Date of Birth: Month 12 Day 9 Year 1951

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 57 Normandie Dr. City Danville County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Raymond M. Gilliham
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Kansas
9. Full maiden name of mother Mildred L. Rogers
   Residence of mother (if deceased so state) Indpls In.
   Birthplace of mother (State or foreign country) Kansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary R White

New Address 57 Normandie Drive

Subscribed and sworn to before me this 24th day of Sept., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 ..... Circuit Court of Indiana dated the 28th day of Sept., 19 79, authorizing the joining together as husband and wife Michael Mc Henry and Mary White

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry L Williams hereby certify that on the 29 day of Sept., at Indianapolis, County of Marion, one thousand nine hundred and 79 County, State of Indiana, State of Indiana, Groom Michael Ray Mc Henry of Marion County, State of Indiana, and, Bride Mary Raye White of Hendricks HENDRICKS

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 29 day of Sept., 19 79. Signed Jerry L Williams, Minister

Official Designation Ben Davis Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of October, 19 79

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

532

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. 458
File 40
9-24-79
Date of Application

MALE
Medical Examination Report Dated 9-18-79
Name of Physician M. D. Scamahorn

FEMALE
Medical Examination Report Dated 9-18-79
Name of Physician M. D. 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: First Jackie Middle A. Last Caudill

Date of Birth: Month 2 Day 9 Year 46

Place of Birth (State or foreign country) Daisy, KY

Residence Address: Street or R. R. R 1 Bx 186, City Linton, County Hen, State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license 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.
   David Allen Caudill
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be 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)
   Birthplace of father (State or foreign country)
9. Full maiden name of mother Verna Caudill
   Residence of mother (if deceased so state) Indpls., Ind.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed + Jackie A. Caudill
New Address RR 1 Box 186 Linton Ind.

Subscribed and sworn to before me this 24 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Paula Middle K. Last Belford

Date of Birth: Month 2 Day 19 Year 57

Place of Birth (State or foreign country) Indpls, Ind.

Residence Address: Street or R. R. R 1 Box 186, City Linton, County Hen, State Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Diners 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 Wm. Joseph Belford
   Residence of father (if deceased so state) Linton, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mary Lou Waskom
   Residence of mother (if deceased so state) Linton, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed + Paula K. Belford
New Address RR 1 Box 186

Subscribed and sworn to before me this 24 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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 28 day of September, 19 79, authorizing the joining together as husband and wife Jackie A. Caudill and Paula K. Bedford

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 6 day of October, one thousand nine hundred and 79 at Linton, County of Hendricks, State of Indiana, Groom Jackie A. Caudill of Hendricks County, State of Indiana, and, Bride Paula K. Bedford of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 6 day of October, 19 79.

Signed Rev. James D. Clayton
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of October, 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. 459
File 40
9-25-79 Date of Application

MALE
Medical Examination Report Dated 9-24-79
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 9-24-79
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: First Cyrus Middle L. Last Brickert
Date of Birth: Month Feb. Day 7 Year 1962
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR #1 Box 258, City Clayton, County Hend., State Ind.
Previous Marital Status: Never Married X OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
X Other (Specify) Driver's license with picture

1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No X Yes ☐
3. Are you related to the female applicant closer than second cousin? No X Yes ☐
4. Are you now under the influence of intoxicating liquor? No X Yes ☐
5. Are you now under the influence of a narcotic drug? No X Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Brickett
   Residence of father (if deceased so state) RR1 Box 258 Clayton, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty L. Rickert
   Residence of mother (if deceased so state) same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Cyrus L Brickert
New Address RI Box 258, Clayton Ind.
Subscribed and sworn to before me this 25 day of Sept, 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, County of HENDRICKS } ss:
Signed Charles L. Brickert Father
Signed Betty L Brickert Mother
Subscribed and sworn to before me this 25th day of Sept, 19 79.
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Susan Middle Kay Last Stearns
Date of Birth: Month August Day 22 Year 1963
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. P.O. Box 232, City Clayton, County Hend., State Ind.
Previous Marital Status: Never Married X OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
X Other (Specify) Court Document from Johnson County

1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No X Yes ☐
3. Are you related to the male applicant closer than second cousin? No X Yes ☐
4. Are you now under the influence of intoxicating liquor? No X Yes ☐
5. Are you now under the influence of a narcotic drug? No X Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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) unknown
   Birthplace of mother (State or foreign country) unknown

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Susan Kay Stearns
New Address RI. Box. 258 Clayton, Ind.
Subscribed and sworn to before me this 25th day of Sept, 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
Rev. and Mrs. Taylor are legal guardians of Susan Kay Stearns

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed Lois J. Taylor Mother
Subscribed and sworn to before me this 25 day of Sept, 19 79.
Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3 day waiver & 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 Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 25th day of Sept, 19 79, authorizing the joining together as husband and wife Cyrus L Brickert and Susan Kay Stearns

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Gordon Taylor hereby certify that on the 29 day of Sept, at Plainfield, County of Hendricks, one thousand nine hundred and 79 State of Indiana, Groom Cyrus Lamont Brickert of Hendricks County, State of Indiana, and, Bride Susan Kay Stearns of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 29 day of Sept, 19 79. Signed Rev. Gordon Taylor
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of October, 19 79.
Signed Glen M Harvey Clerk HENDRICKS Circuit Court

534

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. 460

File

9-25-79
Date of Application

MALE
Medical Examination Report Dated 9-7-79
Name of Physician Robyn Goshorn

FEMALE
Medical Examination Report Dated 9-7-79
Name of Physician Robyn Goshorn

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 Frank Middle C. Last Lepera

Date of Birth: Month Aug Day 13 Year 1937

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 292 Leaning Tree Rd City Greenwood County — State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Frank Lepera
   Residence of father (if deceased so state) New Castle, In.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Esther Gipson
   Residence of mother (if deceased so state) New Castle, In.
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Frank C. Lepera
New Address 292 Leaning Tree Rd. Greenwood Ind
Subscribed and sworn to before me this 25 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

FEMALE APPLICANT

Name: First Carol Middle J. Last Lewis

Date of Birth: Month Dec Day 14 Year 1947

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 660 E. Broadway City Danville County — State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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.
   Toby Lewis
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Piper
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mildred Jellis
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carol J. Lewis
New Address 292 Leaning Tree Rd, Greenwood
Subscribed and sworn to before me this 25 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 2nd day of Oct., 1979, authorizing the joining together as husband and wife Frank C. Lepera and Carol J. Lewis

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Robert D. Kessinger hereby certify that on the 6 day of October, one thousand nine hundred and 79 at Greenwood, County of Johnson, State of Indiana, Groom Frank C. Lepera of Johnson County, State of Indiana, and, Bride Carol J. Lewis of Johnson County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2 day of October, 19 79.

Signed Rev. Robert D. Kessinger
Official Designation United Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of October, 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. 461

File

9-26-79 Date of Application

MALE
Medical Examination Report Dated 9-21-79
Name of Physician David Haggard, M.D.

FEMALE
Medical Examination Report Dated 9-21-79
Name of Physician David 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: First Gerald Middle L. Last Lynch

Date of Birth: Month 10 Day 25 Year 1939

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 115 N. Jefferson City Danville County Hend. State Indiana

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate # 5925 ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Dawn E. Lynch
   Wm. J. Lynch
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be 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 Daniel Lynch
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Mary Margaret May
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed × Jerald L Lynch

New Address 890 Ridgewood Apt 202B Plainfield 46168

Subscribed and sworn to before me this 26th day of September, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Barbara Middle J. Last Boren

Date of Birth: Month 9 Day 14 Year 1946

Place of Birth (State or foreign country) Evansville, Indiana

Residence Address: Street or R. R. 890 Ridgewood Apt. 202-B City Plfd. County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Enos Martin Boren
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Evelyn Marie Brockmole
   Residence of mother (if deceased so state) Indianapolis In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed × Barbara J. Boren

New Address 890 Ridgewood Apt 202B Plainfield 46168

Subscribed and sworn to before me this 26th day of September 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 HENDRICKS 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 1 day of Oct., 19 79, authorizing the joining together as husband and wife Jerald L Lynch and Barbara J. Boren

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. John Sciarra hereby certify that on the 6 day of October, one thousand nine hundred and 79 at Indianapolis, County of Marion, State of Indiana, State of Indiana, Groom Jerry Lee Lynch of Hendricks County, State of Indiana, and, Bride Barbara Jane Enos Boren of Marion County, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of October, 19 79. Signed John Sciarra

Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of October, 19 79.

Signed Glen M. Harney Clerk HENDRICKS Circuit Court

536

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. 462
File 40
9-26-79
Date of Application

MALE
Medical Examination Report Dated 9-25-79
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 9-25-79
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: First Paul Middle Bradley Last Ireland
Date of Birth: Month December Day 8 Year 1955
Place of Birth (State or foreign country) St. Clair Co., Illinois
Residence Address: Street or R. R. 511 Enderly, City Brownsburg, County Hen., State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Alton Ireland
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Bernice Francis Miller
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Nebraska

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Paul Bradley Ireland
New Address 511 Enderly ave

Subscribed and sworn to before me this 26 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Cheryl Middle Ann Last Bargo
Date of Birth: Month July Day 11 Year 1961
Place of Birth (State or foreign country) Harlan Co., Kentucky
Residence Address: Street or R. R. 511 Enderly, City Brownsburg, County Hen., State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bobby Matt Bargo
   Residence of father (if deceased so state) Brownsburg, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Morene Hensley
   Residence of mother (if deceased so state) Brownsburg, Ind.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Cheryl Ann Bargo
New Address 511 Emderly ave.

Subscribed and sworn to before me this 26 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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* 1 *day of* October, 19 79, *authorizing the joining together as husband and wife* Paul Bradley Ireland *and* Cheryl Ann Bargo

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 1 day of October, one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom Paul B. Ireland of Hendricks County, State of Indiana, and, Bride Cheryl A. Bargo of Hendricks County, State of Indiana, were by me united 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 October, 19 79.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of October, 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. 463
File 40
9-27-79 Date of Application

MALE
Medical Examination Report Dated 9-17-79
Name of Physician O. Kourany

FEMALE
Medical Examination Report Dated 9-17-79
Name of Physician O. Kourany

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 Randy Middle J. Last Murat
Date of Birth: Month May Day 13 Year 1960
Place of Birth (State or foreign country): Indianapolis In.
Residence Address: Street or R. R. RR 1 Box #417 City Clainfield County In. State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald G. Murat
   Residence of father (if deceased so state) Clainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lois E. Balty
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Randy J Murat
New Address 11225 W Washington Indpls

Subscribed and sworn to before me this 27 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Theresa Middle M. Last Farrugia
Date of Birth: Month April Day 23 Year 1961
Place of Birth (State or foreign country): Santa Monica Los Angeles Co. California
Residence Address: Street or R. R. R 1 Box 612 City Clainfield County State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Carl Farrugia
   Residence of father (if deceased so state) Clainfield, In.
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Mary Agnes Bell
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) California

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Theresa Farrugia
New Address 11225 W. Washington

Subscribed and sworn to before me this 27 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 HENDRICKS Circuit Court of Indiana dated the 1st day of Oct., 19 79, authorizing the joining together as husband and wife Randy J. Murat and Theresa M. Farrugia

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Paul Landwerlen hereby certify that on the 6th day of October, one thousand nine hundred and 79 at Mooresville, County of Hendricks, State of Indiana, Groom Randy J. Murat of Marion, County, State of Indiana, and, Bride Theresa M. Farrugia of Hendricks, County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 6th day of October, 19 79 Signed Paul Landwerlen
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of October, 19 79.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

538

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. 464

File

9-27-79
Date of Application

MALE
Medical Examination Report Dated 9-19-79
Name of Physician Leonard Boral

FEMALE
Medical Examination Report Dated 9/19/79
Name of Physician Leonard Boral

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 (First) D. (Middle) Harris (Last)
Date of Birth: Month 7 Day 8 Year 1956
Place of Birth (State or foreign country): Indpls Ind
Residence Address: 4519 Bertrand Dr. (Street or R. R.) Indpls (City) Marion (County) Ind. (State)
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Leon Harris
   Residence of father (if deceased so state): Greensgrde Ind.
   Birthplace of father (State or foreign country): Illinois
9. Full maiden name of mother: Elizabeth Ann Ward
   Residence of mother (if deceased so state): Indpls Ind.
   Birthplace of mother (State or foreign country): Illinois (Marion)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: X C. Dewayne Harris
New Address: 4519 Bertrand Rd.
Subscribed and sworn to before me this 27 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: Mari (First) Anne (Middle) Bailey (Last)
Date of Birth: Month 12 Day 22 Year 1959
Place of Birth (State or foreign country): Indpls. Ind.
Residence Address: R2 Box 167 B. (Street or R. R.) B'Burg (City) Hend. (County) Ind. (State)
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Robert Allen Bailey
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Joseph King
   Residence of father (if deceased so state): Brownsburg Ind.
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Jeanne Esther Davis
   Residence of mother (if deceased so state): Brownsburg Ind.
   Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: X Mari A. Bailey
New Addres: 4519 Bertran
Subscribed and sworn to before me this 27 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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 2 day of October, 19 79, authorizing the joining together as husband and wife Charles D. Harris and Mari Anne Bailey
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Saul L. Channels hereby certify that on the 5 day of October, one thousand nine hundred and 79 at Holcomb Garden Butler University County of Marion, State of Indiana, Groom Charles D. Harris of Marion County, State of Indiana, and, Bride Mari Anne 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.
Dated this 5 day of October, 19 79.

Signed Saul L. Channels
Official Designation Minister, Speedway Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of October, 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. 465

File

Sept 28 1979
Date of Application

MALE
Medical Examination Report Dated 8/31/79
Name of Physician David B Haggard

FEMALE
Medical Examination Report Dated 8/31/79
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 Robert Middle E. Last Murphy
Date of Birth: Month March Day 29 Year 1935
Place of Birth (State or foreign country) Indianapolis Marion In.
Residence Address: Street or R. R. 64 North Rd. 500 E. 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 (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Robert E. Murphy Jr.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Jay Murphy
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Maryland
9. Full maiden name of mother Francis Jane Kessler
   Residence of mother (if deceased so state) Indianapolis In.
   Birthplace of mother (State or foreign country) Altoona, Kansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert E Murphy
New Address 64N 500E Danville In.

Subscribed and sworn to before me this 28 day of September 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Barbara Middle J. Last Miles
Date of Birth: Month August Day 5 Year 1948
Place of Birth (State or foreign country) Martinsville Morgan In.
Residence Address: Street or R. R. 64 North Rd. 500 E. 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 (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.
   Michael Lee Carter
   Billy Ray Carter
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Ray Spradlin
   Residence of father (if deceased so state) Martinsville, In.
   Birthplace of father (State or foreign country) Lexington, Ky.
9. Full maiden name of mother Helen Bessie Squires
   Residence of mother (if deceased so state) Martinsville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Barbara J. Miles
New Address 64 N. Rd. 500E. Danville, In.

Subscribed and sworn to before me this 28 day of September 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 Circuit Court, 19 79, authorizing the joining together as husband and wife of Indiana dated the 2nd day of October and Robert E. Murphy and Barbara J. Miles

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edward Curtice hereby certify that on the 17 day of November, at Plainfield (Avon), County of Hendricks, one thousand nine hundred and 79 County, State of Indiana, State of Indiana, Groom Robert E. Murphy of Hendricks County, State of Indiana, and, Bride Barbara J. Miles of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19 day of Nov., 19 79. Signed Edward B. Curtice
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of Nov., 19 79.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

540

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. 466
File 40
9-28-79
Date of Application

MALE
Medical Examination Report Dated 9-22-79
Name of Physician John F. Moe

FEMALE
Medical Examination Report Dated 9-22-79
Name of Physician John F. Moe

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 Donnie Middle Eugene Last Sarvick

Date of Birth: Month October Day 24 Year 1947

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R. R. 3101 Clover Dr. City Indianapolis County In. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Mike Michael Sarvick
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alice Dean Cline
   Residence of mother (if deceased so state) 1405 Phillips, Indpls.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Donnie Eugene Sarvich
New Address 3101 Clover Dr.
Subscribed and sworn to before me this 28 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Karen Middle Lea Last Smith

Date of Birth: Month May Day 28 Year 1943

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 3601 Facility Dr. City Indianapolis County In. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Allen Smith
   Residence of father (if deceased so state) Facility Dr. Indpls.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marjorie Jean Craven
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Karen Lea Smith
New Address 3101 Clover Dr.
Subscribed and sworn to before me this 28 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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* 3 *day of* Oct., 19 79, *authorizing the joining together as husband and wife* Donnie Eugene Sarvich *and* Karen Lea Smith

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Leslie Acton *hereby certify that on the* 18 *day of* October, *one thousand nine hundred and* 79 *at* 3044 Clover Dr., *County of* Hendricks, *State of Indiana, Groom* Donnie E. Sarvich *of* Marion *County, State of* Indiana *and, Bride* Karen L. Smith *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 18 *day of* October, 19 79.

Signed Rev. Leslie Acton
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* October, 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. 467

File

9-28-79 Date of Application

MALE
Medical Examination Report Dated 9-17-79
Name of Physician L. H. Ellis

FEMALE
Medical Examination Report Dated 9-17-79
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 Herbert Middle — Last Davis

Date of Birth: Month 5 Day 3 Year 1936

Place of Birth (State or foreign country) Marshall N. Carolina

Residence Address: 224 Street or R. R. Lebanon City Boone 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Alex Davis
   Residence of father (if deceased so state) Deceased.
   Birthplace of father (State or foreign country) N. Carolina
9. Full maiden name of mother Asla Roberts
   Residence of mother (if deceased so state) Cranks, Kentucky
   Birthplace of mother (State or foreign country) N. Carolina

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Herbert Davis

New Address SAME

Subscribed and sworn to before me this 28 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Geneva Middle — Last Ledford

Date of Birth: Month 5 Day 17 Year 1924

Place of Birth (State or foreign country) Carwood, Kentucky

Residence Address: 622 Street or R. R. Lincoln St. City Bburg County Dear. 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/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 Ledford
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Elizabeth Spurlock
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Geneva Ledford

New Address 1114 S. Reisner St. Indpls.

Subscribed and sworn to before me this 28 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 4th day of October, 19 79, authorizing the joining together as husband and wife Herbert Davis and Geneva Ledford.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Floyd Smith hereby certify that on the 5 day of October, at Lawrence, County of Marion, one thousand nine hundred and 1979 County, State of Indiana, State of Indiana, Groom Herbert Davis of Marion County, State of Indiana, and, Bride Geneva Ledford of Marion were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5 day of October, 19 79. Signed Floyd Smith

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of October, 19 79

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

542

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. 468

File

9-28-79
Date of Application

MALE
Medical Examination Report Dated 9-18-79
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 9-17-79
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 Charles Middle E. Last Henderson

Date of Birth: Month 2 Day 20 Year 1959

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: 5533 Kinehart Street or R. R. Indpls City Marion 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) Drivers Licinse & 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 Kenneth Wesley Henderson
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Martinsville Ind
9. Full maiden name of mother Judith Kay Hart
   Residence of mother (if deceased so state) Indpls. Ind.
   Birthplace of mother (State or foreign country) Indpls Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Charles E Henderson

New Address Indpls. In

Subscribed and sworn to before me this 28 day of Sept., 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Sheila Middle A. Last Rodgers

Date of Birth: Month 12 Day 14 Year 1960

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: R 1 Box 93 Street or R. R. Clayton City Hend. County Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Irons - Rodgers Jr.
   Residence of father (if deceased so state) Clayton, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Inah Jewell Thurmond
   Residence of mother (if deceased so state) Clayton, Ind.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Sheila A. Rodgers

New Address Indpls, In

Subscribed and sworn to before me this 28 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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* 3rd *day of* Oct., 19 79, *authorizing the joining together as husband and wife* Charles E. Henderson *and* Sheila A. Rodgers

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edward Dean Dickinson *hereby certify that on the* 13 *day of* October, *one thousand nine hundred and* 79 *at* Indianapolis, *County of* Hendricks, *State of Indiana, Groom* Charles Edward Henderson *of* Marion *County, State of* Indiana *and, Bride* Sheila Ann Rodgers *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 3 *day of* October, 19 79.

Signed Edward Dean Dickinson

Official Designation Minister of Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* October, 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. 469

File

Oct. 1, 1979
Date of Application

MALE
Medical Examination Report Dated 9-24-79
Name of Physician L. W. Ellis MD

FEMALE
Medical Examination Report Dated 9-24-79
Name of Physician L. W. 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 Earl Middle J. Last Martin
Date of Birth: Month Sept. Day 9 Year 1923
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. R R #1 Box 195 City Liston 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Martin
   Residence of father (if deceased so state) Liston In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Virginia May Arnold
   Residence of mother (if deceased so state) Liston, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Earl J. Martin
New Address

Subscribed and sworn to before me this 1st day of October, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

FEMALE APPLICANT

Name: First Permelia Middle S. Last Mason
Date of Birth: Month May Day 4 Year 1929
Place of Birth (State or foreign country) Waynesburg, Ky.
Residence Address: Street or R. R. R #1 City Liston County In State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James B. Oaks
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Ada Permelia Rush
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Permelia Susan Mason
New Address R.R. 1 Box 195 Liston, Ind.

Subscribed and sworn to before me this 1st day of October, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 ..... HENDRICKS ..... 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 ..... *, 19* 79 *, authorizing the joining together as husband and wife of Indiana dated the* 5th *day of* October *and* Permelia S. Mason
Earl J. Martin
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* October *,*
one thousand nine hundred and 79 *at* Danville *, County of* Hendricks *,*
State of Indiana, Groom Earl J. Martin *of* Hendricks *County, State of* Indiana *,*
and, Bride Permelia S. Mason *of* Hendricks *County, State of* Indiana *,*
were by me united 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* October *, 19* 79 *Signed* Glen M. Harvey
Official Designation Clerk Hendricks County
Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* October *, 19* 79
Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

...scribed By ...ana 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. 470

File

10-1-79 Date of Application

MALE
Medical Examination Report Dated 9-26-79
Name of Physician Scott Deasy

FEMALE
Medical Examination Report Dated 9-26-79
Name of Physician Scott Deasy

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 A. Last Bruce

Date of Birth: Month 9 Day 17 Year 1959

Place of Birth (State or foreign country) Scotts Beech Grove Ind

Residence Address: Street or R. R. RR 2 Box 622 City Plfd. County Hend State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers 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 Elden Ellwood Bruce
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bernetta Kaye Brock
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Michael A. Bruce

New Address Walnut Hills 618-C Plainfield

Subscribed and sworn to before me this 1 day of October, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Rebecca Middle K Last Brown

Date of Birth: Month 11 Day 28 Year 1962

Place of Birth (State or foreign country) Fort Wood Texas

Residence Address: Street or R. R. RR 2 Box 563 City Plfd. County Hend State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Lee Brown
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carla Jean Williams
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Rebecca Kay Brown

New Address Walnut Hills 618-C Plfd.

Subscribed and sworn to before me this 1 day of October, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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 5 day of October, 19 79, authorizing the joining together as husband and wife Michael A. Bruce and Rebecca K. Brown

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Horace Shuman hereby certify that on the 5 day of October, one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom Michael A. Bruce of Hendricks County, State of Indiana, and, Bride Rebecca Kay Brown of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5 day of October, 19 79.

Signed Rev. Horace Shuman

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of October, 19 79.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

I, Clark L Brown, hereby give my consent for my daughter, Rebecca Kay Brown to marry Michael Allan Bruce

Clark L Brown

Subscribed and sworn to before me this 15 day of September 19 79.

Marjorie H. Jenkins
Notary Public
My Commission Expires 12-9-79
Resident of Hendricks Co, Ind.

☑ Other (Specify) Licensed Minister

1. Are you now or have you ever been adjudged to be of unsound mind?	No ☑	Yes ☐
If answer is "yes", has the adjudication been removed?	No ☐	Yes ☐
2. Are you afflicted with a transmissible disease?	No ☑	Yes ☐
3. Are you related to the female applicant closer than second cousin?	No ☑	Yes ☐
4. Are you now under the influence of intoxicating liquor?	No ☑	Yes ☐
5. Are you now under the influence of a narcotic drug?	No ☑	Yes ☐
6. List the full names of any dependent children.		
7. Are you required by any court order or orders to support the above dependent children?	No ☑	Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Elden Elwood Bruce
Residence of father (if deceased so state) Plfd. Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bernetta Kaye Brock
Residence of mother (if deceased so state) Indiana
Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Michael A. Bruce
New Address Walnut Hills 6 18-C Plainfield
Subscribed and sworn to before me this 1 day of October 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

1. Are you now or have you ever been adjudged to be of unsound mind?	No ☑	Yes ☐
If answer is "yes", has the adjudication been removed?	No ☐	Yes ☐
2. Are you afflicted with a transmissible disease?	No ☑	Yes ☐
3. Are you related to the male applicant closer than second cousin?	No ☑	Yes ☐
4. Are you now under the influence of intoxicating liquor?	No ☑	Yes ☐
5. Are you now under the influence of a narcotic drug?	No ☑	Yes ☐
6. List the full names of any dependent children.		
7. Are you required by any court order or orders to support the above dependent children?	No ☑	Yes ☐

If answer is "yes", it is required that this Application be 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 Lee Brown
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carla Jean Williams
Residence of mother (if deceased so state) Indiana
Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Rebecca Kay Brown
New Address Walnut Hills 618-C Plfd.
Subscribed and sworn to before me this 1 day of October 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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 5 day of October, 19 79, authorizing the joining together as husband and wife Michael A. Bruce and Rebecca K Brown

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Horace Shuman hereby certify that on the 5 day of October, one thousand nine hundred and 79, at Danville, County of Hendricks, State of Indiana, Groom Michael A Bruce of Hendricks County, State of Indiana, and, Bride Rebecca Kay Brown of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5 day of October, 19 79.

Signed Rev. Horace Shuman
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of October, 19 79.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

I, Carla J. Brown, hereby give my consent for my daughter, Rebecca Kay Brown to marry Michael Allan Bruce

Carla J. Brown

Subscribed and sworn to before me this 15 day of September 19 79.

Marjorie A. Jenkins
Notary Public
My Commission Expires 10-9-79
Resident of Hendricks Co, Ind

☑ Other (Specify) [illegible]

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Elden Elwood Bruce
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bernetta Kaye Brock
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Michael A. Bruce
New Address Walnut Hills 6 18-C Plainfield
Subscribed and sworn to before me this 1 day of October 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

[illegible] pretense

[illegible] State Ind

If answer is "yes", has the [illegible] No ☐ Yes ☐

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Lee Brown
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carla Jean Williams
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Rebecca Kay Brown
New Address Walnut Hills 618-C Plfd.
Subscribed and sworn to before me this 1 day of October 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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 5 day of October, 19 79, authorizing the joining together as husband and wife Michael A. Bruce and Rebecca K Brown

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Horace Shuman hereby certify that on the 5 day of October, one thousand nine hundred and 79, at Danville, County of Hendricks, State of Indiana, Groom Michael A. Bruce of Hendricks County, State of Indiana, and, Bride Rebecca Kay Brown of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5 day of October, 19 79.

Signed Rev. Horace Shuman
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of October, 19 79.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

METHODIST HOSPITAL - PRESCRIPTION BLANK

02-1075 Indianapolis
Rev. 8-77

Date 9/25/79

Patient Rebecca BROWN

Address Rt #4, Box 563 Plainfield, Ind

Label: Drug Name

To whom it may Concern:

The above patient is pregnant.

she is 10 weeks gestation

Refill ____ Times

Non Refill ____

James R. Williams M.D.
Signature

Address

DEA # _____ Medicaid # _____

hereby give my consent for

y Brown to

day of September

i N. Jenkins
Notary Public
My Commission Expires 10-9-79
Resident of Hendricks Co, Ind

Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind?	No ☑	Yes ☐
If answer is "yes", has the adjudication been removed?	No ☐	Yes ☐
2. Are you afflicted with a transmissible disease?	No ☑	Yes ☐
3. Are you related to the female applicant closer than second cousin?	No ☑	Yes ☐
4. Are you now under the influence of intoxicating liquor?	No ☑	Yes ☐
5. Are you now under the influence of a narcotic drug?	No ☑	Yes ☐

6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Elden Elwood Bruce

Residence of father (if deceased so state) Alfd. Ind.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Bernetta Kaye Brock

Residence of mother (if deceased so state) Indiana

Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Michael A. Bruce

New Address Walnut Hills 6 18-C Plainfield

Subscribed and sworn to before me this 1 day of October, 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, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____.

____ Clerk

1. Are you now or have you ever been adjudged to be of unsound mind?	No ☑	Yes ☐
If answer is "yes", has the adjudication been removed?	No ☐	Yes ☐
2. Are you afflicted with a transmissible disease?	No ☑	Yes ☐
3. Are you related to the male applicant closer than second cousin?	No ☑	Yes ☐
4. Are you now under the influence of intoxicating liquor?	No ☑	Yes ☐
5. Are you now under the influence of a narcotic drug?	No ☑	Yes ☐

6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐

If answer is "yes", it is required that this Application be 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 Lee Brown

Residence of father (if deceased so state) Indiana

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Carla Jean Williams

Residence of mother (if deceased so state) Indiana

Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Rebecca Kay Brown

New Address Walnut Hills 618-C Plfd.

Subscribed and sworn to before me this 1 day of October, 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, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day 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 5 day of October, 19 79, authorizing the joining together as husband and wife Michael A. Bruce and Rebecca K Brown

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Horace Shuman hereby certify that on the 5 day of October, one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom Michael A. Bruce of Hendricks County, State of Indiana, and, Bride Rebecca Kay Brown of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5 day of October, 19 79.

Signed Rev. Horace Shuman

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of October, 19 79.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-4-2
Effective July 1, 1927

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 471

File

Oct 1, 1979
Date of Application

MALE
Medical Examination Report Dated 10/1/79
Name of Physician Larry D Lovell

FEMALE
Medical Examination Report Dated 10/1/79
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: First Ricky Middle Len Last Smith

Date of Birth: Month January Day 29 Year 1959

Place of Birth (State or foreign country) Logansport In.

Residence Address: Street or R. R. Oakhurst Mobile Home City Browns burg County Brownsburg State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes" has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes" it is required that this Application be 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 E Smith
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Juanita L Miller
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ℳ Rick Smith

New Address Oakhurst M.P.H Brownsburg,

Subscribed and sworn to before me this 1st day of Oct 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Wendy Middle Lee Last Wolf

Date of Birth: Month April Day 25 Year 1962

Place of Birth (State or foreign country) Tacoma Washington

Residence Address: Street or R. R. Oakhurst Mobile Home Ct. City Brownsburg County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ronald Henderson Wolf
   Residence of father (if deceased so state) Louisville Ky.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Katrina Sue Blake
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ℳ Wendy Wolf

New Address Oakhurst M.H.P. Brownsburg, In. 46112

Subscribed and sworn to before me this 1st day of Oct 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 legal custody

State of Indiana, County of HENDRICKS } ss:

Signed ℳ ..... Father

Signed ℳ Katrina S. Phelps Mother

Subscribed and sworn to before me this 1st day of October 19 79.

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 ....., 19 79, authorizing the joining together as husband and wife of Indiana dated the 5th day of October and WENDY ELIZABETH WOLF RICKY LEN SMITH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, HUBERT GREER hereby certify that on the 6th day of OCT., County of HENDRICKS, at PLFD., one thousand nine hundred and 87 County, State of IN, State of Indiana, Groom RICKY LEN SMITH of HENDRICKS County, State of IN, and, Bride WENDY ELIZABETH WOLF of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 6th day of OCT., 19 87. Signed /s/ HUBERT GREER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of OCT., 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

546

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. 472

File

Oct 1 1979
Date of Application

MALE
Medical Examination Report Dated 9-28-79
Name of Physician Joseph C. Kulin

FEMALE
Medical Examination Report Dated 9-28-79
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 Jeffrey Middle Dale Last Ackerman

Date of Birth: Month March Day 2 Year 1958

Place of Birth (State or foreign country): Beech Grove In.

Residence Address: Street or R. R. 5546 Georgetown Rd. Apt A. City Indpls. County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John F. Ackerman
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Dorothy E. Hittle
   Residence of mother (if deceased so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jeff Ackerman
New Address 5546-8 Georgetown Rd

Subscribed and sworn to before me this ____ day of ____, 19____.

____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____.

____ Clerk

FEMALE APPLICANT

Name: First Kathy Middle Lynn Last Purdy

Date of Birth: Month Oct Day 5 Year 1960

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R. R. 908 W. Lincoln City Danville County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Purdy
   Residence of father (if deceased so state) Danville, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Jones
   Residence of mother (if deceased so state) Danville
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kathy Purdy
New Address 5546-8 George-town

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 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 5 day of October, 19 79, authorizing the joining together as husband and wife Jeffrey Dale Ackerman and Kathy Lynn Purdy

Be it further remembered, the follgwing marriage certificate was filed in my office, to-wit:

I, Earl T. Bonham hereby certify that on the 6 day of October one thousand nine hundred and 79 at Danville, County of Hendricks State of Indiana, Groom Jeffrey Dale Ackerman of Marion County, State of Indiana and, Bride Kathy Lynn Purdy of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 6 day of October, 19 79.

Signed Earl T. Bonham
Official Designation Pastor - United Methodist

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of October, 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. 473

File

10-2-79
Date of Application

MALE
Medical Examination Report Dated 9-27-79
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 9-27-79
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: First Timothy Middle W. Last Colbert

Date of Birth: Month 10 Day 4 Year 1957

Place of Birth (State or foreign country) Princeton Ind.

Residence Address: Street or R. R. 4139 Mission Dr. City Indpls County Marion State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License 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 Bill L. Colbert
   Residence of father (if deceased so state) Mooresville Ind.
   Birthplace of father (State or foreign country) Princeton, Ind.
9. Full maiden name of mother Elanor Eckiss
   Residence of mother (if deceased so state) Mooresville Ind.
   Birthplace of mother (State or foreign country) Mt. Carmel, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Timothy W. Colbert
New Address 4139 North Mission Drive Apt C

Subscribed and sworn to before me this 2 day of October 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Jill Middle E. Last Butler

Date of Birth: Month 10 Day 4 Year 1958

Place of Birth (State or foreign country) Long Beach Calif

Residence Address: Street or R. R. 4845 Hawthorne City Alfd 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 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 James A. Butler
   Residence of father (if deceased so state) Alfd. Ind.
   Birthplace of father (State or foreign country) Indpls. Ind.
9. Full maiden name of mother Patricia L. Thompson
   Residence of mother (if deceased so state) Alfd. Ind.
   Birthplace of mother (State or foreign country) Anderson, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Jill E. Butler
New Address 4139 North Mission Drive Apt. C

Subscribed and sworn to before me this 2 day of October 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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* HENDRICKS *Circuit Court of Indiana dated the* 2nd *day of* October, 19 79, *authorizing the joining together as husband and wife* Timothy W. Colbert *and* Jill Ellen Butler

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Thomas E. Chittenden *hereby certify that on the* 6th *day of* October, *at* Plainfield, *County of* Hendricks, *one thousand nine hundred and* 79, *State of Indiana, Groom* Timothy William Colbert *of* Hendricks *County, State of* Indiana, *and, Bride* Jill Ellen Butler *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 6th *day of* October, 19 79 *Signed* Thomas E. Chittenden

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* October, 19 79

Signed Glen M. Harvey HENDRICKS *Clerk Circuit Court*

548

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. 474
File 40
10-2-79
Date of Application

MALE
Medical Examination Report Dated 9-26-79
Name of Physician R. L. Veach

FEMALE
Medical Examination Report Dated 9-26-79
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: First George Middle Michael Last Harrigan
Date of Birth: Month Nov. Day 27 Year 1939
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R. R. Box 199, City Bainbridge, County Putnam, State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers 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.
   Jeffery Michael Harrigan
   Dawn Marie Harrigan
   Kevin Joseph Harrigan
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be 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 Joseph Harrigan
   Residence of father (if deceased so state) ~~Ohio~~ Cincinnati, Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Mildred Ann Espel
   Residence of mother (if deceased so state) deceased Ohio
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed George Michael Harrigan
New Address P.O. Box 199 Bainbridge

Subscribed and sworn to before me this 2 day of Oct., 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First ~~Ann~~ Elizabeth Middle Ann Last Marnitz
Date of Birth: Month Oct. Day 29 Year 1940
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 331 E. Main, City Danville, County Hendricks, State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers license 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 Raymond Harlow Victor
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Edna June Gish
   Residence of mother (if deceased so state) Wolcott, Indiana
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Elizabeth A. Marnitz
New Address P.O. Box 199, Bainbridge

Subscribed and sworn to before me this 2 day of Oct., 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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* 9th *day of* Oct., 19 79, *authorizing the joining together as husband and wife* George Michael Harrigan *and* Elizabeth Ann Marnitz

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John P. Roof *hereby certify that on the* 27 *day of* October, *one thousand nine hundred and* 79 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* George Michael Harrigan *of* Putnam *County, State of* Indiana *and, Bride* Elizabeth Ann Marnitz *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 27 *day of* October, *19* 79.

Signed John P. Roof
Official Designation Episcopal Priest

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* October *19* 79

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*