

Form Prescribed By
Indiana State Board of
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
Date of Application 10-2-79

MALE

Medical Examination Report Dated 9-26-79Name of Physician R. L. Veach

FEMALE

Medical Examination Report Dated 9-26-79Name 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 George Michael Harrigan
Date of Birth Nov. 27 1939
Place of Birth (State or foreign country) Ohio
Residence Address Box 199, Bainbridge, Putnam, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license w/picture

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

6. List the full names of any dependent children:
Jeffrey Michael Harrigan
Joan 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): deceased 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, 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, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Elizabeth Ann Marnitz
Date of Birth Oct. 29 1940
Place of Birth (State or foreign country) Indiana
Residence Address 331 E. Main, Danville, Hendricks, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license w/picture

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

6. List the full names of any dependent children:

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Harold 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 Lish
Residence of mother (if deceased so state): Walcott, Indiana
Birthplace of mother (State or foreign country): Illinois

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 9th day of Oct., 1979, 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 _____
County.

Dated this 27 day of October, 1979.

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, 1979

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 475
File 40
Date of Application 10-2-79

MALE
Medical Examination Report Dated 9-6-79
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 9-6-79
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 Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic. w/ picture

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?
- Are you afflicted with a transmissible disease?
- Are you related to the female applicant closer than second cousin?
- Are you now under the influence of intoxicating liquor?
- Are you now under the influence of a narcotic drug?
- List the full names of any dependent children.

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 proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Argyle Watts
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Martha Wentz
Residence of mother (if deceased so state) New Paris, Ohio
Birthplace of mother (State or foreign country) Ohio

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

Signed x Donald Y. Watt

New Address 10910 W Washington Inf.

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, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the County, 1979, authorizing the joining together as husband and wife of Indiana dated the 6 day of Oct, and

Be it further remembered, the following marriage certificate was filed in my office, to-wit: hereby certify that on the day of County of

I, at County, State of of County, State of HENDRICKS

one thousand nine hundred and of State of Indiana, Groom 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 County.

Dated this day of 19 Signed Official Designation day of Clerk

Filed and recorded in accordance with the laws of the State of Indiana this Signed HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 476
File 10-3-79
Date of Application

MALE

Medical Examination Report Dated 9-28-79
Name of Physician A. H. Scudler

FEMALE

Medical Examination Report Dated 9-28-79
Name of Physician A. H. Scudler

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

MALE APPLICANT

Name David J. Cooper
Date of Birth 11/3/1957
Place of Birth (State or foreign country) Indpls Ind.
Residence Address 3800 W. Mich. Apt 1808 Marion Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers License w/ picture

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

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

8. Full name of father Robert J. Cooper

Residence of father (if deceased so state) Bloomington Ind.

Birthplace of father (State or foreign country) Washington Ind.

9. Full maiden name of mother Joyce Taylor

Residence of mother (if deceased so state) Danville Ill.

Birthplace of mother (State or foreign country) California

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

Signed X David J. Cooper
New Address 3800 W. Mich. Apt 1808

Subscribed and sworn to before me this 3 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, HENDRICKS ss: County of _____

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

FEMALE APPLICANT

Name Roxie Dickey
Date of Birth 10/14/1962
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address 225 Burg Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) _____

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

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

8. Full name of father Morris R. Dickey

Residence of father (if deceased so state) Indpls Ind.

Birthplace of father (State or foreign country) Indpls Ind.

9. Full maiden name of mother Barbara B. Burns

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

Birthplace of mother (State or foreign country) Indpls Ind.

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

Signed X Roxie Dickey
New Address Same

Subscribed and sworn to before me this 3 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, HENDRICKS ss: County of _____

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 6 day of Oct, 1979, authorizing the joining together as husband and wife

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

I, Jerry R. Nash hereby certify that on the 6th day of October, 1979, at Brownsburg, County of Hendricks, one thousand nine hundred and _____

State of Indiana, Groom David J. Cooper of Marion County, State of Indiana

and, Bride Roxie Dickey of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 6th day of October, 1979

Signed Jerry R. Nash

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 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. 476
File 10-3-79
Date of Application

MALE
Medical Examination Report Dated 9-28-79
Name of Physician A. H. Scudler

FEMALE
Medical Examination Report Dated 9-28-79
Name of Physician A. H. Scudler

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

MALE APPLICANT
Name David J. Cooper
Date of Birth 12/3/1957
Place of Birth (State or foreign country) Indpls Ind.
Residence Address 3800 W. Hick. Indpls Marion Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License 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.

FEMALE APPLICANT
Name Roxanne Dickey
Date of Birth 10/14/1962
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address RR5 B'burg Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

TO WHOM IT MAY CONCERN:

As legal guardian of Roxanne Dickey, I hereby give my permission for her to obtain a marriage license in order to get married.

Barbara B. Dickey
Barbara B. Dickey

Marilyn L. Bullock, Notary Public
my commission expires 1-20-83
dated this 27th day of September, 1979

NOTARY PUBLIC STATE OF INDIANA
MY COMMISSION EXPIRES JAN. 20 1983
ISSUED THRU INDIANA NOTARY ASSOC.

Subscribed at

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State of Indis

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County.

Dated this

Filed and recorded in

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 476
File 10-3-79
Date of Application

MALE
Medical Examination Report Dated 9-28-79
Name of Physician A. N. Scudler

FEMALE
Medical Examination Report Dated 9-28-79
Name of Physician A. N. Scudler

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

MALE APPLICANT
Name David J. Cooper
Date of Birth 11/3/1957
Place of Birth (State or foreign country) Englewood Ind.
Residence Address 3800 W. Mich. 788 Indpls Marion Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

FEMALE APPLICANT
Name Roxie Dickey
Date of Birth 10/14/1962
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address 225 Burg Ind Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

Other

1. Are you now or
- If answer is "ye
2. Are you afflicted
3. Are you related
4. Are you now u
5. Are you now u
6. List the full na

PLANNED PARENTHOOD ASSOCIATION OF INDIANAPOLIS, INC.

615 NORTH ALABAMA STREET, ROOM 336

INDIANAPOLIS, INDIANA 46204

634-8019

7. Are you require
- dependent child
- If answer is "ye
- compliance with
8. Full name of fat
- Residence of fat
- Birthplace of fat
9. Full maiden nam
- Residence of mo
- Birthplace of mo
- State of Indiana,
- County of

TO WHOM IT MAY CONCERN:

Roxie Dickey had a pregnancy test at
our clinic. The results were positive.
She was not seen by our doctor.

Sincerely,

Joan Murray - m. AA
Mrs. Joan Murray, R.N.
Director of Clinic Nursing

JM:em

Subscribed and sv

Glen

CONSENT OF P

We, the parents,
signs, state facts

State of Indiana,
County of

Subscribed and sv

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of Indiana da

Be it further

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State of India

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County.

Dated this

6th day of October, 1979

Sign Jerry R. Nash

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of October, 1979.

Signed Glen M. Harveef 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. 477

File

10-3-79
Date of Application

MALE

Medical Examination Report Dated 9-18-79

Name of Physician Wm. Edwards

FEMALE

Medical Examination Report Dated 9-18-79

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 Eubank Kennedy
Date of Birth 3 8 1953
Place of Birth (State or foreign country) Breencastle Ind.
Residence Address 1114 Brookside Pl. Ellettsville Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License & picture

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

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

8. Full name of father Russell Eubank Kennedy
Residence of father (if deceased so state) Ellettsville Ind.
Birthplace of father (State or foreign country) Lebanon, Virginia
9. Full maiden name of mother Dora Betty Fields
Residence of mother (if deceased so state) Ellettsville Ind.
Birthplace of mother (State or foreign country) Lebanon, Virginia

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

Signed X Eubank KennedyNew Address Plainfield, IndianaSubscribed and sworn to before me this 3 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Sue Ellen Livengood
Date of Birth 10 20 1958
Place of Birth (State or foreign country) Clarkton Indiana
Residence Address 144 N. One Ellettsville Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

8. Full name of father Dale Eugene Livengood
Residence of father (if deceased so state) Ellettsville Ind.
Birthplace of father (State or foreign country) Ulingate, Ind.
9. Full maiden name of mother Margie Ellen Martin
Residence of mother (if deceased so state) Ellettsville Ind.
Birthplace of mother (State or foreign country) Rockwell Ind.

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

Signed X Sue LivengoodNew Address Plainfield Ind.Subscribed and sworn to before me this 3 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court
of Indiana dated the 11 day of Oct, 1979, authorizing the joining together as husband and wife
of Eubank Kennedy and Sue Ellen Livengood
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Tom Mc Gilliard, hereby certify that on the 15 day of October,
at 4:00 p.m. County of Hendricks,
of Hendricks County, State of Indiana,
one thousand nine hundred and 79 of Hendricks County, State of Indiana,
State of Indiana, Groom Eubank Kennedy of Hendricks
and, Bride Sue Livengood 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 15 day of October, 1979.

Signed Tom GilliardOfficial Designation Minister, St. Lawrence Christian Ch.Signed Glen M. Harvey Clerk

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 478

File

Date of Application 10-4-79

MALE

Medical Examination Report Dated 10-2-79

Name of Physician David Hadley

FEMALE

Medical Examination Report Dated 10-2-79

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 Reginald A. Blizzard II
Date of Birth 2 27 1962
Place of Birth (State or foreign country) Indpls Ind
Residence Address 2701 Earlham Indpls Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

8. Full name of father Reginald Allan Blizzard
Residence of father (if deceased so state) Indpls Ind
Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Barbara Lee Rogers
Residence of mother (if deceased so state) Indpls Ind
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Anita Jane Mullins
Date of Birth 10 30 1960
Place of Birth (State or foreign country) Oakland City Indiana
Residence Address RR 8 Box 282V Indpls Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

8. Full name of father George L. Mullins
Residence of father (if deceased so state) RR 8 Box 282V Indpls
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Donna R. Williams
Residence of mother (if deceased so state) Indpls Ind

I, REGINALD BLIZZARD, hereby give my consent for
my SON, REGINALD A. BLIZZARD II to
marry ANITA J. MULLINS.

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

Reginald Blizzard
Inda C. Lowry
Notary Public

the information given
is true and correct.

CKS Circuit Court

ge. If only one parent
necessary

Father

Mother

19

Clerk

named parties, the

and filed

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 9th day of October, 19 79, authorizing the joining together as husband and wife

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

I, Jewell Reed, hereby certify that on the 12 day of October,
one thousand nine hundred and 79, at Clainfield, County of Hendricks,
State of Indiana, Groom Reginald A. Blizzard II of Hendricks County, State of Indiana,
and, Bride Anita J. Mullins of Hendricks County, State of Indiana,
were by me united 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 Jewell L. ReedOfficial Designation MinisterSigned Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of October, 19 79.

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 16-1-1-1
Effective Jan 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 479
File 10-5-79
Date of Application

MALE
Medical Examination Report Dated 10-1-79
Name of Physician Carl Heinlein

FEMALE
Medical Examination Report Dated 10-1-79
Name of Physician Carl Heinlein

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

MALE APPLICANT

Name George T. Whipps
Date of Birth 4-19-59
Place of Birth (State or foreign country) San Diego California
Residence Address 4541 Main St. Indianapolis Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Albert Whipps Sr.
Residence of father (if deceased so state): San Jose Calif
Birthplace of father (State or foreign country): California

9. Full maiden name of mother: Sarah Kate Hobbs
Residence of mother (if deceased so state): Plainfield Ind.
Birthplace of mother (State or foreign country): Carolina

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

Signed George T. Whipps
New Address: 4122 Beaumont Rd. Indpls.

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

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

FEMALE APPLICANT

Name Susan E. Byrd
Date of Birth 6-27-59
Place of Birth (State or foreign country) Indiana
Residence Address 4541 Main St. Indianapolis Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

9. Full maiden name of mother: Margie Jane Monday
Residence of mother (if deceased so state): Danville Ind.
Birthplace of mother (State or foreign country): Indiana

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

Signed Susan E. Byrd
New Address: 4122 Beaumont Rd. Indpls.

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

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

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

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 10 day of Oct and Susan E. Byrd _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 20 day of October _____
I, Rev. Kenneth E. Vettters hereby certify that on the _____ at Bartlett Chapel United Methodist _____
one thousand nine hundred and 79 of HENDRICKS _____
State of Indiana, Groom George Thomas Whipps _____
and, Bride Susan E. Byrd _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 20 day of October, 1979.

Official Designation Rev. Kenneth E. Vettters _____
Signed Glen M. Harvey _____
HENDRICKS Circuit Court

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

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

RE MARRIAGE

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 480
File 40
Date of Application 10-5-79

MALE
Medical Examination Report Dated 10-1-79
Name of Physician James Black

FEMALE
Medical Examination Report Dated 10-1-79
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 Michael Edwards Evans
Date of Birth October 1 53
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address RR 3 Box 276 Brownsburg Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic.

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

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

8. Full name of father Russel Clinton Evans
Residence of father (if deceased so state) Brownsburg, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruth Lavina Heavens
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Oklahoma

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

Signed Michael A. Evans

New Address RR 3 Box 276 Brownsburg

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

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9th day of October, 19 79, authorizing the joining together as husband and wife Michael A. Evans and Luann Edwards Evans

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 27th day of October

one thousand nine hundred and 79 at Brownsburg, County of Hendricks

State of Indiana, Groom Michael A. Evans of Hendricks County, State of Indiana

and, Bride Luann Edwards Evans of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9th day of October, 19 79
Signed Rev. Dennis L. Dodson
Official Designation Minister

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

FEMALE APPLICANT

Name Luann Edwards Evans
Date of Birth August 24 1957
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address RR 3 Box 276 Brownsburg Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver's Lic.

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

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

8. Full name of father Fred Arnold Edwards
Residence of father (if deceased so state) 415 Janet Dr. Brownsburg
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Donna May Tyler
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Luann Edwards Evans

New Address RR 3 Box 276 Brownsburg

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

Signed _____ Father

Signed _____ Mother

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

Clerk

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 481

File

10-5-79
Date of Application

MALE

Medical Examination Report Dated 10-5-79

Name of Physician David Haggard

FEMALE

Medical Examination Report Dated 10-5-79

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 John David Middle Bradley Last
Date of Birth Month 3 Day 29 Year 1957
Place of Birth (State or foreign country) Graples Ind.
Residence Address RR 3 Box 105 Rfd Hend Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) R

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

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

8. Full name of father: Ralph Kindley
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Graples Ind.

9. Full maiden name of mother: Ella May Carver
Residence of mother (if deceased so state): Deceased
Birthplace of mother (State or foreign country): Graples Ind.

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

Signed: John David Kindley

New Address: RR 3 Box 105 Rfd Hend Ind

Subscribed and sworn to before me this 5 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, Hendricks } ss:
County of

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1979

Clerk

FEMALE APPLICANT

Name First Edith Middle Courtney Last
Date of Birth Month 4 Day 17 Year 1960
Place of Birth (State or foreign country) Graples Ind.
Residence Address RR 3 Box 105 Rfd Hend Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Life Insurance Policy

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

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

8. Full name of father: Art Courtney
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Kentucky

9. Full maiden name of mother: Norma Watson
Residence of mother (if deceased so state): Deceased
Birthplace of mother (State or foreign country): Graples Ind.

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

Signed: Edith Courtney

New Address: RR 3 Box 105 Rfd Hend Ind

Subscribed and sworn to before me this 5 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, Hendricks } ss:
County of

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1979

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued Hendricks County 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 5th day of Oct. and Edith F. Courtney

John David Kindley
Be it further remembered, the following marriage certificate was filed in my office, to-wit: 5th day of October Hendricks Indiana
I, Glen M. Harvey, at Danville County, State of Indiana
one thousand nine hundred and 79 of Hendricks Hendricks

State of Indiana, Groom John David Kindley of Hendricks
and, Bride Edith F. Courtney of Hendricks
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 5th day of October, 1979
Signed: Glen M. Harvey
Official Designation: Clerk Hendricks Co.
10 day of October 1979
Signed: Glen M. Harvey Hendricks Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 482
File October 9, 1979
Date of Application

MALE
Medical Examination Report Dated 10-6-79
Name of Physician William Wagner

FEMALE
Medical Examination Report Dated 10-6-79
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 David Keith Brown
Date of Birth October 26, 1960
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 311 Gordon Dr. Plainfield, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) ED U.S. Service

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

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

8. Full name of father David Howell Brown
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Indianapolis, Ind.
9. Full maiden name of mother Norma Darlene Wicoff
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed David Keith Brown
New Address 311 Gordon Dr. Plainfield, Ind.

Subscribed and sworn to before me this 9 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Cathie Lynn Thompson
Date of Birth May 19, 1961
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 311 Gordon Dr. Plainfield, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

8. Full name of father Robert Joseph Thompson
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 Purson
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Cathie Lynn Thompson
New Address 311 Gordon Dr. Plainfield, Ind.

Subscribed and sworn to before me this 9 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court
of Indiana dated the 17th day of October, 1979, authorizing the joining together as husband and wife
David Keith Brown and Cathie Lynn Thompson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Herbert S. Huffman hereby certify that on the 24 day of November
one thousand nine hundred and 79 at Plainfield County of Hendricks
State of Indiana, Groom David Keith Brown of Hendricks County, State of Indiana
and, Bride Cathie Lynn Thompson of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS
County.
Dated this 24 day of November, 1979.

Signed Herbert S. Huffman

Official Designation Minister

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

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 483

File 40

10-9-79
Date of Application

MALE

Medical Examination Report Dated 10-8-79

Name of Physician James Black

FEMALE

Medical Examination Report Dated 10-8-79

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 Middle Last
Frederick M. Hopkins IV
Date of Birth Month Day Year
June 30 1953
Place of Birth (State or foreign country) Ohio
Residence Address Street or R. R. City County State
626 S. Green, Brownsburg, Hend., Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license w/picture

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

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

8. Full name of father: Frederick M. Hopkins III
Residence of father (if deceased so state): 624 S. Green, Brownsburg, Ind.
Birthplace of father (State or foreign country): Texas
9. Full maiden name of mother: Mary Louise Kull
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Indiana

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

Signed: Frederick M. Hopkins III

New Address: 626 S. GREEN

Subscribed and sworn to before me this 9th 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, HENDRICKS } ss:
County of: HENDRICKS

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Middle Last
Sandra Lynn Sheets
Date of Birth Month Day Year
April 2 1955
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. City County State
Rt #6, Box 188, Brownsburg, Hend., Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

8. Full name of father: Lloyd Richard Sheets
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Cleo Mae Miller
Residence of mother (if deceased so state): Rt #6 Box 188, Brownsburg, Ind.
Birthplace of mother (State or foreign country): Indiana

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

Signed: Sandra Lynn Sheets

New Address: 626 S. Green Brownsburg, Ind.

Subscribed and sworn to before me this 9th 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, HENDRICKS } ss:
County of: HENDRICKS

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Oct., 1979, authorizing the joining together as husband and wife

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

I, George H. Hoog hereby certify that on the 20 day of October

at Brownsburg County of Hendricks

one thousand nine hundred and 79 of Hendricks County, State of Indiana

State of Indiana, Groom: Frederick M. Hopkins IV of Hendricks

and, Bride: Sandra Lynn Sheets 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. 20 October 1979

Dated this 20 day of October, 1979

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of October, 1979

Signed: Glen M. Harvey HENDRICKS Circuit Court

Official Designation: George H. Hoog, Pastor, Massicah Lutheran Church

Signed: Glen M. Harvey HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 484
File 40
Date of Application 10-9-79

MALE
Medical Examination Report Dated 10-5-79
Name of Physician Joseph Kerlin

FEMALE
Medical Examination Report Dated 10-5-79
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 James Middle E Last Ogden
Date of Birth Month 3 Day 19 Year 1934
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address Street or R. R. City County State
640 C Lakeside Dr. Pfef. Hend Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers License w/picture

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

6. List the full names of any dependent children.
Glenn 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) Zionsville Ind.

9. Full maiden name of mother Rosetta Marsh

Residence of mother (if deceased so state) Clayton Ind.

Birthplace of mother (State or foreign country) Zionsville Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given

County of HENDRICKS in this application is true and correct.

Signed James E. Ogden

New Address 640 C Lakeside Dr.

Subscribed and sworn to before me this 9 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, HENDRICKS ss:

County of HENDRICKS

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Virginia Middle L Last Britchett
Date of Birth Month 5 Day 5 Year 1950
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address Street or R. R. City County State
640 C Lakeside Dr. Pfef. Hend Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers License w/picture

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

6. List the full names of any dependent children.

Jill Highland

Jimmy Tate

Paula Tate

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

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

8. Full name of father Zane Gray Wiley

Residence of father (if deceased so state) Fortville Ind.

Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Mary Lucinda Buchanan

Residence of mother (if deceased so state) Greenwood Ind.

Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS ss: I depose and state the information given

County of HENDRICKS in this application is true and correct.

Signed Virginia L. Britchett

New Address 640 C Lakeside Dr.

Subscribed and sworn to before me this 9 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, HENDRICKS ss:

County of HENDRICKS

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Oct, 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit James E. Ogden and Virginia L. Britchett

I, Larry K. Williams hereby certify that on the 20 day of October, one thousand nine hundred and 79 at Danville, County of Hendricks

State of Indiana, Groom James E. Ogden of Hendricks County, State of Indiana

and, Bride Virginia L. Britchett of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20 day of October, 1979.

Signed Larry K. Williams

Official Designation Minister

25 day of October, 1979.

Signed Glen M. Harvey

HENDRICKS Clerk

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of October, 1979.

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 485
File 10-9-79
Date of Application

MALE

Medical Examination Report Dated 10-8-79
Name of Physician William Edwards

FEMALE

Medical Examination Report Dated 9-25-79
Name of Physician Howard Friedman

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

MALE APPLICANT

Name Leroy Eberwein
Date of Birth 13 10 1959
Place of Birth (State or foreign country) Indiana
Residence Address 75 Omega Blvd. West Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License w/ picture

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

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

If answer is "yes", it is required that this Application be 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 J. Eberwein
Residence of father (if deceased so state) Ind. Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bonnie Maxine Wilk
Residence of mother (if deceased so state) Ind. Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Leroy Eberwein
New Address 3603 So. Clark's Creek Rd. #46
Indpls. Ind. 9 day of October, 1979

Subscribed and sworn to before me this 9 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

FEMALE APPLICANT

Name Michelle Seymour
Date of Birth 4 13 1941
Place of Birth (State or foreign country) Indiana
Residence Address 441 Box 85 Blvd. West Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License w/ picture

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

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

If answer is "yes", it is required that this Application be 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 B. Seymour
Residence of father (if deceased so state) Ind. Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn Gure Stephens
Residence of mother (if deceased so state) Ind. Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Michelle Seymour
New Address 3603 So. Clark's Creek Rd.
Indpls. Ind. 9 day of October, 1979

Subscribed and sworn to before me this 9 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____

HENDRICKS County _____ Court by written order issued _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 15 day of Oct. and Michelle K. Seymour

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 20 day of October Indiana

I, Garry L. Close at Plainfield County of Indiana

one thousand nine hundred and 79 of Hendricks County, State of Indiana

State of Indiana, Groom Leroy R. Eberwein of Hendricks County, State of Indiana

and, Bride Michelle K. Seymour of _____ County, State of _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

Dated this 20 day of October, 1979. Signed Garry L. Close
Official Designation Pastor day of October, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 486
File Dec. 10, 1979
Date of Application

MALE

Medical Examination Report Dated 10-5-79
Name of Physician Dr. Carl Heinlein M.D.

FEMALE

Medical Examination Report Dated 10-5-79
Name of Physician Dr. 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 Lonnie G. Terrell
Date of Birth July 6, 1950
Place of Birth (State or foreign country) Washington, Ind.
Residence Address RR #2 Box 171 H Clayton, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Service Record

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.
Michael H. Terrell - 12 years

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

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

Signed Lonnie G. Terrell

New Address _____

Subscribed and sworn to before me this 10 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, HENDRICKS ss: _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Charlene Edwards
Date of Birth Oct 6, 1953
Place of Birth (State or foreign country) Memphis, Tenn.
Residence Address RR #2 Box 171 H Clayton, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Wives License & picture

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

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

8. Full name of father Tommy Wallace Barnes
Residence of father (if deceased so state) Arkansas
Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Mariline M. Gill
Residence of mother (if deceased so state) Clayton, Ind.
Birthplace of mother (State or foreign country) Arkansas

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

Signed Charlene Edwards

New Address RR #2 Box 171 H Clayton

Subscribed and sworn to before me this 10 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, HENDRICKS ss: _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Oct, 1979, authorizing the joining together as husband and wife

Lonnie G. Terrell and Charlene Edwards
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 20 day of October, one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom Lonnie G. Terrell of Hendricks County, State of Indiana and, Bride Charlene Edwards of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 20 day of October, 1979

Signed John C. Mowrer

Official Designation Judge, Superior #2

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of October, 1979

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 487
File
Date of Application October 10, 1979

MALE

Medical Examination Report Dated 10-8-79
Name of Physician Carl S. Windlin M.D.

FEMALE

Medical Examination Report Dated 10-8-79
Name of Physician Carl S. Windlin M.D.

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

MALE APPLICANT

Name First Middle Last
Norman Lee Gilman
Date of Birth Month Day Year
December 10 1959
Place of Birth (State or foreign country)
Mishawaka
Residence Address Street or R. R. City County State
R.R. # 6 Box 108 Merrill In.
Previous Marital Status Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

8. Full name of father: Thurman Gilman
Residence of father (if deceased so state): Indianapolis, In.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Elsa Barbara Anna Will
Residence of mother (if deceased so state): Merrill, In.
Birthplace of mother (State or foreign country): Germany

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

Signed Norman S. Gilman
New Address: RR 18 Box 361A Indianapolis

Subscribed and sworn to before me this 10 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, Hendricks } ss:

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

Name First Middle Last
Sherry Daye Leeper
Date of Birth Month Day Year
March 1 1961
Place of Birth (State or foreign country)
Vandalia
Residence Address Street or R. R. City County State
R.R. # 18 Box 361A Merrill In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

8. Full name of father: Curtis Lawrence Leeper
Residence of father (if deceased so state): Indianapolis, In.
Birthplace of father (State or foreign country): Waterloo, Iowa
9. Full maiden name of mother: Jean Elizabeth Janigan
Residence of mother (if deceased so state): Merrill, Indiana
Birthplace of mother (State or foreign country): Dayton, Ohio

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

Signed Sherry Daye Leeper
New Address: RR 18 Box 361A Indianapolis

Subscribed and sworn to before me this 10 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, Hendricks } ss:

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1979, authorizing the joining together as husband and wife
of Indiana dated the 10 day of October and Sherry Daye Leeper

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Frank W. Ragare, hereby certify that on the 13 day of October
one thousand nine hundred and 79 at Amo County of Hendricks
State of Indiana, Groom Norman Lee Gilman of Hendricks County, State of Indiana
and, Bride Sherry Daye Leeper of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County. Dated this 13 day of October, 1979

Signed Rev. Frank W. Ragare
Official Designation Minister, 1st Baptist Ch. of Amo
25 day of October, 1979
Signed Glen M. Harvey Clerk Hendricks Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 488
File 40
Date of Application 10-10-79

MALE

Medical Examination Report Dated 10-9-79
Name of Physician Wm. A. Edwards

FEMALE

Medical Examination Report Dated 10-9-79
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 James Vint Friel
Date of Birth Jan 31 1948
Place of Birth (State or foreign country) Indpls., Indiana
Residence Address 417 S. Center, Plainfield, Hen, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Divorce license

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

Jennifer Lynn
Kristina Rachel

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Vint Friel
Residence of father (if deceased so state) Coombsville, Ind.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Dorothy Dean Hageletta
Residence of mother (if deceased so state) Coombsville, Ind.

Birthplace of mother (State or foreign country) Arkansas

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

Signed James V. Friel
New Address 417 S. Center St. Plainfield, Ind.

Subscribed and sworn to before me this 10 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, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Janice Patricia Lowry
Date of Birth Dec 6 1953
Place of Birth (State or foreign country) Lake Co., Illinois
Residence Address 417 S. Center, Plainfield, Hen, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Divorce license

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

Jennifer Patricia Lowry
Nelly Jaze Lowry

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Edward Ruck
Residence of father (if deceased so state) Plainfield, Ind.

Birthplace of father (State or foreign country) Illinois

9. Full maiden name of mother Jean Marie Hawley
Residence of mother (if deceased so state) Plainfield, Ind.

Birthplace of mother (State or foreign country) Wisconsin

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

Signed Janice P. Lowry
New Address 417 S. Center St. Plainfield

Subscribed and sworn to before me this 10 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, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
HENDRICKS Circuit Court of Indiana dated the 19 day of Oct, 19 79, authorizing the joining together as husband and wife

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

I, James D. Wilson hereby certify that on the 20 day of October,
one thousand nine hundred and 79 at Plainfield, County of Hendricks

State of Indiana, Groom James Vint Friel of Madison County, State of Indiana

and, Bride Janice Patricia 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 29 day of October, 19 79.

Signed James D. Wilson

Official Designation Minister

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-3-4
Effective June 1, 1957

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 489
File _____
Date of Application 10-11-79

MALE
Medical Examination Report Dated 10-27-79
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 10-2-79
Name of Physician David Hadley

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

MALE APPLICANT

Name David Hancock
Date of Birth 4 15 1953
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 239 Avon Ave Plainfield, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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. Hancock
Residence of father (if deceased so state): Indianapolis, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Wilma A. Drehl
Residence of mother (if deceased so state): Indianapolis, Ind.
Birthplace of mother (State or foreign country): Illinois

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

Signed David W. Hancock
New Address 239 Avon Ave, Plainfield, IN
Subscribed and sworn to before me this 11 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, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Julie Haggard
Date of Birth 8 2 1959
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 239 Avon Ave Plainfield, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father: Robert Lewis Haggard
Residence of father (if deceased so state): Plainfield, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Marcia Ruth Bradford
Residence of mother (if deceased so state): Plainfield, Ind.
Birthplace of mother (State or foreign country): Illinois

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

Signed Julie L. Haggard
New Address 239 Avon Ave
Subscribed and sworn to before me this 11 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, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Court by written order issued _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 16 day of October and Julie L. Haggard
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William Grant Nigh hereby certify that on the 20 day of October, 1979, at Zion Evangelical United Church of Christ, County of Ma4rion, one thousand nine hundred and 79 of Hendricks County, State of Indiana
State of Indiana, Groom David W. Hancock of Hendricks County, State of Indiana
and, Bride Julie L. Haggard of _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 16 day of October, 1979
Signed William Grant Nigh
Official Designation Pastor _____, 1979
Signed Glen M. Harvey HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 490
File 40
Date of Application 10-11-79

MALE
Medical Examination Report Dated 9-26-79
Name of Physician John F. Moe

FEMALE
Medical Examination Report Dated 9-26-79
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 Jerry Wayne Bowser
Date of Birth 10 22 41
Place of Birth (State or foreign country) Indiana
Residence Address RR 4 Box 310 Brownsburg, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic.

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Daniel Bowser
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Etta Mae Watson
Residence of mother (if deceased so state) Main St., Lebanon, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Jerry Wayne Bowser

New Address RR 4 Box 310 Brownsburg

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

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
HENDRICKS Circuit Court of Indiana dated the 15th day of Oct., 1979, authorizing the joining together as husband and wife

Jerry Wayne Bowser and Terry Lee Keck
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Arthur Bowser hereby certify that on the 10 day of November

one thousand nine hundred and 79 at Terre Haute County of Vigo

State of Indiana, Groom Jerry Wayne Bowser of Hendricks County, State of Indiana

and, Bride Terry Lee Keck of Hendricks County, State of Indiana

were by me united 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 November, 1979

Signed Arthur Bowser

Official Designation Pastor Oregon Baptist Church

20 day of November, 1979

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

FEMALE APPLICANT

Name Terry Lee Keck
Date of Birth May 3 1958
Place of Birth (State or foreign country) Indiana
Residence Address RR 4 Box 310 Brownsburg, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

9. Full maiden name of mother Vanita Herron
Residence of mother (if deceased so state) Houston, Texas
Birthplace of mother (State or foreign country) Missouri

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

Signed Terry Lee Keck

New Address RR 4 Box 310 Brownsburg

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

Signed _____ Father

Signed _____ Mother

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

Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 491

File

10/11/79
Date of Application

MALE

Medical Examination Report Dated 10-10-79

Name of Physician M. L. Scamaroni M.D.

FEMALE

Medical Examination Report Dated 10-10-79

Name of Physician M. L. Scamaroni

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

MALE APPLICANT

Name Jerry L. Love
Date of Birth Jan. 19 1957
Place of Birth (State or foreign country) Memphis Tenn.
Residence Address R R #1 Box 331 Pittsboro, In.
Previous Marital Status Never Married ☒ OR
Last Marriage Ended By Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/ picture

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

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

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

Signed Jerry L. Love
New Address Pittsboro, In. 46167

Subscribed and sworn to before me this 12th 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, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Karen R. Meredith
Date of Birth Sept. 21 1957
Place of Birth (State or foreign country) Memphis Tenn.
Residence Address R R #1 Box 21 Pittsboro, In.
Previous Marital Status Never Married ☒ OR
Last Marriage Ended By Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/ picture

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

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

8. Full name of father Wanil Boone Meredith
Residence of father (if deceased so state) Pittsboro, In.
Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Mary C. Goins
Residence of mother (if deceased so state) Pittsboro, In.
Birthplace of mother (State or foreign country) Tenn.

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

Signed Karen R. Meredith
New Address _____

Subscribed and sworn to before me this 12th 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, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 19 day of Oct and Karen R. Meredith
Be it further remembered, the following marriage certificate was filed in my office, to-wit: 20 day of October
I, Sherman Essex at Pittsboro County of Hendricks
one thousand nine hundred and 79 of Hendricks County, State of Indiana
State of Indiana, Groom Jerry L. Love of _____
and, Bride Karen R. Meredith
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, 20 day of October, 1979
Dated this _____ day of _____, 19____

Signed Sherman Essex Minister
Official Designation October, 1979
Clerk
Signed Glen M. Harvey HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 492
File Oct. 12, 1979
Date of Application

MALE
Medical Examination Report Dated 10-12-79
Name of Physician Linda Lewis

FEMALE
Medical Examination Report Dated 10-3-79
Name of Physician Stewart 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 Dennis Charles Smock
Date of Birth June 24 1945
Place of Birth (State or foreign country) Ind.
Residence Address 441 Swallow Ln. Plainfield Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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.
Melissa Smock
Matthew Smock
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Smock
Residence of father (if deceased so state): Snaps. Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: N. Maxine Kaiser
Residence of mother (if deceased so state): Snaps. Ind.
Birthplace of mother (State or foreign country): Ind.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Dennis C. Smock
New Address 441 Swallow Lane
Subscribed and sworn to before me this 12 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, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

FEMALE APPLICANT
Name Brenda Kaye Wolfe
Date of Birth Sept. 25 1956
Place of Birth (State or foreign country) Fla.
Residence Address 441 Swallow Ln. Plainfield Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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: Robert Wolfe
Residence of father (if deceased so state): Oak Harbor, Wb
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Patricia Jenkins
Residence of mother (if deceased so state): Oak Harbor, Wb
Birthplace of mother (State or foreign country): Ok.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Brenda Kaye Wolfe
New Address 441 Swallow Lane, Plainfield
Subscribed and sworn to before me this 12 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, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of Oct., 1979, authorizing the joining together as husband and wife Dennis Charles Smock and Brenda Kaye Wolfe.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Rev. Wm. C. Hendricks hereby certify that on the 20 day of October, one thousand nine hundred and 79 at Avon, County of Hendricks, State of Indiana, Groom Dennis Charles Smock of Hendricks County, State of Indiana and, Bride Brenda Kaye Wolfe of Hendricks County, State of Indiana were by me united 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 October, 1979.

Signed Rev. Wm. C. Hendricks
Official Designation Pastor, Avon Christian Church
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this 29 day of October, 1979.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 493
File
Date of Application 10/12/79

MALE

Medical Examination Report Dated 10/8/79
Name of Physician David B. Waggoner

FEMALE

Medical Examination Report Dated 10/8/79
Name of Physician David B. Waggoner

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed: False statement—Whoever procures the issuance of a license to marry by any false statement, is guilty of a crime.

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Divorce License (picture)
- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?
 - Are you afflicted with a transmissible disease?
 - Are you related to the female applicant closer than second cousin?
 - Are you now under the influence of intoxicating liquor?
 - Are you now under the influence of a narcotic drug?
 - List the full names of any dependent children.

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

If answer is "yes", it is required that this Application be 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. Michael
Residence of father (if deceased so state): Plainfield, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Judith Fuller
Residence of mother (if deceased so state): Plainfield, Ind.
Birthplace of mother (State or foreign country): Indiana

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

Signed: Ronald W. Michael
New Address: 3236 6th St. Apt. 15

Subscribed and sworn to before me this 12 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, } ss:
County of HENDRICKS }

Signed: _____ Father
Signed: _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Divorce License (picture)
- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?
 - Are you afflicted with a transmissible disease?
 - Are you related to the male applicant closer than second cousin?
 - Are you now under the influence of intoxicating liquor?
 - Are you now under the influence of a narcotic drug?
 - List the full names of any dependent children.

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

If answer is "yes", it is required that this Application be 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 Lee Retherford
Residence of father (if deceased so state): Plainfield, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Phyllis Elizabeth Morgan
Residence of mother (if deceased so state): Plainfield, Ind.
Birthplace of mother (State or foreign country): Bushy Run, Ky.

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

Signed: Angela Jo Retherford
New Address: 3236 Six Points Rd.

Subscribed and sworn to before me this 12 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, } ss:
County of HENDRICKS }

Signed: Earl L. Retherford Father
Signed: _____ Mother

Subscribed and sworn to before me this 16 day of October, 1979
Glen M. Harvey Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1979, authorizing the joining together as husband and wife of Indiana dated the _____ day of _____, 1979, and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, _____, hereby certify that on the _____ day of _____, 1979, at _____, County of _____, State of _____, one thousand nine hundred and _____, _____ of _____, State of Indiana, Groom, _____ of _____, State of Indiana, and, Bride, _____ of _____, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this _____ day of _____, 1979.

Signed: Ronald W. Michael Minister
Official Designation: Nov. 13 day of _____, 1979
Signed: Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 493

File

Date of Application

MALE

Medical Examination Report Dated 10/18/79

Name of Physician David B. Haggard

FEMALE

Medical Examination Report Dated 10/18/79

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 Middle Last
Kevin W. Michael
Date of Birth Month Day Year
November 29 1959
Place of Birth (State or foreign country)
Indianapolis
Residence Address Street or R. # City County State
3236 Six Points Rd. Apt. 15 Dupont IN
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

Residence of father (if deceased)
Birthplace of father (State of Indiana)
Full maiden name of mother
Residence of mother (if deceased)
Birthplace of mother (State of Indiana)
State of Indiana, HENDRICKS
County of

New A
Subscribed and sworn to before me this 15th day of October 1979.
Shen M. Harvey
Notary Public

CONSENT OF PARENT
We, the parents, of this
signs, state facts which

State of Indiana, HENDRICKS
County of

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

FEMALE APPLICANT

Name First Middle Last
Angela Jo Retherford
Date of Birth Month Day Year
July 16 1962
Place of Birth (State or foreign country)
Hendricks
Residence Address Street or R. # City County State
R.R. # 1 Box 451 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) Arms License (picture)
- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

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

I, Phyllis Retherford, hereby give my consent for
my daughter, Angela Jo Retherford to
marry Kevin W. Michael.

Subscribed and sworn to before me this 15th day of October 1979.
Shen M. Harvey
Notary Public
NOTARY PUBLIC STATE OF INDIANA
MY COMMISSION EXPIRES AUG. 26 1982
ISSUED THRU INDIANA NOTARY ASSOC.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ County, State of Indiana, dated the 16th day of October, 1979, authorizing the joining together as husband and wife of Kevin W. Michael and Angela Jo Retherford.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ronald W. Michael, hereby certify that on the 27 day of October, 1979, at Plainfield, County of Hendricks, State of Indiana, one thousand nine hundred and 79, of Hendricks County, State of Indiana, Groom Kevin Wayne Michael and, Bride Angela Jo Retherford were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 13 day of Nov., 1979.
Signed Ronald W. Michael
Official Designation Minister
Signed Shen M. Harvey
Clerk

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 494
File 40
Date of Application 10-12-79

MALE
Medical Examination Report Dated 9-25-79
Name of Physician Robert W. Ogle

FEMALE
Medical Examination Report Dated 9-25-79
Name of Physician Robert W. Ogle

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

MALE APPLICANT

Name Harold Hawks
Date of Birth October 11 1949
Place of Birth (State or foreign country) Lepington, Ky.
Residence Address 9825 W. Washington Indpls. In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic.

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

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

8. Full name of father: Tomage Franklin Hawks
Residence of father (if deceased so state): Vet's Hospital
Birthplace of father (State or foreign country): Lepington, Ky.

9. Full maiden name of mother: Marie Katherine Brockman
Residence of mother (if deceased so state): Covington, Ky.
Birthplace of mother (State or foreign country): Kentucky

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

Signed: Harold Hawks
New Address: 9825 W. Washington Lot 18 Indpls, In
Subscribed and sworn to before me this 12 day of Oct, 1979.
Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of: HENDRICKS

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

Clerk

FEMALE APPLICANT

Name Debra Shirrell
Date of Birth March 12 1958
Place of Birth (State or foreign country) Rockport, Indiana
Residence Address 9825 W. Washington Indpls. In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic.

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

Angela Dawn Shirrell

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

8. Full name of father: Merrell James Sargent
Residence of father (if deceased so state): Cartage, In.
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Mary Louise Casady
Residence of mother (if deceased so state): Cartage, In.
Birthplace of mother (State or foreign country): Indiana

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

Signed: Debra Sue Shirrell
New Address: 9825 W. Washington #18 Indpls, In
Subscribed and sworn to before me this 12 day of Oct, 1979.
Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of: HENDRICKS

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12 day of October, 1979, authorizing the joining together as husband and wife

of Harold Hawks and Debra S. Shirrell
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Daniel E. Finch hereby certify that on the 13 day of October, one thousand nine hundred and 79 at Clainfield, County of Hendricks, State of Indiana, Groom Harold Hawks of Hendricks County, State of Indiana and, Bride Debra S. 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 13 day of October, 1979.

Signed: Daniel E. Finch
Official Designation: minister
Filed and recorded in accordance with the laws of the State of Indiana this 26 day of October, 1979.
Signed: Ellen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 495

File

10-12-79

Date of Application

MALE

Medical Examination Report Dated 10-11-79

Name of Physician Larry N. Loebl

FEMALE

Medical Examination Report Dated 10-11-79

Name of Physician Larry N. Loebl

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

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) driver's license (picture)

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?
- Are you afflicted with a transmissible disease?
- Are you related to the female applicant closer than second cousin?
- Are you now under the influence of intoxicating liquor?
- Are you now under the influence of a narcotic drug?
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Charles Anthony Adams
Residence of father (if deceased so state): Harrodsburg, In
Birthplace of father (State or foreign country): Indpls. In
9. Full maiden name of mother: Earlene Lynette Jones
Residence of mother (if deceased so state): Harrodsburg, In
Birthplace of mother (State or foreign country): Iowa

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

Signed

New Address

Subscribed and sworn to before me this 12 day of October, 1979.
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS }

Signed

Signed

Subscribed and sworn to before me this day of 1979.
Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) driver's license (picture)

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?
- Are you afflicted with a transmissible disease?
- Are you related to the male applicant closer than second cousin?
- Are you now under the influence of intoxicating liquor?
- Are you now under the influence of a narcotic drug?
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Ronald Eugene Guess
Residence of father (if deceased so state): Indianapolis, In
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Jean Feunquay
Residence of mother (if deceased so state): Indianapolis, In
Birthplace of mother (State or foreign country): Indiana

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

Signed

New Address

Subscribed and sworn to before me this 12 day of October, 1979.
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS }

Signed

Signed

Subscribed and sworn to before me this 12 day of October, 1979.
Glen M. Harney Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16th day of October, 1979, authorizing the joining together as husband and wife of Joel F. Shores and Sherry L. Guess. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Rev. Lester W. Riggs, at Brazil, County of Wigo, State of Indiana, one thousand nine hundred and 79, of Hendricks County, State of Indiana, Groom: Joel E. Shores and, Bride: Sherry L. Guess. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, Dated this 20 day of October, 1979.

Signed Lester W. Riggs, Pastor, October 23, 1979.
Official Designation: Pastor, October 23, 1979.
Signed Glen M. Harney, Clerk, HENDRICKS Circuit Court.

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of October, 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

No. 495

File

Date of Application 10-12-79

MALE

Medical Examination Report Dated 10-11-79

Name of Physician Larry N. Loebl

FEMALE

Medical Examination Report Dated 10-11-79

Name of Physician Larry N. Loebl

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

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) *driver's license (picture)*

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?
- Are you afflicted with a transmissible disease?
- Are you related to the female applicant closer than second cousin?
- Are you now under the influence of intoxicating liquor?

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) *driver's license (picture)*

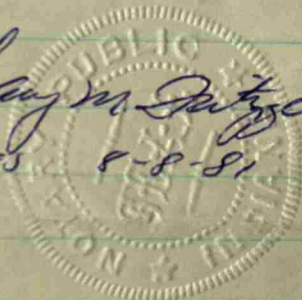
- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?
- Are you afflicted with a transmissible disease?
- Are you related to the male applicant closer than second cousin?
- Are you now under the influence of intoxicating liquor?
- Are you now under the influence of a narcotic drug?

I give my permission for my daughter Sherry Lynn Guess to marry Joel E. Shores.

Father: Gerald E. Guess

Oct 14, 1979

Larry M. Hartzell
EXPIRES 8-8-81



order or orders to support the above No ☐ Yes ☐

that this Application be accompanied by satisfactory proof that you are in

or orders issued for their support.

(so state) Indianapolis, In.

(foreign country) Indiana

Jean Feunway

(so state) Indianapolis, In.

(foreign country) Indiana

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

Sherry L. Guess Lot 36

3603 S. Clarks Creek Rd. 36

fore me this 12 day of October, 1979

Hendricks Clerk HENDRICKS Circuit Court

PARENT OR GUARDIAN

applicant hereby give consent for this marriage. If only one parent

under the consent of the other parent unnecessary.

HENDRICKS } ss:

to before me this 12 day of October, 1979

Glen M. Hartzell Clerk

se having been refused to the above named parties, the

issued and filed

to the above named parties.

THE CERTIFICATE HENDRICKS Circuit Court

of the

79, authorizing the joining together as husband and wife

L. Guess

hereby certify that on the 20 day of October

at Brazil County Vigo

of Hendricks County, State of Indiana

of Hendricks County, State of HENDRICKS

and, Bride Sherry L. Guess

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. 20

Dated this 20 day of October, 1979

Signed Lester W. Riggs

Official Designation Pastor October, 1979

Signed Glen M. Hartzell HENDRICKS Circuit Court

23 day of

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 496
File 40
10-12-79
Date of Application

MALE
Medical Examination Report Dated 10-10-79
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 10-10-79
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 Jeffrey Hiland
Date of Birth 7 23 55
Place of Birth (State or foreign country) Indpls, Ind.
Residence Address 3390 N. Raceway Rd., Ellettsville, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Divorce license 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 Dewayne Hiland
Residence of father (if deceased so state) Coatesville, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Retha May Short
Residence of mother (if deceased so state) Coatesville, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Jeffrey Hiland
New Address 3390 N. Raceway Rd. Ellettsville, Ind.

Subscribed and sworn to before me this 12 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Peggy Sue Waggoner
Date of Birth June 07 1959
Place of Birth (State or foreign country) Indpls, Ind.
Residence Address 3390 N. Raceway Rd., Ellettsville, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Divorce license 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 Clarence Marjold Waggoner
Residence of father (if deceased so state) Rushville, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Ann Lyons
Residence of mother (if deceased so state) Fishers, Ind.
Birthplace of mother (State or foreign country) Connecticut

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

Signed Peggy S. Waggoner
New Address 3390 N. Raceway Rd. Lot 37 Ellettsville, Ind.

Subscribed and sworn to before me this 12 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19 day of Oct, 19 79, authorizing the joining together as husband and wife

JEFFREY HILAND and PEGGY SUE WAGGONER
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Stanley A. Johnson hereby certify that on the 27 day of October, one thousand nine hundred and 79 at Danville, County of Hendricks, State of Indiana, Groom Jeffery Hiland of Hendricks County, State of Indiana and, Bride Peggy Sue Waggoner of Hendricks County, State of Indiana were by me united 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 Stanley A. Johnson

Official Designation Minister
30 day of October, 19 79

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 497
File
Date of Application 10-15-79

MALE
Medical Examination Report Dated 10-8-79
Name of Physician Carl Neixler

FEMALE
Medical Examination Report Dated 10-8-79
Name of Physician Carl Neixler

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

MALE APPLICANT

Name Kenneth L. Thomas
Date of Birth 3/23/1961
Place of Birth (State or foreign country) Williamsport Ohio
Residence Address 625 3rd Indiana Apt 3 North Bend Ind
Previous Marital Status Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License w/picture

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

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

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

Signed X Kenneth L. Thomas
New Address 253 So. Indiana St Apt 3

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

Signed _____ Father
Signed _____ Mother
Signed _____

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

FEMALE APPLICANT

Name Sharon D. Clubs
Date of Birth 10/28/1961
Place of Birth (State or foreign country) Ind
Residence Address 625 3rd Indiana Apt 3 North Bend Ind
Previous Marital Status Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

8. Full name of father 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, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed X Sharon D. Clubs
New Address 253 So. Indiana St Apt 3

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

Signed _____ Father
Signed _____ Mother
Signed _____

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 _____ 19.79, authorizing the joining together as husband and wife of Indiana dated the 19 day of October and Sharon D. Clubs

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ 19 day of October
I, Dr. Joseph D. Stump hereby certify that on the 19 day of October, County of Hendricks

one thousand nine hundred and 79 of Hendricks County, State of Indiana.
State of Indiana, Groom Kenneth L. Thomas of Hendricks
and, Bride Sharon D. Clubs

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County. _____ Signed Dr. Joseph D. Stump

Dated this 26 day of October, 1979. _____
Official Designation Minister
Signed Glen M. Harvey 26 day of October, 1979. Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 498

File

10-15-79
Date of Application

MALE

Medical Examination Report Dated 10-14-79

Name of Physician M. D. Scamhorn

FEMALE

Medical Examination Report Dated 10-14-79

Name of Physician M. D. Scamhorn

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

MALE APPLICANT

Name First Larry Middle W. Last Roe
Date of Birth Month 10 Day 25 Year 1946
Place of Birth (State or foreign country) Ind
Residence Address Street or R.F.D. Box 114 City Ganestown 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) Drivers license & picture

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

6. List the full names of any dependent children.

Brad Roe Doug Roe
Brent Roe
Larry Lee Roe

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

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

8. Full name of father Frank B. RoeResidence of father (if deceased so state) DeceasedBirthplace of father (State or foreign country) Indiana9. Full maiden name of mother Florence Della WallResidence of mother (if deceased so state) Ganestown, Ind.Birthplace of mother (State or foreign country) Indiana

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

Signed Larry W. Roe

New Address

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

Signed

Father

Signed

Mother

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

Clerk

FEMALE APPLICANT

Name First Dana Middle K. Last Roe
Date of Birth Month 11 Day 20 Year 1958
Place of Birth (State or foreign country) San Diego Calif
Residence Address Street or R.F.D. Rt. #1 Box 98 City Ligon County Ind. State Ind.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license & picture

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

6. List the full names of any dependent children.

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

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

8. Full name of father Elwood LitteralResidence of father (if deceased so state) Ligon, Ind.Birthplace of father (State or foreign country) Indiana9. Full maiden name of mother Sharon Kay AffaireResidence of mother (if deceased so state) Ligon, Ind.Birthplace of mother (State or foreign country) Indiana

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

Signed Dana K. RoeNew Address Rt. #1 Box 123 Ganestown, Ind.Subscribed and sworn to before me this 15 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, HENDRICKS } ss:
County of

Signed

Father

Signed

Mother

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 3-day waiver and filed in 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 October, 1979, authorizing the joining together as husband and wife

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

I, Glen M. Harvey hereby certify that on the 15 day of October, one thousand nine hundred and 79 at Danville County of Hendricks, State of Indiana, Groom Larry W. Roe of Boone County, State of Indiana, and, Bride Dana K. Roe of Hendricks County, State of Indiana, were by me united 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, 1979.Signed Glen M. HarveyOfficial Designation Clerk, Hendricks Co.Subscribed and sworn to before me this 16 day of October, 1979.Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 499

File _____

MALE

Medical Examination Report Dated Oct. 9, 1979
Name of Physician Glenn Baker

FEMALE

Medical Examination Report Dated Oct. 9, 1979
Name of Physician Glenn 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 Charles L. Woody
Date of Birth June 5, 1944
Place of Birth (State or foreign country) Massachusetts, Ill.
Residence Address 55 Lincoln Ave. Brownsburg, Ind.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Divorce License / certificate

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.
Douglas W. Age 10
Kimberly 8
Shelby 5

- Are you required by any court order or orders to support the above dependent children? Father has 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 Charles L. Woody
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Erma C. Schaffer
Residence of mother (if deceased so state) Indianapolis, Ind.
Birthplace of mother (State or foreign country) Ill.

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

Signed Charles L. Woody

New Address _____

Subscribed and sworn to before me this 15th day of October, 1979
Glenn M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

FEMALE APPLICANT

Name Patti Ann Thomas
Date of Birth 10/21/1953
Place of Birth (State or foreign country) Ill.
Residence Address 55 Lincoln Ave. Brownsburg, Ind.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Oklahoma Divorce License

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

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

8. Full name of father Charles T. Demoney
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Helen E. Stone
Residence of mother (if deceased so state) Oklahoma City, Okla.
Birthplace of mother (State or foreign country) Oklahoma

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

Signed Patti Ann Thomas

New Address _____

Subscribed and sworn to before me this 15th day of October, 1979
Glenn M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 19th day of Oct and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, RAYMOND H. DUFF _____ hereby certify that on the 21st day of October

one thousand nine hundred and 79 _____ at Lebanon _____ County of Boone
State of Indiana, Groom Charles L. Woody _____ of Hendricks _____ County, State of Indiana
and, Bride Patti Ann Thomas _____ of Hendricks _____ County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County _____

Dated this 21st day of October, 1979
Signed _____
Official Designation Raymond H. Duff
6th day of November, 1979
Signed Glenn M. Harvey Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 500
File 10/15/79
Date of Application

MALE
Medical Examination Report Dated 10-15-79
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 10-15-79
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 Middle Last
Alan E. Richardson
Date of Birth Month Day Year
November 24 1953
Place of Birth (State or foreign country)
Muncie, Ind.
Residence Address Street or R. R. City County State
R.R. #1 Box 421 Clayton Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Driver License (picture)

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

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

8. Full name of father: Paul E. Richardson

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

Birthplace of father (State or foreign country): Virginia

9. Full maiden name of mother: Violet D. Puckett

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

Birthplace of mother (State or foreign country): Virginia

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

Signed: Alan E. Richardson

New Address: R.R. 1, Box 421 Clayton

Subscribed and sworn to before me this 15 day of October, 1979.

Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed: _____ Father

Signed: _____ Mother

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

_____, Clerk

FEMALE APPLICANT

Name First Middle Last
Jacquelyn D. Sieg
Date of Birth Month Day Year
November 1 1953
Place of Birth (State or foreign country)
Muncie, Ind.
Residence Address Street or R. R. City County State
349 Turner Rd. Muncie Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Driver License (picture)

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

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

8. Full name of father: James Richard Alexander

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

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Elsie Vernice Pittman

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

Birthplace of mother (State or foreign country): Indiana

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

Signed: Jacquelyn D. Sieg

New Address: 349 Turner Rd.

Subscribed and sworn to before me this 15 day of October, 1979.

Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed: _____ Father

Signed: _____ Mother

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

_____, Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Oct, 1979, authorizing the joining together as husband and wife

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

I, John O. McIntyre hereby certify that on the 27 day of October, 1979, at Clayton, County of Hendricks,

one thousand nine hundred and 79, State of Indiana, Groom Alan Eugene Richardson of Hendricks County, State of Indiana,

and, Bride Jacquelyn Dee Sieg of Hendricks County, State of Indiana,

were by me united 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, 1979.

Signed: John O. McIntyre

Official Designation: Minister

31 day of October, 1979.

Signed: Ellen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of October, 1979.

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-1-1
Effective July 1, 1971

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 501
File 40
Date of Application 10-16-79

MALE
Medical Examination Report Dated 10-16-79
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 10-16-79
Name of Physician Eric D. Clark

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

MALE APPLICANT

Name Timothy J. O'Brien
Date of Birth May 11 1961
Place of Birth Marion Co., Ind.
Residence Address 616 Barrett, Danville, Hen, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify): Divorced license w/picture

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

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

Full name of father: Thomas Joseph O'Brien
Residence of father (if deceased so state): Dinton, Ind.
Birthplace of father (State or foreign country): Indiana
Full maiden name of mother: Ellen Marie Andrews
Residence of mother (if deceased so state): Dinton, Ind.
Birthplace of mother (State or foreign country): Indiana

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

Signed: Timothy J. O'Brien
New Address: 616 Barrett St.

Subscribed and sworn to before me this 16 day of Oct, 1979
Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:

Signed: Father
Signed: Mother

Subscribed and sworn to before me this day of 1979
Clerk

FEMALE APPLICANT

Name Laura Trease Cardwell
Date of Birth Sept. 28 1957
Place of Birth Marion Co., Ind.
Residence Address 616 Barrett, Danville, Hen, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

Other (Specify):

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

Larissa Marie Cardwell

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

Full name of father: Douglas Horace Waigant
Residence of father (if deceased so state): Brownsburg, Ind.
Birthplace of father (State or foreign country): Alabama
Full maiden name of mother: Norma Dean Haley
Residence of mother (if deceased so state): Greenwood, Ind.
Birthplace of mother (State or foreign country): Indiana

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

Signed: Laura Cardwell
New Address: 616 Barrett St.

Subscribed and sworn to before me this 16 day of Oct, 1979
Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:

Signed: Father
Signed: Mother

Subscribed and sworn to before me this day of 1979
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Hendricks Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks County, Indiana, dated the 16th day of Oct, 1979, authorizing the joining together as husband and wife of Timothy J. O'Brien and Laura Trease Cardwell.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ted Stephenson, hereby certify that on the 20 day of October, 1979, at Indianapolis, Hendricks County, State of Indiana, Groom Timothy J. O'Brien and, Bride Laura Cardwell of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 20 day of October, 1979.
Signed: Ted P. Stephenson
Official Designation: Ordained Minister
25 day of October, 1979.
Signed: Ellen M. Harvey Clerk HENDRICKS Circuit Court

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 502
File 10-16-79
Date of Application

MALE
Medical Examination Report Dated 10-9-79
Name of Physician Gordon J. Robbins

FEMALE
Medical Examination Report Dated 10-9-79
Name of Physician Gordon J. Robbins

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

MALE APPLICANT

Name Mark Douglas Stucker
Date of Birth 1 7 1943
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 488 Pence Ct. Plainfield, In.
Previous Marital Status: Never Married ☐ OR ☒ 1 time
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license w/ picture

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

Gary Stucker
Nawn
Thigg

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

If answer is "yes", it is required that this Application be 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. Stucker
Residence of father (if deceased so state): Indianapolis, In.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Sara J. Wright
Residence of mother (if deceased so state): Indianapolis, In.
Birthplace of mother (State or foreign country): Indiana

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

Signed Mark Stucker
New Address Plainfield, Ind.

Subscribed and sworn to before me this 16th 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, HENDRICKS ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

FEMALE APPLICANT

Name Virginia Sue Stamm
Date of Birth 21 1950
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 488 Pence Ct. Plainfield, In.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license w/ picture

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

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

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

8. Full name of father: Meridith M. Stamm
Residence of father (if deceased so state): Indianapolis, In.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Vera E. Shipper
Residence of mother (if deceased so state): Indianapolis, In.
Birthplace of mother (State or foreign country): Indiana

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

Signed Virginia S. Stamm
New Address Plainfield, In.

Subscribed and sworn to before me this 16 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, HENDRICKS ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 20th day of October, 1979, authorizing the joining together as husband and wife

of Mark Douglas Stucker and Virginia Sue Stamm

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

1. William L. Fisher hereby certify that on the 20 day of October, one thousand nine hundred and 79 at Indianapolis, County of Marion, State of Indiana, Groom Mark Douglas Stucker of Hendricks County, State of Indiana and, Bride Virginia Sue Stamm of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 20 day of October, 1979.

Signed William L. Fisher
Official Designation Judge
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of November, 1979.

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

MALE
Medical Examination Report
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)."

Name Thomas
Date of Birth 10-16-79
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 488 Pence Ct. Plainfield, In.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license w/ picture

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

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

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

8. Full name of father: Thomas
Residence of father (if deceased so state): Indianapolis, In.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Elizabeth
Residence of mother (if deceased so state): Indianapolis, In.
Birthplace of mother (State or foreign country): Indiana

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

Signed Thomas
New Address Plainfield, In.

Subscribed and sworn to before me this 16 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, HENDRICKS ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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 _____ day of _____, 19____, authorizing the joining together as husband and wife

of Thomas and Elizabeth

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

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

Dated this _____ day of _____, 19____.

Signed _____
Official Designation _____
Signed _____ Clerk _____ Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 503

HENDRICKS

County

File 40

10-17-79
Date of Application

MALE

Medical Examination Report Dated 10-15-79

Name of Physician E. J. O'Brien

FEMALE

Medical Examination Report Dated 10-15-79

Name of Physician E. J. O'Brien

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

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify):

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

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

9. Full maiden name of mother: Elizabeth Louise Downing
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Kentucky

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

Signed X Thomas J. Freije
New Address: W. 10 St. Indianapolis

Subscribed and sworn to before me this 17 day of Oct, 1979
Glen M. Harvey HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother
Signed _____

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

Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify):

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

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

8. Full name of father: John Warner Ray
Residence of father (if deceased so state): Brownsburg, In
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Sally Sue Stevenson
Residence of mother (if deceased so state): Brownsburg, In
Birthplace of mother (State or foreign country): Indiana

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

Signed X Paula Ann Ray
New Address: W. 10 St. Indianapolis

Subscribed and sworn to before me this 17 day of Oct, 1979
Glen M. Harvey HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother
Signed _____

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 25 day of Oct, and Paula Ann Ray
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1. I, Rev. Charles Zoll, hereby certify that on the 10 day of Nov, County of Hendricks
at Brownsburg, County, State of Indiana,
one thousand nine hundred and 1979 of Hendricks County, State of Indiana,
State of Indiana, Groom: Thomas James Freije
and, Bride: Paula Ann Ray

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 October, 1979.

Signed Rev. Charles Zoll
Official Designation: Catholic Priest, 1979
16 day of Nov, _____ Clerk

Signed Glen M. Harvey HENDRICKS Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
of S.C. 20-1-14
Effective July 1, 1917

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENRICKS

County

No. 504

File

10-19-29
Date of Application

MALE

Medical Examination Report Dated 10-16-29

Name of Physician Richard J. Luma

FEMALE

Medical Examination Report Dated 10-19-29

Name of Physician One Clark M.D.

ALL APPLICANTS MUST BE PRESENTED TO THE CLERK OF THE CIRCUIT COURT OF THE COUNTY OF HENRICKS, INDIANA, FOR THE PURPOSE OF OBTAINING A MARRIAGE LICENSE. THE CLERK OF THE CIRCUIT COURT SHALL BE REQUIRED TO EXAMINE THE APPLICANTS AND TO SIGN THE MARRIAGE LICENSE WHEN ISSUED.

MALE APPLICANT

Name James J. Caylor
Date of Birth April 5, 1906
Place of Birth Frankfort, Kentucky
Residence Address 10 Martin Dr. Danville, Ind.
Previous Marriage Status: Never Married ☒ Yes ☐ No
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Indian Name

A. Other-Specific: James J. Caylor

1. Are you now or have you ever been adjudged to be of unsound mind? ☒ No ☐ Yes
2. If answer is "yes" has the adjudication been removed? ☐ No ☐ Yes
3. Are you afflicted with a transmissible disease? ☒ No ☐ Yes
4. Are you intemperate in the habit of drinking spirituous liquors? ☒ No ☐ Yes
5. Are you now under the influence of intoxicating liquor? ☒ No ☐ Yes
6. Are you now under the influence of a narcotic drug? ☒ No ☐ Yes
7. List the full names of any dependent children.

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

Full name of father: Edward J. Caylor
Residence of father (if deceased or state): 10 Martin Dr. Danville

Birthplace of father (State or foreign country): Indiana

Full name of mother: Lina Hill
Residence of mother (if deceased or state): Same

Birthplace of mother (State or foreign country): Frankfort, Germany

State of Indiana: HENRICKS } I declare and state the information given in this application is true and correct.

County of: HENRICKS

Signed: James J. Caylor

New Address: 304 Oak St. Danville, Ind.

Subscribed and sworn to before me this 26 day of Oct. 1929

Blair M. Harvey Clerk HENRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana: HENRICKS } -

County of: HENRICKS

Signed: _____ Father

Signed: _____ Mother

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

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENRICKS County Court by written order issued _____ and filed

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENRICKS

Circuit Court

We do Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 26 day of October 1929, authorizing the joining together as husband and wife

of James J. Caylor and Johanna Sue Mitchell

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

1. James J. Caylor hereby certify that on the 26 day of October

at Danville County of Hendricks

State of Indiana, known James J. Caylor County, State of Indiana

and, birth Johanna Sue 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 _____ HENRICKS

County, _____

Dated this 26 day of Oct. 1929.

Signed: James J. Caylor

Official Designation: Dep. Clerk

Signed: Blair M. Harvey Clerk HENRICKS Circuit Court

MALE Medical Examination Report
Name of Physician
First Name
Last Name
Date of Birth
Place of Birth
Residence Address
Marital Status
Never Married
Death
Divorce
Birth Certificate
Date of birth verified by
Other-Specific
Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes" has the adjudication been removed?
Are you afflicted with a transmissible disease?
Are you intemperate in the habit of drinking spirituous liquors?
Are you now under the influence of intoxicating liquor?
Are you now under the influence of a narcotic drug?
List the full names of any dependent children.
Are you required by any court order or orders to support the above dependent children?
If answer is "yes" it is required that this application be accompanied by satisfactory proof that you are in compliance with any such order or orders issued by the court.
Full name of father
Residence of father (if deceased or state)
Birthplace of father (State or foreign country)
Full name of mother
Residence of mother (if deceased or state)
Birthplace of mother (State or foreign country)
State of Indiana
County of
Signed
New Address
Subscribed and sworn to before me this
Day of
19
Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County Court by written order issued _____ and filed on _____ authorizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
We do Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the _____ day of _____ 19____, authorizing the joining together as husband and wife of _____ and _____
Do it further remembered, the following marriage certificate was filed in my office, to-wit:
1. _____ hereby certify that on the _____ day of _____ at _____ County of _____ State of _____ known _____ and, birth _____ of _____ County, State of _____ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this _____ day of _____ 19____.
Signed: _____
Official Designation: _____
Signed: _____ Clerk _____ Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 505

File 40

10-19-79

Date of Application

MALE

Medical Examination Report Dated 10-19-79

Name of Physician Petrusk Foley

FEMALE

Medical Examination Report Dated 10-19-79

Name of Physician Petrusk Foley

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

MALE APPLICANT

Name Glenn Raymond Perkins
Date of Birth July 23 1958
Place of Birth (State or foreign country) Indiana
Residence Address 3137 Clover Dr., Indpls, Hendricks, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) #C 1642

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

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

8. Full name of father Raymond Eugene Perkins
Residence of father (if deceased so state) 3137 Clover Dr., Indpls, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Jean Coapstick
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Glenn Raymond PerkinsNew Address unknown

Subscribed and sworn to before me this 19 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Hettie Jane Webber
Date of Birth Oct 9 1961
Place of Birth (State or foreign country) Indiana
Residence Address 2541 N. Raceway, Indpls, Marion, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) #12880

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

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

8. Full name of father William Calvin Webber, Sr.
Residence of father (if deceased so state) 2541 N. Raceway, Indpls, Ind.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Jane Bernice Garland
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Kentucky

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

Signed Hettie Jane WebberNew Address unknown

Subscribed and sworn to before me this 19 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 23 day of October and Hettie Jane Webber

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 27th day of October
Glenn Raymond Perkins County of Marion
Hollis E. Foster at Clermont County, State of Indiana

one thousand nine hundred and 79 of Hendricks County, State of Indiana
State of Indiana, Groom Glenn Raymond Perkins of Marion

and, Bride Hettie Jane Webber 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 27 day of October, 1979.
Signed Hollis E. Foster
Official Designation Minister
6 day of November, 1979
Signed Glen M. Harvey HENDRICKS Clerk
Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 506

File

10/23/79
Date of Application

MALE
Medical Examination Report Dated 10/8/79
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 10/8/79
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 John W. Cordell
Date of Birth 11/17/1952
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 291 North Vine St. Plaid In.
Previous Marital Status: Never Married ☐ OR ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Edgar Cordell Sr.
Residence of father (if deceased so state) Greenwood, In.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Imogene Lucille Belcher
Residence of mother (if deceased so state) Indianapolis, In.
Birthplace of mother (State or foreign country) Indiana

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

Signed John W. Cordell
New Address 291 N. Vine

Subscribed and sworn to before me this 23rd 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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

FEMALE APPLICANT

Name Diana S. Reed
Date of Birth 3/13/1952
Place of Birth (State or foreign country) Greencastle, In.
Residence Address 291 North Vine St. Plaid In.
Previous Marital Status: Never Married ☐ OR ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Luther P. Buchanan
Residence of father (if deceased so state) Stekoville

Birthplace of father (State or foreign country) North Carolina

9. Full maiden name of mother Elodia Alta Hampton

Residence of mother (if deceased so state) Stekoville, In.

Birthplace of mother (State or foreign country) North Carolina

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

Signed Diana S. Reed
New Address 291 N. Vine St. Plaid In.

Subscribed and sworn to before me this 23rd 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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Be 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 Oct, 1979, authorizing the joining together as husband and wife

John W. Cordell and Diana S. Reed
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Maurer hereby certify that on the 23 day of October

one thousand nine hundred and 79 at Danville, County of Hendricks

State of Indiana, Groom John W. Cordell of Hendricks County, State of Indiana

and, Bride Diana S. Reed of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23 day of October, 1979.

Signed John C. Maurer

Official Designation Judge Superior #2

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of Oct, 1979.

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

Re-marriage

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 507
File 40
Date of Application 10-23-79

MALEMedical Examination Report Dated 10-9-79Name of Physician Jack R. Lenox**FEMALE**Medical Examination Report Dated 10-10-79Name of Physician Jack R. Lenox

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

MALE APPLICANT

Name David R. Patton
Date of Birth Oct 16 1951
Place of Birth (State or foreign country) Rockledge, Indiana
Residence Address P.O. Box 208A, Linton, 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) Divorce license w/picture

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

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

8. Full name of father Marit Columbus Patton
Residence of father (if deceased so state) Argos, Indiana
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mary Janet Nesmith
Residence of mother (if deceased so state) Argos, Indiana
Birthplace of mother (State or foreign country) Kentucky

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

Signed David L PattonNew Address RR#1 Box 208A Linton Ind.Subscribed and sworn to before me this 23 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court
of Indiana dated the 4th day of Dec, 19 79, authorizing the joining together as husband and wife
of David L Patton and Cathy E Patton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, M. Wayne Vanover, hereby certify that on the 27 day of January,
at 12:30 P.M., County of Boone,
of Boone County, State of Indiana,
one thousand nine hundred and 80,
State of Indiana, Groom David L Patton of Boone County, State of Indiana,
and, Bride Cathy E Patton 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 30 day of January, 19 80.
Signed M. Wayne Vanover
Official Designation Minister, Church of God of Prophecy, 19 80
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 508
File _____
Date of Application 10-23-79

MALE
Medical Examination Report Dated 10-14-79
Name of Physician R. N. Scudder, M.D.

FEMALE
Medical Examination Report Dated 10-14-79
Name of Physician R. N. Scudder, M.D.

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

MALE APPLICANT

Name David E. Lippard
Date of Birth 08 11 1958
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 9118 Ben Hur Ave. Indpls. Marion 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 Todd M. Lippard
Residence of father (if deceased so state) 121 Pamela Hwy. Brownsburg, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Kathleen E. Howell
Residence of mother (if deceased so state) 121 Pamela Hwy. Brownsburg, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed David Lippard
New Address 9118 Ben Hur Ave

Subscribed and sworn to before me this 23rd 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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Karen D. DeLong
Date of Birth 06 13 1962
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 215 Gordon Ct. Brownsburg Ind. Indiana
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

8. Full name of father Walter Kenneth DeLong
Residence of father (if deceased so state) 215 Gordon Ct. Brownsburg, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith Helena Wiley
Residence of mother (if deceased so state) 215 Gordon Ct. Brownsburg, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Karen DeLong
New Address 9118 Ben Hur Ave. Indpls.

Subscribed and sworn to before me this 23rd 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, HENDRICKS } ss:
County of _____

Signed _____ Father
☒ Signed Judith H. DeLong Mother

Subscribed and sworn to before me this 23rd day of Oct., 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 29 day of October, 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Rev. James T. Lippard hereby certify that on the 3 day of November,
one thousand nine hundred and 79 at Brownsburg, County of Hendricks,
State of Indiana, Groom David E. Lippard of Hendricks County, State of Hendricks, Indian
and, Bride Karen D. DeLong of Hendricks County, State of Indiana,
were by me united 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, 1979.
Signed Rev. James T. Lippard
Official Designation Minister, United General Church In
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of November, 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. 508
File _____
Date of Application 10-23-79

MALE

Medical Examination Report Dated 10-14-79
Name of Physician R. T. Souder, M.D.

FEMALE

Medical Examination Report Dated 10-14-79
Name of Physician R. T. Souder, M.D.

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

MALE APPLICANT

Name David E. Lippard
Date of Birth 08 11 1958
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 9118 New Star Ave. Indpls. Marion 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

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

FEMALE APPLICANT

Name Karen D. DeLong
Date of Birth 06 13 1962
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 215 Gordon Ct. Brownsburg Ind. Indiana
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

To Whom It May Concern:
My daughter Karen DeLong
has my permission to marry
David Lippard on Nov 3, 1979

Mr. Walter K. DeLong
215 Gordon Court
Brownsburg, Indiana

I hereby Notarize this is the signature
of Walter K. DeLong. This is the 16th day
of October 1979 - My Commission Expires
3-21-83

Donald D. Long
Resident of Hendricks Co., Ind.

CONSENT OF PARENTS

We, the parents, of the above named
signs, state facts which

State of Indiana, HE
County of _____

Subscribed and sworn to

COMPLETE IF
HEN

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State of India

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County.

Dated this

Filed and recor

Clerk

Circuit Court

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

Re-marriage
STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 509File. 40County HENDRICKS10-24-79

Date of Application

MALE

Medical Examination Report Dated 10-17-79Name of Physician George W. Sellmer

FEMALE

Medical Examination Report Dated 10-17-79Name of Physician George W. Sellmer

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

MALE APPLICANT

Name Alan Waldschmidt
Date of Birth August 31 1932
Place of Birth (State or foreign country) Youngstown
Residence Address RR #1 Box 509 Plainfield Ohio Indiana
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic w/ photo

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

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

8. Full name of father Norbert Henry Waldschmidt
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Linda Stella Swasey
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) New York

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

Signed Alan T. Waldschmidt
New Address RR #1 Box 509 Plainfield, IN 46168

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

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Mary Waldschmidt
Date of Birth August 9 1935
Place of Birth (State or foreign country) Bryn Mawr
Residence Address 4874 Hawthorne Way Pennsylvania Indiana
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic w/ photo

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

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

8. Full name of father Franklin David Wilson, Jr.
Residence of father (if deceased so state) Miami, Florida
Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Mary Adeline Manuvaring
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Pennsylvania

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

Signed Mary W. Waldschmidt
New Address RR #1 Box 509 Plainfield, IN 46168

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

Signed _____ Father

Signed _____ Mother

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
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 29th day of October and Mary W. Waldschmidt
Alan T. Waldschmidt and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Wm. M. Walter hereby certify that on the 26 day of Nov.
one thousand nine hundred and 79 at Plainfield County of Hendricks
State of Indiana, Groom Alan T. Waldschmidt of Hendricks County, State of Indiana
and, Bride Mary W. Waldschmidt of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 26 day of Nov., 1979
Signed William M. Walter
Official Designation Presbyterian minister
29 day of Nov., 1979
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 510
File 40
Date of Application 10-25-79

MALE
Medical Examination Report Dated 10-17-79
Name of Physician Larry Lowell

FEMALE
Medical Examination Report Dated 10-17-79
Name of Physician Larry Lowell

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

MALE APPLICANT

Name First Randall Middle Keith Last Morpheus
Date of Birth Month 11 Day 26 Year 1955
Place of Birth (State or foreign country) Indpls Ind.
Residence Address Street or R. R. Rt 3 Box 310 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 George Robert Morpheus
Residence of father (if deceased so state) Danville Ind.
Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother Beverly Alexe Harwood
Residence of mother (if deceased so state) Danville Ind.
Birthplace of mother (State or foreign country) Indpls Ind.

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

Signed X Randall K. Morpheus

New Address 321 W MAIN ST

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

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Quanita Middle Gayle Last McDonald
Date of Birth Month 7 Day 26 Year 1960
Place of Birth (State or foreign country) Williamport Ind.
Residence Address Street or R. R. Rt 6 Box 190 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 Joseph Eugene McDonald
Residence of father (if deceased so state) Danville Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Gola Mae Mercer
Residence of mother (if deceased so state) Danville Ind.
Birthplace of mother (State or foreign country) Kentucky

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

Signed X Quanita Gayle McDonald

New Address 321 West Main Street

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

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

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

I, Stanley A. Johnson, hereby certify that on the 3 day of November, one thousand nine hundred and 79, at Danville, County of Hendricks, State of Indiana, Groom Randall Keith Morpheus, Hendricks County, State of Indiana, and, Bride Quanita Gayle McDonald, Hendricks County, State of Indiana, were by me united 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, 1979.

Signed Stanley A. Johnson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of Nov, 1979.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 511
File 40
Date of Application 10-25-79

HENDRICKS
County

MALE

Medical Examination Report Dated 10-22-79
Name of Physician M. O. Scamato

FEMALE

Medical Examination Report Dated 10-22-79
Name of Physician M. O. Scamato

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

MALE APPLICANT

Name Pirtel O. Smith
Date of Birth May 25 1911
Place of Birth (State or foreign country) Indiana
Residence Address Box 303 Pittsboro, Hend, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father: Melis Elsworth Smith
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Clara Florence Parrick
Residence of mother (if deceased so state): deceased
Birthplace of mother (State or foreign country): Indiana

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

Signed Pirtel O. Smith

New Address 320 Osborn Ave Box 303

Subscribed and sworn to before me this 25 day of Oct., 1979.
Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Margaret A. Campbell
Date of Birth July 13 1920
Place of Birth (State or foreign country) Indiana
Residence Address 320 Osborn, Pittsboro, Hend, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father: Mont Vernon Starns
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Tennessee
9. Full maiden name of mother: Elsie Eliza Hardee
Residence of mother (if deceased so state): deceased
Birthplace of mother (State or foreign country): Indiana

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

Signed Margaret A. Campbell

New Address 320 Osborn Ave Box 303

Subscribed and sworn to before me this 25 day of Oct., 1979.
Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 29th day of Oct., 1979, authorizing the joining together as husband and wife

of Pirtel O. Smith and Margaret A. Campbell
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. John Lewis Bryan II hereby certify that on the 4th day of November,
at Indianapolis, County of Marion,
of Hendricks, County, State of Indiana,
of Hendricks, County, State of Indiana,
one thousand nine hundred and 79 of Hendricks HENDRICKS

State of Indiana, Groom Pirtel O. Smith of _____
and, Bride Margaret A. Campbell of _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____ 79

Dated this 4th day of November, 1979.
Official Designation _____
Signed Glen M. Hawley HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 512
File 40
10/26-79
Date of Application

MALE

Medical Examination Report Dated 10/16/79Name of Physician Peter Foster M.D.

FEMALE

Medical Examination Report Dated 10/15/79Name of Physician James M. McFadden 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 Jesse William Fairfield
Date of Birth June 22 1960
Place of Birth (State or foreign country) Lebanon
Residence Address Plainfield Hend. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify)

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

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

8. Full name of father Norman Fairfield
Residence of father (if deceased so state) 130 Altamont St.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosemarie Utterback
Residence of mother (if deceased so state) same
Birthplace of mother (State or foreign country) Indiana

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

Signed Jesse William Fairfield
New Address Plainfield P.O. Box 127

Subscribed and sworn to before me this 26 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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Theresa Ann Stingley
Date of Birth March 31 1961
Place of Birth (State or foreign country) Laft.
Residence Address 3722 Aspen St. Laft. Twp. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

8. Full name of father Bobby Clinton Stingley
Residence of father (if deceased so state) 3722 Aspen St. Laft. Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia Katherine Young
Residence of mother (if deceased so state) Connecticut
Birthplace of mother (State or foreign country) _____

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

Signed Theresa Ann Stingley
New Address 3722 Aspen St. Laft. Ind.

Subscribed and sworn to before me this 26 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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6 day of November, 19 79, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Miguel A. Rodriguez hereby certify that on the 6 day of Nov.

one thousand nine hundred and 79 at Plainfield County of Hendricks
State of Indiana, Groom Jesse Wm. Fairfield of Hendricks County, State of Indiana
and, Bride Theresa Ann Stingley of Lippscomb County, State of Indiana
were by me united 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 Nov., 19 79.

Signed Rev. Miguel A. Rodriguez
Official Designation Paster

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of Nov., 19 79.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-4-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 513

File 40

County

Date of Application 10-26-79

MALE

Medical Examination Report Dated 10-19-79

Name of Physician Carl L. Heinlein

FEMALE

Medical Examination Report Dated 10-19-79

Name of Physician Carl L. Heinlein

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

MALE APPLICANT

Name First Jeffrey Middle D Last Blackmore
Date of Birth May 12 1958
Place of Birth (State or foreign country) Lebanon
Residence Address Box 225 Street or R. R. North Salem City Ind. County Ind. State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic w/ photo

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

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

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

- Full name of father: James Edward Blackmore

Residence of father (if deceased so state) Vine St. N. Salem

Birthplace of father (State or foreign country) Indiana

- Full maiden name of mother: Marilyn Jean Stewart

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Indiana

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

County of HENDRICKS

Signed X Jeffrey D. Blackmore

New Address 202 J. California St. North Salem

Subscribed and sworn to before me this 26 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, HENDRICKS } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Cheryl Middle A. Last Freeland
Date of Birth June 27 1960
Place of Birth (State or foreign country) Lebanon
Residence Address Box 225 Street or R. R. North Salem City Ind. County Ind. State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

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

- Full name of father: Russell Eugene Freeland

Residence of father (if deceased so state) Box 437, N. Salem, Ind.

Birthplace of father (State or foreign country) Indiana

- Full maiden name of mother: Marie Carolyn Ellis

Residence of mother (if deceased so state) Deceased

Birthplace of mother (State or foreign country) Indiana

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

County of HENDRICKS

Signed X Cheryl A. Freeland

New Address 202 J. California St. N. Salem, Ind.

Subscribed and sworn to before me this 26 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, HENDRICKS } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court

of Indiana dated the 30th day of Oct, 1979, authorizing the joining together as husband and wife

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

I, Earl C. Davis, hereby certify that on the 9 day of Nov, _____ County of Hendricks

one thousand nine hundred and 1979 at North Salem County, State of Indiana

State of Indiana, Groom Jeffrey Jay Blackmore of Hendricks County, State of Indiana

and, Bride Cheryl Ann Freeland of Hendricks County, State of Indiana

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 9 day of November, 1979. Signed Earl C. Davis

Official Designation Justice - Counselor, 1979

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 514

File 40

Oct 26, 1979
Date of Application

MALE

Medical Examination Report Dated 10-25-79

Name of Physician Michael Neely

FEMALE

Medical Examination Report Dated 10-25-79

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 David Middle F Last Crane
Date of Birth Month January Day 24 Year 1942
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. 24 Sugarland Rd. City Washington County In State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

Erin Crane

David Crane

Chadwick Crane

D. RYAN Crane

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

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

- Full name of father Donald Floyd Crane

Residence of father (if deceased so state) Logansport, In.

Birthplace of father (State or foreign country) Indiana

- Full maiden name of mother Violet June Pruitt

Residence of mother (if deceased so state) Deceased

Birthplace of mother (State or foreign country) Indiana

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

Signed X

New Address 24 SUGARLAND RD, WASHINGTON, IN

Subscribed and sworn to before me this 26 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, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Patricia Middle Kay Last Montgomery
Date of Birth Month January Day 9 Year 1948
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. RR 2 Box 332 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)

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

Richard Todd Montgomery

Tricia K. Montgomery

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

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

- Full name of father Charles William Cape

Residence of father (if deceased so state) Danville, In.

Birthplace of father (State or foreign country) Indiana

- Full maiden name of mother Frances Lorraine Moffatt

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Arkansas

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

Signed X

New Address 24 SUGARLAND RD, WASHINGTON, IN

Subscribed and sworn to before me this 26 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, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court

of Indiana dated the 31 day of Oct, 1979, authorizing the joining together as husband and wife

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

1, Kendall E. Sands hereby certify that on the 2 day of November, one thousand nine hundred and 79, at Washington, County of Daviess,

State of Indiana, Groom David E. Crane of Daviess County, State of Indiana,

and, Bride Patricia Kay 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 2 day of November, 1979.

Signed Kendall E. Sands

Official Designation United Methodist Minister

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of November, 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. 515
File 40
10-26-79
Date of Application

MALE

Medical Examination Report Dated 10-20-79
Name of Physician H. R. Gillespie

FEMALE

Medical Examination Report Dated 10-24-79
Name of Physician Ronald Stigemoller

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

MALE APPLICANT

Name First Middle Last
Bradley David Robinson
Date of Birth Month Day Year
6 15 1960
Place of Birth (State or foreign country) Seymour, Ind.
Residence Address Street or R. R. City County State
520 W. Bridge St., Brownstown Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

8. Full name of father: Clair Dean Robinson
Residence of father (if deceased so state): Brownstown, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Monica Dawn Hanners
Residence of mother (if deceased so state): Brownstown, Ind.
Birthplace of mother (State or foreign country): Washington DC

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

Signed Bradley David Robinson

New Address 3409 Falcon Drive Apt D Speedway, Ind.

Subscribed and sworn to before me this 26 day of Oct, 1979.
Shen M. Narvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

Name First Middle Last
Karen Dianne Davis
Date of Birth Month Day Year
8 14 60
Place of Birth (State or foreign country) Ind.
Residence Address Street or R. R. City County State
136 N. Wayne Danville, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

8. Full name of father: Jerry Lee Davis
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Nebraska
9. Full maiden name of mother: Marjorie Jean Stevens
Residence of mother (if deceased so state): Danville, Ind.
Birthplace of mother (State or foreign country): Indiana

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

Signed Karen Dianne Davis

New Address 3409 Falcon Dr. Apt D Speedway, Ind.

Subscribed and sworn to before me this 26 day of Oct, 1979.
Shen M. Narvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 2nd day of November, 1979, and Karen Dianne Davis
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph D. Stump, hereby certify that on the 5 day of Nov., 1979, at Danville, County of Hendricks, State of Indiana, Groom Bradley David Robinson of Hendricks County, State of Indiana, and, Bride Karen Dianne Davis of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 3 day of Nov., 1979.

Signed Dr. Joseph D. Stump Minister
Official Designation Nov. 1979
Signed Shen M. Narvey Clerk HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 516
File _____
Date of Application 10-29-79

MALE

Medical Examination Report Dated 10-14-79

Name of Physician Joseph Kerlin, M.D.

FEMALE

Medical Examination Report Dated 10-14-79

Name of Physician Joseph Kerlin, M.D.

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

MALE APPLICANT

Name Paul Refford Hammersley, III
Date of Birth 5 03 1958

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

Residence Address R. #2 Box 156 Danville Ind. 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

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

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

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

8. Full name of father Paul Refford Hammersley, Jr.

Residence of father (if deceased so state) Burgersville, Indiana

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Maris Pauline McCartney

Residence of mother (if deceased so state) R. #2 Box 156, Danville, Ind.

Birthplace of mother (State or foreign country) Indiana

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

Signed Paul Refford Hammersley, III

New Address 5870 Magdeline Drive Indianapolis

Subscribed and sworn to before me this 29 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, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Julie Ann Johnston
Date of Birth 12 11 1958

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

Residence Address R. #2 Box 162 Danville Ind. Indiana

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) _____

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

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

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

8. Full name of father Leonard Glenn Johnston

Residence of father (if deceased so state) R. #2 Box 162, Danville, Ind.

Birthplace of father (State or foreign country) Mahaffey, Pennsylvania

9. Full maiden name of mother Joy Jean Blunkett

Residence of mother (if deceased so state) R. #2 Box 162 Danville, Ind.

Birthplace of mother (State or foreign country) Indiana

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

Signed Julie Ann Johnston

New Address 5870 Magdeline Dr. Indpls.

Subscribed and sworn to before me this 29 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, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1st day of November, 1979, authorizing the joining together as husband and wife

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

I, C. Raymond Rissler hereby certify that on the 2 day of November, one thousand nine hundred and 79

State of Indiana, Groom Paul Refford Hammersley, III of Hendricks County, State of Indiana

and, Bride Julie Ann 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 2 day of November, 1979.

Signed C. Raymond Rissler

Official Designation Baptist Minister

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of November, 1979.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 517
File _____
Date of Application 10-29-79

MALE

Medical Examination Report Dated 10-22-79

Name of Physician Joseph Kerlin, M.D.

FEMALE

Medical Examination Report Dated 10-22-79

Name of Physician Joseph Kerlin, M.D.

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

MALE APPLICANT

Name Glenn First Wayne Middle Johnston Last
Date of Birth 7 Month 20 Day 1957 Year
Place of Birth (State or foreign country) Breencastle, Indiana
Residence Address 3449 H E Main St. Danville Ind. 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

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

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

8. Full name of father Leonard Glenn Johnston
Residence of father (if deceased so state) R#2 Box 162 Danville, Ind.
Birthplace of father (State or foreign country) Mahaffey, Pa.
9. Full maiden name of mother Joy Jean Plunkett
Residence of mother (if deceased so state) R#2 Box 162 Danville, Ind.
Birthplace of mother (State or foreign country) Danville, Indiana

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

Signed Glenn W Johnston
New Address _____

Subscribed and sworn to before me this 29 day of Oct., 1979.
Glenn M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother
Signed _____

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

Clerk

FEMALE APPLICANT

Name Martina First Marie Middle Johnston Last
Date of Birth 2 Month 28 Day 1961 Year
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address R#2 Box 155 Danville Hendricks Indiana
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License w/ picture

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

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

8. Full name of father Wingard James White
Residence of father (if deceased so state) R#2 Box 155 Danville, Ind.
Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Martine Ann Smith
Residence of mother (if deceased so state) R#2 Box 155 Danville, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Martina Marie Johnston
New Address 3449 H E Main St. Danville, Ind.

Subscribed and sworn to before me this 29 day of Oct., 1979.
Glenn M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother
Signed _____

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 1st day of November and Martina Marie Johnston

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 3rd day of November
I, B. E. Lydick 79, hereby certify that on the _____ day of _____, County of _____, State of _____, Indiana

one thousand nine hundred and _____ of _____, County, State of _____, Indiana
State of Indiana, Groom Glenn Wayne Johnston
and, Bride Martina Marie Johnston

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, _____, 1979. Signed B. E. Lydick
Dated this 3rd day of November, 1979. Official Designation Clerk Treasurer

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.
Signed Glenn M. Harney HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 518
File 10-29-79
Date of Application

MALE

Medical Examination Report Dated 10-22-79

Name of Physician Larry Lowell

FEMALE

Medical Examination Report Dated 10-22-79

Name of Physician Larry Lowell

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

MALE APPLICANT

Name Timothy Smith
Date of Birth 12 13 1955
Place of Birth (State or foreign country) Indpls Ind
Residence Address 313 Sawdals Blvd Ind Ind
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w picture

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

6. List the full names of any dependent children.
Todd Ryan Smith
Tina Lynn Smith

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

If answer is "yes", it is required that this Application be 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 Lee Smith

Residence of father (if deceased so state) Deceased

Birthplace of father (State or foreign country) Indpls, Ind

9. Full maiden name of mother Nancy L. Stevens

Residence of mother (if deceased so state) Indpls Ind

Birthplace of mother (State or foreign country) Indpls Ind

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

County of HENDRICKS

Signed Timothy Smith

New Address Plainfield, Ind

Subscribed and sworn to before me this 29 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, HENDRICKS } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

FEMALE APPLICANT

Name Judy Griffith
Date of Birth 11 19 1958
Place of Birth (State or foreign country) Whitesburg Kentucky
Residence Address 224 Box 1100 Clayton Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w picture

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

6. List the full names of any dependent children.

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

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

8. Full name of father Arnold Griffith

Residence of father (if deceased so state) Clayton Ind

Birthplace of father (State or foreign country) Whitesburg Ky

9. Full maiden name of mother Audrey Collins

Residence of mother (if deceased so state) Clayton Ind

Birthplace of mother (State or foreign country) Whitesburg Ky

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

County of HENDRICKS

Signed Judy Griffith

New Address Plainfield, Ind

Subscribed and sworn to before me this 29 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, HENDRICKS } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 _____ day of _____, 19____, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mowrer hereby certify that on the 3rd day of November

one thousand nine hundred and 79 at Danville, County of Hendricks

State of Indiana, Groom Timothy J. Smith of Hendricks County, State of Indiana

and, Bride Judy L. Griffith of Hendricks County, State of Indiana

were by me united 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 November, 1979.

Signed John C. Mowrer

Official Designation Judge, Superior Court II

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of November, 1979.

Signed _____ Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 519

File 40

10-29-79

Date of Application

MALE

Medical Examination Report Dated 10-23-79

Name of Physician Carl L. Heinlein

FEMALE

Medical Examination Report Dated 10-23-79

Name of Physician Carl L. Heinlein

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

MALE APPLICANT

Name First Dana Middle L. Last Randall
Date of Birth Month June Day 28 Year 1947
Place of Birth (State or foreign country) Buck Grove
Residence Address 122 William Dr. #1 City Braunsbury State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers Lic. w/ photo

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

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

8. Full name of father Richard W. Randall
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margaret A. Chapman
Residence of mother (if deceased so state) Alpha Ave., B'burg, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Dana L. Randall

New Address 4839 Oakwood Trail Indpls

Subscribed and sworn to before me this 29 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, 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 Mincer
Date of Birth Month July Day 21 Year 1946
Place of Birth (State or foreign country) Indianapolis
Residence Address 4839 Oakwood Trail City Indpls. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers Lic. w/ photo

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

Tracy John Mincer

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 B. Hughes
Residence of father (if deceased so state) Knoll St. Indpls, Ind.
Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Donna Virginia Langer
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Indiana

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

Signed Barbara J. Mincer

New Address 4839 Oakwood Trail

Subscribed and sworn to before me this 29 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, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

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

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 2 day of Nov. and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the _____ day of _____, County of _____, I, _____ at _____ County, State of _____

one thousand nine hundred and _____ of _____ County, State of _____ HENDRICKS
State of Indiana, Groom _____ 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 _____ County.

Dated this _____ day of _____, 19____. Signed _____

Official Designation _____, 19____.

Signed _____ Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 520

File

10-29-79
Date of Application

MALE

Medical Examination Report Dated 10-9-79
Name of Physician Carl L. Hendricks MD

FEMALE

Medical Examination Report Dated 10-9-79
Name of Physician Carl L. Hendricks 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 Timothy Middle Allen Last Hessler
Date of Birth Month August Day 10 Year 1960
Place of Birth (State or foreign country) Greencastle, Ind.
Residence Address Street or R. R. City County State
120 E. Main St. Wamette, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

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

Signed Timothy Allen Hessler
New Address 180 E. Main Amo

Subscribed and sworn to before me this 29th day of Oct, 1979
Glen M. Henry Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

FEMALE APPLICANT

Name First Jimmy Middle J Last Col
Date of Birth Month March Day 15 Year 1960
Place of Birth (State or foreign country) Greencastle, Ind.
Residence Address Street or R. R. City County State
252 Vine St. Amo
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

8. Full name of father Eddie Carroll Cox
Residence of father (if deceased so state) Amo, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Shirley Jane W. Hessler
Residence of mother (if deceased so state) Amo, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Jimmy J. Col
New Address 120 E. Main St

Subscribed and sworn to before me this 29th day of Oct, 1979
Glen M. Henry Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2nd day of November, 1979, authorizing the joining together as husband and wife

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

I, hereby certify that on the day of 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 IC 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 521

File

County

10/29/79
Date of Application

MALE

Medical Examination Report Dated

Name of Physician

10/25/79
Nelson Don Gaddy MD

FEMALE

Medical Examination Report Dated

Name of Physician

10/25/79
Nelson Don Gaddy

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

MALE APPLICANT

Name Marvin George Harris
Date of Birth Oct. 1 1933
Place of Birth (State or foreign country) Kentucky
Residence Address R R #2 Box 300 Clayton
Previous Marital Status: Never Married ☐ OR ☒ Divorced ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree ☒ Other (Specify) Certificate of Baptism

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

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

8. Full name of father: Walter Harris
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Bella M. Allins
Residence of mother (if deceased so state): deceased
Birthplace of mother (State or foreign country): Kentucky

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

Signed Marvin HarrisNew Address R2 Box 300 CLAYTON

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

Signed _____ Father
Signed _____ Mother
Signed _____

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 2nd day of November and _____
Marvin George Harris _____
Stevan W. Ranson _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, _____ hereby certify that on the 12 day of November, _____
at Hazelwood County of Hendricks
of Hendricks County, State of Indiana
one thousand nine hundred and 79 _____
State of Indiana, Groom Marvin G. Harris of Hendricks County, State of Indiana
and, Bride Nona Harris of _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 14 day of November, 1979

Signed Stevan W. Ranson Minister
Official Designation _____
Signed Glen M. Harvey Clerk
_____ HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 522
File October 30, 1979
Date of Application

MALE
Medical Examination Report Dated 10-29-79
Name of Physician Paul Stanley Lewis M.D.

FEMALE
Medical Examination Report Dated 10-29-79
Name of Physician Paul Stanley Lewis 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 Gerald K. Bradley
Date of Birth January 8, 1938
Place of Birth (State or foreign country) Indiana
Residence Address Box # 372 Morgansville, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Royal E. Bradley
Residence of father (if deceased so state) Morgansville, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mabel B. Gland
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of: HENDRICKS

Signed Gerald K. Bradley
New Address P.O. Box 596 Plainfield, Ind.
Subscribed and sworn to before me this 30 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, HENDRICKS } ss:
County of: HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT
Name Dietha Lanham
Date of Birth November 22, 1932
Place of Birth (State or foreign country) Indiana
Residence Address RR#1 Box 596 Plainfield, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 B. Walls
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Cassy Co. Ky.
9. Full maiden name of mother Rosie M. Wilson
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Cassy Co. Ky.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of: HENDRICKS

Signed Dietha Lanham
New Address P.O. Box 596 Plainfield, Ind.
Subscribed and sworn to before me this 30 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, HENDRICKS } ss:
County of: HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 November, 1979, authorizing the joining together as husband and wife
Gerald K. Bradley and Dietha Lanham
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Charles Robert Hine hereby certify that on the 3 day of November,
one thousand nine hundred and 79 at Eminence, County of Morgan,
State of Indiana, Groom Gerald K. Bradley of Morgan County, State of Indiana,
and, Bride Dietha Lanham of Hendricks County, State of Indiana,
were by me united 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, 1979.

Signed Charles Robert Hine
Official Designation Minister - Christian
Filed and recorded in accordance with the laws of the State of Indiana this 15 day of November, 1979.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-1-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 523

File 40

10-30-79

Date of Application

MALE

Medical Examination Report Dated 10-25-79

Name of Physician Walter Mc Mannis

FEMALE

Medical Examination Report Dated 10-25-79

Name of Physician Walter Mc Mannis

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

MALE APPLICANT

Name First Ted Middle E. Last Batchelor
Date of Birth Month November Day 25 Year 1927
Place of Birth (State or foreign country) Georgetown
Residence Address 9640 Karen Dr. Street or R. R. Kay City Indpls. State In.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

Other (Specify) Driver's Lic. w/ photo

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

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

8. Full name of father Granville Batchelor
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Virginia Stanley
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) In.

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

Signed Ted E. Batchelor
New Address 1503 S. Plate St. Kokomo

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

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

FEMALE APPLICANT

Name First Deanna Middle S. Last Meacham
Date of Birth Month August Day 30 Year 1955
Place of Birth (State or foreign country) Kokomo
Residence Address 1015 1/2 S. Gerdum Street or R. R. Kokomo City 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

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

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

8. Full name of father Earl Miller
Residence of father (if deceased so state) RR 4, Box 12 Kokomo, In.
Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Betty J. De Witt
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) In.

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

Signed Deanna S. Meacham
New Address 1503 S. Plate St. Kokomo

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Circuit Court by written order issued 3 Day Waiver and filed
in 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 30 day of October, 1979, authorizing the joining together as husband and wife
of Ted E. Batchelor and Deanna S. Meacham

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glen M. Harvey hereby certify that on the 30 day of October, County of Hendricks,
at Danville County, State of Indiana
one thousand nine hundred and 79 of Marion County, State of Indiana
State of Indiana, Groom Ted E. Batchelor of Howard
and, Bride Deanna S. Meacham of _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County. Signed Glen M. Harvey
Dated this 30 day of October, 1979. Official Designation Clerk Hendricks
31 day of October, 1979.
Signed Glen M. Harvey HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 524
File 40
Date of Application 10-31-79

MALE
Medical Examination Report Dated 10-26-79
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated 10-26-79
Name of Physician Thomas M. 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 Richard Joseph Wagoner
Date of Birth December 11 1957
Place of Birth (State or foreign country) Indpls. In.
Residence Address 2357 Norris Dr. City Indpls. County In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

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

Signed x Richard J. Wagoner
New Address 2357 Norris Dr.

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

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Kimberly A. Bunch
Date of Birth July 19 1957
Place of Birth (State or foreign country) Washington
Residence Address 2357 Norris Dr. City Indpls. County In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

8. Full name of father Rep. Kyle Bunch
Residence of father (if deceased so state) Lansal Rd, Indpls, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Charlotte Ann Alexander
Residence of mother (if deceased so state) Washington, In.
Birthplace of mother (State or foreign country) Indiana

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

Signed x Kimberly A. Bunch
New Address 2357 Norris Dr. Indpls. Ind.

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

Signed _____ Father

Signed _____ Mother

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior #2 Court by written order issued 3 day waiver and filed in 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 October, 1979, authorizing the joining together as husband and wife Rivhard Joseph Wagoner and Kimberly A. Bunch

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Benjamin C. Gillilan Jr. hereby certify that on the 3rd day of November, one thousand nine hundred and 79 at Indianapolis, County of Marion, State of Indiana, Groom Richard Joseph Wagoner of Hendricks County, State of Indiana and, Bride Kimberly A. Bunch of Hendricks County, State of Indiana were by me united 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 November, 1979.

Signed Rev. Benjamin C. Gillilan, Jr.

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of November, 1979

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 525

File 40

10-31-79

Date of Application

MALE

Medical Examination Report Dated 10-15-79

Name of Physician Thomas Walker, M.D.

FEMALE

Medical Examination Report Dated 10-15-79

Name of Physician Thomas Walker, M.D.

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

MALE APPLICANT

Name First David Middle Wayne Last Jones
Date of Birth Month 9 Day 07 Year 1958
Place of Birth (State or foreign country) Elgin, Illinois
Residence Address 6125A Robin Run, Indianapolis, Marion Co., 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

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

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

8. Full name of father: Wayne Allen Jones
Residence of father (if deceased so state) Indianapolis, Indiana
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother: Wanda Kay Pulman
Residence of mother (if deceased so state) Indianapolis, Indiana
Birthplace of mother (State or foreign country) Indiana

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

Signed: David Wayne Jones
New Address 6125A Robin Run INDPLS IN.

Subscribed and sworn to before me this day of 1979.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1979.
Clerk

FEMALE APPLICANT

Name First Mary Middle Jane Last Booker
Date of Birth Month 10 Day 18 Year 1959
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 6125A Robin Run, Indianapolis, Marion Co., 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

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

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

8. Full name of father: Lester Ray Booker
Residence of father (if deceased so state) Pittsboro, Indiana
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother: Stella Jane Perkins
Residence of mother (if deceased so state) Pittsboro, Indiana
Birthplace of mother (State or foreign country) Indiana

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

Signed: Mary Jane Booker
New Address 6125A Robin Run INDPLS IN.

Subscribed and sworn to before me this day of 1979.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1979.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued... 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 County

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the... Circuit Court of Indiana dated the 7th day of Nov. 1979, authorizing the joining together as husband and wife of David Wayne Jones and Mary Jane Booker.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Sherman Essex, hereby certify that on the 9 day of November, 1979, at Pittsboro, County of Hendricks, State of Indiana, one thousand nine hundred and 79 of Marion County, State of Indiana, and, Bride Mary Jane Booker of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 9 day of Nov. 1979. Signed: Sherman Essex, Minister.

Official Designation: Minister, 13 day of Nov. 1979.
Signed: Glen M. Harvey, Clerk, HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 526

File 40

10-31-79
Date of Application

MALE

Medical Examination Report Dated 10-24-79

Name of Physician Joseph Kerlin

FEMALE

Medical Examination Report Dated 10-24-79

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 Jack Middle C. Last Giles, Jr.
Date of Birth Month September Day 18 Year 1951
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. 217 1/2 N. Center City Ellettsville County Warrick State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

6. List the full names of any dependent children.

Timothy Vern Giles
Malena Lynn Giles
Justin Dale Giles

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

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

8. Full name of father Jack GilesResidence of father (if deceased so state) Danville, Ind.Birthplace of father (State or foreign country) Indiana9. Full maiden name of mother Helen GibsonResidence of mother (if deceased so state) SameBirthplace of mother (State or foreign country) Indiana

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

Signed Jack C. Giles, Jr.New Address 217 1/2 North Center St.Subscribed and sworn to before me this 31 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, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Virginia Middle P. Last Stevenson
Date of Birth Month August Day 25 Year 1953
Place of Birth (State or foreign country) Brazil
Residence Address Street or R. R. 217 1/2 N. Center City Ellettsville County Warrick State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

6. List the full names of any dependent children.

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

If answer is "yes", it is required that this Application be 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. StevensonResidence of father (if deceased so state) Greencastle, Ind.Birthplace of father (State or foreign country) Indiana9. Full maiden name of mother Ruth C. BrownResidence of mother (if deceased so state) SameBirthplace of mother (State or foreign country) Ind.

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

Signed Virginia P. StevensonNew Address 217 1/2 N Center St.Subscribed and sworn to before me this 31 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, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 1979, authorizing the joining together as husband and wife of Jack C. Giles, Jr. and Virginia P. Stevenson.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Philip H. Badger, hereby certify that on the 3 day of Nov, one thousand nine hundred and 79, at Putnamville, County of Putnam, State of Indiana, Groom Jack C. Giles, Jr. of Hendricks County, State of Indiana and, Bride Virginia P. Stevenson of Hendricks County, State of Indiana were by me united 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 October, 1979.

Signed Philip H. BadgerOfficial Designation MinisterFiled and recorded in accordance with the laws of the State of Indiana this 13 day of Nov, 1979Signed Glen M. Harvey Clerk HENDRICKS Circuit Court