Form Prescribed By	CT 4 TH	OF INDIANA	474
Indiana State Board of Health under Authority		E OF INDIANA R MARRIAGE LICENSE	No7/7
of I.C. 31-1-3-2 Effective July 1, 1977			File
Survey only 1. 1911	HEN	County	10-2-79 Date of Application
MALE	0.54 - 0	FEMALE	RNA
Medical Examination Report	0 0 01	Medical Examination Report D	ated 9-26-79
Name of Physician	R. L. Vlach	Name of Physician R.	L. Veach
ALL QUESTIONS MUST BE ANSW	ERED. L.C. 31-1-3-6 prescribed "False statement-	-Whoever procures the issuance of a license to marry	by any false statement, representation or pret
shall be fined in any sum not exceeding	g live hundred dollars (\$500,00)".		
Name U First	E APPLICANT	FEMALE	C APPLICANT
Date of Birth Month	michael Harrigan	- Elizabeth	ann Marnets
nov.	27 1939	Date of Birth Month	29 1940 C
Place of Birth (State or foreign country)	Ohio	Place of Birth (State or foreign country)	Indiana
Residence Address Street or R. I	in the second second	Residence Address Street or R. R.	City County State
Det 199, Damber		331 E Main, Abn	ulle, Nendrichs, Sale.
Previous Marital Status: Never Married		Previous Marital Status: Never Married OR	k
Last Marriage Ended By: Death Divorce Date of birth verified by: Dirth Certificat		Last Marriage Ended By: Death Divorce	
		Date of birth verified by: Dirth Certificate	Judicial Decree
D Other (Specify) Duul's	license w/ picture	- Other (Specify) Privel's	license W/sicture
1. Are you now or have you ever been adjudge	ed to be of unsound mind? No Yes	 1. Are you now or have you ever been adjudged t 	
If answer is "yes", has the adjudication been		in answer is yes , has the adjudication been re	emoved? No 🗆 Y
2. Are you afflicted with a transmissible disea	110/ 1100		No. Y
 Are you related to the female applicant clos Are you now under the influence of interior 	J.		nan second cousin? No Y
 Are you now under the influence of intoxica Are you now under the influence of a narco 			4
 Ale you now under the influence of a narco List the full names of any dependent children 			
Jellery Victor Q	Harrige	List the full names of any dependent children.	
Alla I Ilinii	Sta (1.	-	
yean marie	Navige-		
Kenen Joseph	Nauge		
 Are you required by any ourt order or order dependent children? 	ers to support the above No I Yes	7. Are you required by any court order or orders	to support the above
	pplication be accompanied by satisfactory proof that you are		No U Yi
compliance with any court order or orders is		compliance with any court order or orders issu	
8. Full name of father Alorge	2 Joseph Harrigan	8. Full name of father Pouppon	0 16 Auto That
Residence of father (if deceased so state)	times fincinnati, D.	Residence of father (if deceased so state)	dereased
Birthplace of father (State or foreign country)	Ohio		Delinois
9. Full maiden name of mother Mule	fred ann Brand	- Birthplace of father (State or foreign country)	Que High
	decensed	- 9. Full maiden name of mother EdMo	June susp
Residence of mother (if deceased so state)	O.	 Residence of mother (if deceased so state) 	Wolcotf, Indeana
Birthplace of mother (State or foreign country	i Otaco	- Birthplace of mother (State or foreign country L_	Allinois
State of Indiana, County of HENDRICKS	ss: I depose and state the information give in this application is true and correc	HENDRICKS	ss: I depose and state the information g in this application is true and corr
4	lon.	County of	
Signed b.	uchan Ibairig -	- Signed Cley	ihed U. Marne
New Address J. O. K	Dox 199 Weinleridge	New Address P. O.	Bay 199, Brinba
Subscribed and sworn to before me this	2 day of Oct. 1, 1979	Subscribed and sworn to before me this	2 day of Oct. 19
Len M. Hau	HENDRICKS Circuit Cour	Sle miler	HENDRICKS
	0		Clerk Clerk Circuit Co
CONSENT OF PARENTS, PARENT OR	GUARDIAN	CONSENT OF PARENTS, PARENT OR G	UARDIAN
We, the parents, of this applicant hereby	give consent for this marriage. If only one parer		ve consent for this marriage. If only one par
signs, state facts which render the consen			
		signs, state facts which render the consent	of the other parent unnecessary
State of Indiana,	1	State of Indiana,	
County of HENDRICKS	58:	County of HENDRICKS	- 58:

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File 40		
10-2 -	79	
Date of App		
R		
eport Dated 9-26-79	<u></u>	
R. L. Veach		1.1
to marry by any false statement, represent	ntation or pretense	
EMALE APPLICANT	l and	
beth ann M	amita	
2 ^{Pay} /2	140 J	
untry) Indiana		
gr R. R. City County	OState	
Concelle, Nenducles	Shad.	
ed OR		
Divorce Annulment		
rtificate Judicial Decree		
is license le/picte	he	
adjudged to be of unsound mind?	No 🛱 Yes 🗆	
ion been removed?	No Yes Q	
le disease?	No y Yes	
it closer than second cousin?	No Yes	
a narcotic drug?	Not Yes	
t children.		
or orders to support the above		
or orders to support the above	No Ves D	
this Application be accompanied by satisfactory	proof that you are in	
orders issued for their support.	listar	
phond pallow c	actor	
e) alciased		
ountry Allinois		
the June Disp		
10) Wolcott, In	dearia	
country Illinoi	is	
<pre>ss: I depose and state the in this application is</pre>	information given	
in this application is	true and correct.	#01-1
legabet U. M	Janet	
P. J. Bay 199, B	ainbudge	
this 2 day of Oct.	, 19 79	
Mey Clerk HENDRICKS	Circuit Court	
0	Circuit Court	
T OR GUARDIAN		
hereby give consent for this marriage. If	f only one parent	
consent of the other parent unnecessary		
•		
L		

* I key

State of Indiana, County of HENDRICKS	State of Indiana, County of HENDRICKS }ss:
SignedFather	Signed
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County Co	T. A marriage license having been refused to the above named parties, the purt by written order issuedand filed of a marriage license to the above named parties.
of Indiana dated the day of OCT. George Michael Harrigan Be it further remembered, the following marriage certificate was filed in my of 1, John P. Roof	hereby certify that on the 27 day of October
one thousand nine hundred and	at Danville Gunta (Hendricks
State of Indiana, Groom George Michael Harrigan	of Putnam County State (Indiana
and, BrideElizabeth Ann Marnitz	Hendricks County, State of Indiana
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. 27 day of October , 19 7	
	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 October19 79
	Signed Ulen M. Harvey HENDRICKS Circuit Court
	" HENDRICKS Circuit Court

	C No.
	~~ 549
Form Prescribed By Indiana State Board of STATE OI	OF INDIANA
Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977	MARRIAGE LICENSE
Effective July 1. 1977	File UA
MALE	
Medical Examination Report Dated 9-6-79	FEMALE Date of Application
Name of Physician David M. Hadley	Medical Examination D
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-We	Name of Physician David m Nadlan
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT Name First of Middle	ever procures the issuance of a license to marry by any faise statement pro-
Name First Middle Last	FPM AT D AND
Date of Birth Month Day Wetts	String J. Middler
Place of Birth (State of Jorgen country 18 1947	Date of Birth Month Day Pacent
Residence Address Street or R. R. City County State	Place of Birth (State or foreign country) 29 1961
1012 6. Marion Danville In	Residence Address Street of R. R. Caunty County State
Previous Marital Status: Never Married O OR Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married # 08
Date of birth verified by: Birth Certificate Dudicial Decree	Last Marriage Ended By: Death O Diverse O and the O
A Other (Specify) Priver's Lie, up pint	Date of birth verified by: A Birth Certificate D Judicial Decree
A Other (Specify) A Wers been, up picture 1. Are you now or have you ever been adjudged to be of unsound mind? No Y Yes	Other(Specify)
If answer is "yes", has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsecond months
2. Are you afflicted with a transmissible disease? No 🛱 Yes 🗆	It answer is "yes", has the adjudication been removed." No D Yes D Z. Are you afflicted with a transmissible disease."
3. Are you related to the female applicant closer than second cousin? No ♥ Yes □ 4. Are you now under the influence of intoxicating liquor? No ♥ Yes □	3. Are you related to the male applicant closer than second counts"
4. Are you now under the influence of a narcotic drug? No ♥ Yes □ 5. Are you now under the influence of a narcotic drug? No ♥ Yes □	4. Are you now under the influence of intexicating liquor*
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug? 8. If the D 6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No 🗆 Yes 🗆	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	dependent children? No D Yes D If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support. 8. Fullname of father argule Twetts	compliance with any court order or orders issued for their support
8. Full name of father (if deceased so state) Declars ed	8. Fullname of father Manson prville Bacon
Residence of father (if deceased so state) Olice as ed Birthplace of father (State or foreign country) Ohio	Residence of father (if deceased so state) Serry, Storgla
9. Full maiden name of mother Martha Wenty	Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother <u>Menny</u> Residence of mother (if deceased so state) <u>Meller Garis</u> , Ohio	. I dif manuel hand of moules
Residence of mother (if deceased so state) ///// Saris, Ohio Birthplace of mother (State or foreign country) Ohio	Birthplace of mother (State or foreign country) Judiana
State of Indiana,	Birthplace of mother (State or foreign country). State of Indiana. County of HENDRICKS and in this application is true and search.
County of	County of HENDRICKS } *** in this application is true and moreout.
Signed X Donald Y. Watt	Signed X Holder & 15 august
New Address 10910 W Washington Inf.	New Address 10910 W Warnery tor
Subscribed and sworn to before me this 2 day of Oct. 19.7.9.	Subscribed and sworn to before me this 2 day of OCC, 1977
Alen M. Harvey Clerk HENDRICKS Circuit Court	Slen M. Harvey and Morankas Convert Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give connent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary.	signs, state facts which render the consent of the other parent sumerosary
and facts which render the constant	
State of Indiana,	State of Indiana. HENDRICKS
County of	County ofFather
Signed	Signed
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to below the
	fund to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	T. A marriage license having been recused to and filed
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County County	urt by written order issued
authorizes and directs the	HENDRICKS CIERTIFICATE HENDRICKS Cieruit Court
RETURN OF MARRIAGE LICENSE	AND MARRIAGE of the signal together as kuchand and wife
of Indiana dated the	, 19 17, authorizing the joining of
of Indiana dated the day of day of an Be it further remembered the following marriage certificate was filed in my of	nd to write
Be it further remembered, the following marriage certificate was filed in my of	bareby certify that on the
Be it further remembered, the following marriage certificate was filed in my of I,	atCounty, State of
Stat	of
state of Indiana, Groom	by the Clerk of the Circuit Court of
were by me united in marriage as authorized by a marriage license issued for t	that purpose of
County. 19	Signed
Sutea thisday of	Official Designation
Filed and recorded in accordance with the laws of the State of Indiana this	day of HENDROUS Circuit Court
rued and recorded in accordance with the laws of the Suite of	Signed

Form Prescribed By STATE OF 1	No. 474
Form Prescribed By Indiana State Board of Health under Authority APPLICATION FOR M	
of I.C. 31-1-3-2 Effective July 1, 1977	11-3-70
	FEMALE 9-78-70
MALE Medical Examination Report Dated 9-28-79	Medical Examination Report Dated 7-28-19
Name of Physician de 77. Scuolater	Name of Physician and M. Scuader
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement-Whoev shall be fined in any sum not exceeding five hundred dollars (\$500,000".	ver procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	FEMALE APPLICANT
Name Kirst Middle Colyper	Name First Midale Alle
Date of Birth Month Pay Year Blace of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street of B.R. of City / County State	Lebanon Ind . County State /
3800 W. Much tovs Indels Marion Ind	RRS Blurg Frider Such
Previous Marital Status: Never Married Ø OR Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Dudicial Decree
Deter (Specify) Driver License upciture	Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Vyes	1. Are you now or have you ever been adjudged to be of unsound mind? No W Yes
If answer is "yes", has the adjudication been removed? No Yes 2. Are you afflicted with a transmissible disease? No Yes	If answer is "yes", has the adjudication been removed. 2 Are you afflicted with a transmissible disease? No ℤ Yes □
3. Are you related to the female applicant closer than second cousin? No 2 yes	3. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No ♥ Yes □ 5. Are you now under the influence of a narcotic drug? No ♥ Yes □	4. Are you now under the influence of intoxicating liquor? No □ Yes □ 5. Are you now under the influence of a narcotic drug? No □ Yes □
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
1. Are you required by any court of der of of ders to support the above No □ Yes □ dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	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 offler of orders stude for their support	compliance with any court order or orders issued for their support.
8. Full name of father CODER BLOOMEN WALLOW Just	8. Full name of father (if deceased so state)
Birthplace of father (State or foreign country) Machington and	Birthplace of father (State or foreign country) Malples . Ind
9. Full maiden name of mother failed and a failed and a failed and a failed and a failed and the	9. Full maiden name of mother Barbara B. Burns
Residence of mother (if deceased so state) Danville III.	Residence of mother (if deceased so state) Brownsburg and
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) <u>Use of pols Ind</u>
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS County of
signed David & Coeper	signed X KOUL DICKey
New Address 3800 W Mich APT 1808	New Address Same Catoba 70
Subscribed and sworn to before me this. 3. day of Charles, 1929.	Subscribed and sworn to before me this day of HENDRICKS
GUN VII. Marvey Clerk HEINDRICKS Circuit Court	Ban 711. 14000 Gerk HEINDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, HENDRICKS	State of Indiana, HENDRICKS
County of	County of
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of
Clerk	Clerk
	RT. A marriage license having been refused to the above named parties, the
HENDRICKS	ourt by written order issuedand filed
inauthorizes and directs the issuance	NE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage lice	nse issued by the clerk of the HENDRICKS
of Indiana dated the day of Oct	, 19.7.9., authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my	and Roxie Dickey
State of Indiana, Groom David J. Cooper	of
and, Bride	Hendricks
County.	that purpose by the Clerk of the Circuit Court of
Dated this 6th day of October , 19	Signserry R. Nash
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation Minister
blid and served and served and the serves and the served and the s	(111) (11)

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Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977 HENDRICK	IARRIAGE LICENSE File
MALE Medical Examination Report Dated 9-28-79 Name of Physician CM. Scuolatur	FEMALE 9-28-79 Medical Examination Report Dated 9-28-79 Name of Physician A.M. Scualder
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	FEMALE APPLICANT
Name Fifst Middle Last Date of Birth Month Pay Year Place of Birth (State or foreign country) Residence Address Streft of R.R., A City County State 3800 U. Much. 1808 Mayor Ind.	Name First : Middle Last Date of Birth Month Day Year IO 14 1462 Place of Birth (State or foreign country) Ind 1462 Residence Address Street or R. R. City County Residence Address Street or R. R. City County
Previous Marital Status: Never Married 🖾 OR Last Marriage Ended By: Death 🗆 Divorce 🗆 Annulment 🗆	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree V Other (Specify) Judicial Decree I. Are you now or have you ever been adjudged to be of unsound mind? No Ves If answer is "yes", has the adjudication been removed? No Ves 2. Are you afflicted with a transmissible disease? No Ves 3. Are you related to the female applicant closer than second cousin? No Ves 4. Are you now under the influence of intoxicating liquor? No Ves	Date of birth verified by: Birth Certificate Judicial Decree Other (Specify) No Yes 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes 2. Are you afflicted with a transmissible disease? No Yes 3. Are you related to the male applicant closer than second cousin? No Yes 4. Are you now under the influence of intoxicating liquor? No Yes
 5. Are you now under the influence of a narcotic drug? No ♥ Yes □ 6. List the full names of any dependent children. 	 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

Marilyn L. Buelock, Motory Public My commission expires 1-20-83 dated this 27th day of September, 1979

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

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Subscribed an 64

7. Are you redependent If answer i:

compliance

Residence

Birthplace 9. Fullmaide

> Residence of Birthplace

State of India

County of

8. Fullnamed

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State of India County of		
Subscribed ar		
Subscribed at		
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State of India		
and, Bride	The substance that substantial and the second of the second second second second second second second second se	
were by me unite.	and the second	
County.		
Dated this		
Filed and recorded in a	The proof of the first sector of the sector of	

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orm Prescribed By adiana State Board of	STATE OF	INDIANA	
lealth under Authority	APPLICATION FOR M	IARRIAGE LICENSE File	
I.C. 31-1-3-2 ffective July 1, 1977	HENDRICK	SCounty Date of Application	
MALE	9-28-79	FEMALE Medical Examination Report Dated 4-28-79	
Medical Examination Report Date		1 TI SAMADAD	
Name of Physician	Scuddus	Name of Physician	
ALL QUESTIONS MUST BE ANSWEREI hall be fined in any sum not exceeding five	D. I.C. 31-1-3-6 prescribed "False statement-Whoe hundred dollars (\$500.000")	ever, procures the issuance of a license to marry by any false statement, representation or pretense	¥ .
MALE AP		FEMALE APPLICANT	
Jame (Fifst	Magle Apple	Name First : Middle Last	
Date of Birth Month	Pa) Yegr	Date of Birth Month Day Year	
Place of Birth (State or foreign country)	3, 1957	Place of Birth (State or foreign country)	
Adplo	Ind.	Strator B. R. City County State	
Besidence Address Streft of R.R	Asus holds Marion Ind	Residence Address Street or R. R. City oknol. Ind	
Previous Marital Status: Never Married B OR		Previous Marital Status: Never Married OR	
Last Marriage Ended By: Death Divorce	Annulment 🗆	Last Marriage Ended By: Death Divorce Annulment	
Date of birth verified by: Birth Certificate		Date of birth verified by: Birth Certificate Dudicial Decree	
plan fine	. li uline		
Other (
I. Are you now of If answer is "y	Ale		
2. Are you afflict			
3. Are you related		ACCOCINTION OF INDIANAPOLIS INC	
4. Are you now u	PLANNED PARENTHOOD	ASSOCIATION OF INDIANAPOLIS, INC.	
5. Are you now u	615 NORTH	ALABAMA STREET, ROOM 336	
6. List the full na		ANAPOLIS, INDIANA 46204	
		634-8019	
		034-0019	
<u></u>	a da ban in an da		
7. Are you require dependent chilc			
If answer is "ye			
compliance with		and the second	
		8-21-79	
8. Full name of fat			
8. Full name of fat Residence of fat			
Residence of fat Birthplace of fat			
Residence of fat Birthplace of fat 9. Full maiden nan			
Residence of fat Birthplace of fat 9. Full maiden nan Residence of mo	TO WHOM IT MAY	CONCERN:	
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Residence of fati Birthplace of fat 9. Full maiden nan Residence of mo Birthplace of mo State of Indiana,		CONCERN: had a pregnancy test at	
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Residence of fat Birthplace of fat 9. Full maiden nan Residence of mo Birthplace of mc State of Indiana, County of		Dickey had a pregnancy test at	
Residence of fat Birthplace of fat 9. Full maiden nan Residence of mo Birthplace of mo State of Indiana, County of	Doxie our elinie. The	Dickey had a pregnancy test at e results were Gositive	
Residence of fat Birthplace of fat 9. Full maiden nan Residence of mo Birthplace of mc State of Indiana, County of	Doxie our elinie. The	Dickey had a pregnancy test at	
Residence of fat Birthplace of fat 9. Full maiden nan Residence of mo Birthplace of mc State of Indiana, County of	Doxie our elinie. The	Dickeyhad a pregnancy test at e results wereGositure n by our doctor.	
Residence of fat Birthplace of fat 9. Full maiden nan Residence of mo Birthplace of mo State of Indiana. County of	Doxie our elinie. The	Dickey had a pregnancy test at e results were Gositive	
Residence of fat Birthplace of fat 9. Full maiden nan Residence of mo Birthplace of mo State of Indiana, County of	Doxie our elinie. The	Dickeyhad a pregnancy test at e results wereGosituie n by our doctor. Sincerely,	
Birthplace of fat 9. Full maiden nan Residence of mo Birthplace of mc State of Indiana, County of Subscribed and sy CONSENT OF P	Doxie our elinie. The	Dickeyhad a pregnancy test at e results wereGositure n by our doctor.	

JM: em

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ounty of	is and a contract of the track that the second of the seco	
Subscribed and sy		
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Be it further		
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one thousand		
State of India		
and, Bride		
were by me un County.		
Dated this 6t	th day of October 19 79	
	SignJerry R. Mash	
	Official DesignationMinister	
Filed and recorded in a	accordance with the laws of the State of Indiana this. 10 day of Octaber, 19.7.9.	
	Signed Signed <u>Signed</u> Clerk HENDRICKS Circuit Court	

	551
Form Prescribed By STATE OF Indiana State Board of Health under Authority of IC 31:1-3-2 Effective July 1, 1977 HENDRICK	MARRIAGE LICENCE No. 477
MALE Medical Examination Report Dated 9-18-79 Name of Physician Edwards ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement-Whow shall be fined in any sum not exceeding five hundred dollars (\$500,00)" MALE APPLICANT Name First Manual Month Day Year Year Place of Birth (State of foreign country) The Manual Month	FEMALE Medical Examination Report Dated 1-18-79 Name of Physician Medical Examination Report Dated 1-18-79 Name of Physician Medical Examination or pretense ever procures the issuance of a license to marry by any false statement, representation or pretense FEMALE APPLICANT Name First Middle Lisst Date of Birth Month Day Day
Residence Address Street or R. R. City Hol. County State Previous Marital Status Never Married OR Last Marriage Ended By: Death Divorce Annulment Divorce Date of birth verified by: Birth Certificate Judicial Decree Judicial Decree V Other (Specify) State of birth verified by: Birth Certificate Judicial Decree 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes No 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes No 2. Are you afflicted with a transmissible disease? No Yes No Yes No 3. Are you now under the influence of intoxicating liquor? No Yes No Yes <td>Place of Birth (State or forerencountry) Residence Address Residence Address Residence Address Street or R. R. Residence Address Previous Marital Status: Never Married Or Last Marriage Ended By: Death Divorce Date of birth verified by: Birth Certificate Judicial Decree Other (Specify) 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes No Yes 3. Are you adflicted with a transmissible disease? No Yes No 4. Are you now under the influence of intoxicating liquor? No Yes No 5. Are you now under the influence of a narcotic drug? No Yes No Yes 6. List the full names of any dependent children. County No Yes No</td>	Place of Birth (State or forerencountry) Residence Address Residence Address Residence Address Street or R. R. Residence Address Previous Marital Status: Never Married Or Last Marriage Ended By: Death Divorce Date of birth verified by: Birth Certificate Judicial Decree Other (Specify) 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes No Yes 3. Are you adflicted with a transmissible disease? No Yes No 4. Are you now under the influence of intoxicating liquor? No Yes No 5. Are you now under the influence of a narcotic drug? No Yes No Yes 6. List the full names of any dependent children. County No Yes No
 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. Full name of father	* Are your required by any court order or orders to support the above genedent children? No Yes 0 * Answer is 'yes', it is required that this Application be accompanied by satisfactory proof that you are no compliance with any court order ar orders issued for their support. No Yes 0 * Full name of father (if deceased so state) Huing of their ar orders issued for their support. Huing of their ar orders issued for their support. Huing of their ar orders issued for their support. * full name of father (if deceased so state) Huing of their ar order issued for their support. Huing of their are orders issued for their support. Huing of their are orders issued for their support. * full name of father (if deceased so state) Huing of their are of foreign country. Huing of their are orders. Huing of their are orders. * full maiden name of mother (if deceased so state) Huing of their are orders. Huing of their are orders. Huing of their are orders. * full maiden name of mother (if deceased so state) Huing of their are order to regene country. Huing of their are order to regene country. Huing of their are order to regene country. * full maiden name of mother (if deceased so state) Huing of their are order to regene country. Huing of their are order to regene country. * full have of mother (if deceased so state) Huing of their are order to regene country. Huing of their are order to regene country.
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, HENDRICKS State of Indiana, County of > 58: HENDRICKS County of Father Signed. ...Father Mother Signed. Signed. Mother day of. Subscribed and sworn to before me this. Signed .. . 19.....day of..... Clerk Subscribed and sworn to before me this -Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS Court by written order issued... ...authorizes and directs the issuance of a marriage license to the above named parties. HENDRICKSCounty.... RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Be it further remembered, the following marriage certificate was filed in my office, to-wit: I. Jom Mc Gilliard one thousand nine hundred and HO in. Circuit Court of Hepdricks State of Indiana, Groom Euchand Kennedy of Hendricks County, State of Indiana, and, Bride Lice Liveengood of Hendricks the Circuit Court 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. Signed Yom Helliard Stilesvelle Christian Ch , 19.7.9. County. October Official Designation Ministery, Dated this Official Designation Interest October 29 day of October Signed Llen M. Harvey HENDRICKS . 19 79 15 .day of. Clerk Circuit Court

ndiana State Board of	F INDIANA No. 478 MARRIAGE LICENSE File KS County Date of Application
MALE Medical Examination Report Dated 10-2-79 Name of Physician Aural Maelley	FEMALE Medical Examination Report Dated 10-2-79 Name of Physician David Wadley
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Who hall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ever procures the issuance of a license to marry by any false statement, representation or pretense
Name / FirstMiddleA	FEMALE APPLICANT
Place of Birth (State or /greign country)	Date of Birth Month Day Year Jean O
Residence Address Street or R. R. City County State 2 0 Carlham napps Mend Ind.	Place of Birth (State or forgign country) Residence Address Street or R. R. V City County State Residence Address Street or R. R. V Lity County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
Sate of offen verified by: Dirth Certificate D Judicial Decree	Date of birth verified by: Birth Certificate Dudicial Decree
Other (Specify)	Other (Specify)
I. Are you now or have you ever been adjudged to be of unsound mind? No ♥ Yes □ If answer is "yes", has the adjudication been removed? No □ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No ♥ Yes □ If answer is "yes", has the adjudication been removed? No □ Yes □
2. Are you afflicted with a transmissible disease? No Vyes	2. Are you afflicted with a transmissible disease? No 🗹 Yes 🗆
Are you related to the female applicant closer than second cousin? No 🛛 Yes 🗆	3. Are you related to the male applicant closer than second cousin? No Tyes D
4. Are you now under the influence of intoxicating liquor? No 🗘 Yes 🗖	4. Are you now under the influence of intoxicating liquor? No Ø Yes □ 5. Are you now under the influence of a narcotic drug? No Ø Yes □
 Are you now under the influence of a narcotic drug? No ta Yes □ List the full names of any dependent children. 	5. Are you now under the influence of a narcotic drug? No \u2265 Yes □ 6. List the full names of any dependent children. No \u2265 Yes □
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. Full name of father (if deceased so state) Birthplace of father (if deceased so state) Full maiden name of mother Residence of mother (if deceased so state) Full maiden name of mother Residence of mother (if deceased so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or for	 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
and here the second second second	the information given in is true and correct.
1, REGINALD BLIZZARE), hereby give my consent for
my <u>sow</u> , <u>Regiwal</u>	DA, BLIZZAR DILEO
marry AnitA Jimullins.	Transfer of the second s
the set of the base base is the set of the s	ge. If only one parent
RE	acmald Blazard essary
	th
Subscribed and sworn to before me this	day of Clarge
	() Standard ()

BCDEFGH

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(X) (Y)

19 17. M Father Notary Public Mother 19..... Clerk _ amed parties, the and filed authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the. Circuit Court ta , 19. 7. authorizing the joining together as husband and wife Claber of Indiana dated, the. day Jone meellins Legina Dun and IIand.. ta. Be it further remembered, the following marriage certificate was filed in my office, to-wit: Leed I, ... hereby certify that on the. 12 .day of 9 7 one thousand nine hundred and at Slain County of Hendricks richs County, State of Indiana State of Indiana, Groom. Jonald & Hend D zard Hendricks and, Bride melling lenta County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of. HENDRICKS County. actaber 12 Dated this. , 19. 7.9. .day of X. Reed well Signed menus Official Designation. Filed and recorded in accordance with the laws of the State of Indiana this 1 day of. , 19.79 HENDRICKS Signed. .Clerk Circuit Court

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Form Pressentiand By	553
	FINDIANA
FIC BYST	MARRIAGE LICENCE No. 4/9
	KS File
MALE Medical Examination Report Dated 10-1-79	FEMALE Date of Application
Name of Physician Carl Midlein	Medical Examination Provide March 2
ALL QUESTIONS MUST BE ANSWERED, LC. 31-1-3.6 prescribed "False day	Name of Physician Carl Den have
ALL QUENTIONS MUNT BE ANSWERED LC. 31-1-3-6 prescribed "False statement-Wh statilize forest on any sum not exceeding five hundred dollars (Similary)" MALE APPLICANT Name First Middle	ever procures the issuance of a license to marry by any false statement
Name First Mighter /110 Last	FEMALE APPLICANT
Date of Birth Midgle ages unippo	Date of Birth Martin C- Bung / Last
Place of Birch Bears or Everfige connector icap California	Place of Birth (State optioreign country) 27 1959
Reading and Thank allen Mand . That	Residence Address marples and
Previous Marila Status Saver Massied DOR	Boy Boy Black or R. R. City Berry Space
Last Marriage Ended By Deaph C Diverse C Annulment C	Previous Marital Status: Never Married B OR
Date in stress warden at the second stress warden at the second stress warden at the second stress warden at the	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Dudicial Decree
C Other Specify	Other (Specify)
2 Answer is "res" has the adjustication been removed?" No C Yes C	1. Are you now or have you ever been adjudged to be of unsound mind?
2 Are you affinited with a francemisedule disease? No Q Yes Q	Are you afflicted with a transmissible in a second se
Are you now under the offluence of interactating liquor? No V Yes D	3. Are you related to the male applicant closer than second cousin? No D Yes D
3 Are you now under the influence of a narrowic drug? No Ves D	Are you now under the influence of intoxicating liquor? No P Yes No Yes No Yes
	6. List the full names of any dependent children.
7 Are your required by any court order or orders to support the above dependent studyers" No D Yes D	T. Are you required by any court order or orders to support the above
If answer in you' if in required that this Application be accompanied by satisfactory proof that you are in	dependent children? No Yes I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
* Fill name of Bachers Stated at appendix and the the state and the property which and the property which are the	compliance with any court order or orders issued for their support
Remature of Pachar of the manufer states Sak for Calif.	Residence of father if deceased so states Danville Incl.
Birthysian of hatter Shalo or horning in ingering California,	Birthplace of father (State or foreign country) Indugina
* Vill martin rame it menor Sarah, Ball Helong	9 Full maiden name of mother Martilla Jane Monday
Rendemon of marries of descenand as reason of appropriate Skill,	Residence of mother (if deceased so state) Danvello Ind.
Birthymour of mathier Anacour having analysing R. Carbura	Birthplace of mother (State or foreign country) <u>Moduluutu</u> State of Indiana, up
County of HENDRICKS and in this application is true and correct.	State of Indiana. HENDRICKS as: I depose and state the information given in this application is true and correct. County of I depose and state the information given in this application is true and correct.
signed Dearge happy	Signed X Jusan E. Syra
Ver Aduras 4122 Blaceport Rd Inteple.	New Address 4122 Olypoit 90, and per
subscribed and even to before me this. I day of OLEVORAN, 19.47.	Subscribed and sworn to before me this day of <u>HENDRICKS</u> Circuit Court
Circuit Court Circuit Court	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	we, the parents, of this applicant notes a state of the other parent unnecessary
Signa state facts which render the consent of the other parent unteressary	
	and the second
State of Indiana, USA POPULATE Land	State of Indiana, HENDRICKS ss:
County of HENDRICKS	
Signed Mother	Signed
Subscribed and even to before me this day of 12	Signed
Clerk	is a refuged to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the and filed aurt by written order issued
County	f a marriage license to the above named p
De It Remembered, there was filed in my opice a month	, 19.7.9., authorizing the former
of Indiana dated the 10 day of	nd Susan Le O) ctober
Be it further remembered, the following marriage certificate was filed in my o	hereby certify that on the United Methodist Hendricks
I. Rev. Kenneth E. Vetters	flice, to-wit: 20 day of Hendricks hereby certify that on the 20 day of Hendricks at Bartlett Chapel United Methodist Hendricks Marion Marion State of Indiana
State of Indiana, Groom George Thomas Whipps and, Bride Susan E. Byrd of were by me united in marriage as authorized by a marriage license issued for County. 0ctober 7	that purpose by the Clerk of the Circuit Court of
were hu ma marriage needs	9 Rev. Kenneth E. Vetters
Dated this 20 day of Occord , 15	Pastor 70
Filed and recorded in accordance with the laws of the State of Indiana this	Signed

	ARRIAGE No. 480
rm Prescribed By STATE OF	INDIANA
alth under Authority APPLICATION FOR I	MARRIAGE LICENSE File 40
fective July 1, 1977 HENDRICK	KS <u>County</u> <u>10 - 5 - 7 9</u> Date of Application
	FEMALE
MALE Medical Examination Report Dated 10 - 1 - 7 9	Medical Examination Report Dated
Name of Physician James Black	Name of Physician James Black
	pever, procures the issuance of a license to marry by any false statement, representation or pretense
all be fined in any sum not exceeding five hundred dollars (\$500.00)".	
MALE APPLICANT	FEMALE APPLICANT
ame First Middle Last	Name First Edwards Evans
ate of Birth Month Day Year	Date of Birth Month Day Iteal
ace of Birth (State or foreign country)	Place of Birth (State of foreign country)
esidence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
RR3 Box 276 Braunsburg m.	AR3 Nop2/6 Plant restrange
revious Marital Status: Never Married OR	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce A Annulment D
ast Marriage Ended By: Death Divorce 🏹 Annulment Divorce Annulment Divorce Annulment Divorce Divo	Last Marriage Ended By. Detail = Divide p Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Driver's Lic.	Other (Specify) Ariser of uncound mind? No X Yes
Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of thisothic finite.
If answer is "yes", has the adjudication been removed? No Ves No Yes No	If answer is "yes", has the adjudication been removed? No I Yes I 2. Are you afflicted with a transmissible disease? No I Yes I
	3 Are you related to the male applicant closer than second cousin? No 🛒 Yes
3. Are you related to the female applicant closer than second cousin? No ¥ res 4. Are you now under the influence of intoxicating liquor? No ¥ Yes	4. Are you now under the influence of intoxicating liquor? No R Yes
5. Are you now under the influence of a narcotic drug? No 🕅 Yes 🗆	5. Are you now under the influence of a narcotic drug? No 🏴 Yes
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No Yes	dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court or or orders issued for their support.	compliance with any court order or orders issued for their support.
3. Full name of father Aussel Clinton Evans	8. Full name of father Fred arnold Edwards
Residence of father (if deceased so state) Braunsburg, In	Residence of father (if deceased so state) 41.5 Janet pr. Braunsh
7 1.	Birthplace of father (State or foreign country) Indiana
Birthplace of rather (State or foreign country)	10. marine Tarlan
9. Full maiden name of model	9. Full maiden name of mother Nonna recarp spreas
Residence of mother (if deceased so state) Declessed	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) Oklahoma	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.	State of Indiana, County of HENDRICKS I depose and state the information given in this application is true and correct.
Signed Michael a. Eran	signed Juann Eduards Eich
Signed Jon Stall a contract	
New Address RR 3 Box 276 B'burg	New Address A KK 3 BOX & 10 DAGUNUN Subarylad and sworn to before me this 5 day of Oct. 19 79
Subscribed and sworn to before me this. 5 day of 974	Subscribed and sworn to before the distance
Glen M. Harvey Clerk HENDRICKS Circuit Court	Glen M. Harsey Clerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana, HENDRICKS }ss:
HENDRICKS ss:	County of
SignedFather	. Signed
Signed	r Signed
Subscribed and sworn to before me this	
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF CO	URT. A marriage license having been refused to the above named parties, the
HENDRICKS	Court by written order issuedand filed
inauthorizes and directs the issuand	
	INSE AND MARRIAGE CERTIFICATE HENDRICKS
Be It Remembered, there was filed in my office a marriage la	icense issued by the clerk of the
of Indiana dated the T.L. day of Welover	icense issued by the clerk of the
Michael A. Evans Be it further remembered, the following marriage certificate was filed in m	iy office, to-wit:
Det a far de la podson	kensky sentify that on the 27th day of October
79	at Brownsburg County of Hendricks
Michael A. Evans	of County, State of
Luann Edwards Evans	Hendricks County, State of Indiana
ana, Briae	for that purpose by the Clerk of the Circuit Court of
were by me united in marriage as authorized by a marriage license issued	
were by me united in marriage as authorized by a marriage license issued	19
were by me united in marriage as authorized by a marriage license issued	19 Signed Rev. Dennis L. Dodson
were by me united in marriage as authorized by a marriage license issued p County. Dated this	

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Form Prescribed By	
Indiana State Board of Health under Authority of LC 31-1-3-2 State of APPLICATION FOR N State of	MARRIAGE LICENCE No. 481
HENDRICK	County File
MALE Medical Examination Report Dated_10-5-70	-0-5-79
Name of Physician David Alamand	FEMALE Medical Examination Report Dated 10-5-79
NAME OF THE ANSWERED LC 21426	Name of Physician A 140 Manual
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	ever procures the issuance of a license to many in the start of the st
Name First Middle	and the second s
Date of Birth Month Day Analley	Name First Old Middle
Place of Birth (State or foreign country) 29 1957	Date of Birth Month Day
Residence Address Street of R. R. City Gunty / State	Place of Birth (State or foreign country)
13 NOPPOS VIGA Hend Gud	Residence Address Breef or R. R. Alty County
Previous Marital Status: Never Married O OR Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate D Judicial Decree	Last Marriage Ended By: Death Divorce D Annulmeet D
Other (Specify)	Date of birth verified by:
1. Are you now or have you ever been adjudged to be of unsound mind? NoD Yes D	Other (Specify) Tipe Inversary Policy
If answer is "yes", has the adjudication been removed? No Ves V	Are you now or have you ever been adjudged to be of unsound mind? No Tree If answer is "yes", has the adjudication been removed? No D Yes
 Are you afflicted with a transmissible disease? No Ves I Are you related to the female applicant closer than second cousin? No Ves I 	2. Are you afflicted with a transmissible disease"
Are you related to the female applicant closer than second cousin? No Ver Yes No Ver Yes	3. Are you related to the male applicant closer than second cousin" No B Yes D
 5. Are you now under the influence of a narcotic drug? No ♥ Yes □ 6. List the full names of any dependent children. 	4. Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? No D Yes D
U. Los lie fur name a sig acpendent emartell	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children?	7. Are you required by any court order or orders to support the above
dependent children? No Ves I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No W Yes D If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father alph place bad	8. Full name of father art Court Court and
Residence of father (if deceased so state)	Residence of father (if deceased so state)
9. Full maiden name of mother Ella Math anet	Birthplace of father (State or foreign country)
Residence of mother (if deceased so state)	9. Full maiden name of mother 10 01100 01000 0100000000000000000000
Birthplace of mother (State or foreign country) Malple	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.	State of Indiana. HENDRICKS as: I depose and state the information given in this application is true and correct.
County of	X Edith courtney
Signed 2 Porch Stainly Plaint	elol New Address RR 3 Box 105 & Floundard
Subscribed and sworn to before me this day of day of	Subscribed and sworn to before me this 5 day of OCHODON, 1979.
Glan M Harvey Clerk HENDRICKS Circuit Court	Gler M. Harveyan HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
state facts which render the consent of the other particular and the	
State of Indiana,	State of Indiana, HENDRICKS
County of HENDRICKS	Signed
SignedMother	Signed
Signed	Signed
Subscribed and sworn to before me this	A REAL PROPERTY AND A REAL
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR'	T. A marriage license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR' HENDRICKS	art by written order issued
County	f a marriage license to the above
inauthorizes and directs the issuance of RETURN OF MARRIAGE LICENSE for a marriage licen.	se issued by the clerk of the
Be It Remembered, there was filed in my office a married	19/7, authorizing the
of Indiana dated the 2. the day of	Dutohar
Be it further remembered the following marriage certificate was filed in my	horehy certify that on the County of Hendricks
and anne nunarea ana	County, State Sporks
one thousand nine hundred and 79 State of Indiana, GroomJohn David Kindley and, Bride Edith F. Courtney of were by me united in marriage as authorized by a marriage license issued for the second	that point
State of Indiana, Groom John David Kindley and, Bride Edith F. Courtney of were by me united in marriage as authorized by a marriage license issued for to County. 7	9 Signed Glen M. Harvey Clerk Hendricks Co.
Det 1	
Madala Environment	10 day of Octoper Clerk 10 day of Hawter HENDRICKS Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this	10 day of OCCONCE Clerk 10 day of Harvey HENDRICKS Circuit Court Signed Jlen M. Harvey HENDRICKS Circuit Court

Form Prescribed By STATE OF I ndiana State Board of Health under Authority f 1.C. 31-1-3-2 Effective July 1. 1977	IARRIAGE LICENSE S County County 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 Wayner
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement-Whoey shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Date of Birth Month Day Year Place of Birth (State or foreign country) Hall Angellis Marin Ind. Residence Address Street or R. R. Git County State 311 Jurdon M. Playhild Ind.	Name Cather Middle Manpson Date of Birth Month Day Year Place of Birth (State or foreign country) Residence Address & Street or R. K. City County Distate 311 143 Eastron Mu. Diff.
	Previous Marital Status: Never Married DOR
Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate Judicial Decree Other (Specify) ID U.S. Survice	Date of birth verified by: Birth Certificate Dudicial Decree
	Other (specify) No Ye No Ye
I. Are you now of have you even been adjudged to be of another minist	If answer is "yes", has the adjudication been removed? No□ Ye
It allower is yes . has the adjudication over remotes	Are you afflicted with a transmissible disease?
 Are you afflicted with a transmissible disease? Are you related to the female applicant closer than second cousin? No Yes I 	3. Are you related to the male applicant closer than second cousin? No Day
4. Are you now under the influence of intoxicating liquor? No 🖓 Yes 🗆	4. Are you now under the influence of intoxicating liquor? No -Yo
5. Are you now under the influence of a narcotic drug? No Ves	5. Are you now under the influence of a narcotic drug? Note Yo
6. List the full names of any dependent children.	6. List the full names of any dependent children.
 7. Are you required by any court order or orders to support the above dependent children? No □ Yes □ If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in 	 7. Are you required by any court order or orders to support the above dependent children? No I Ye If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you a compliance with any court order or orders issued for their support.
s. Full name of father (State or foreign country) India Marlen Wicoff 9. Full maiden name of mother Anna Marlene Wicoff	8. Full name of father (if deceased so state) Birthplace of father (State or foreign country) 9. Full maiden name of mother A Can Purcean
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Signed April Keith Brown New Address 311 bordon dr. Plainfuld In, Subscribed and sworn to before me this day of Citalin 129. Min M. Willing Clerk HENDRICKS Circuit Court	Signed Cather Gan Hampson New Address 311 Smolan Dag Hunfre Subscribed and sworn to before me this day of Cather 19 Jun M. Walkly Clerk HENDRICKS Circuit C
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one pa
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

ALC: U

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SIUVEXY

State of Indiana, HENDRICKS		State of Indiana, County of HENDRICKS	
Signed		Signed	Father
Signed	Mother	Signed	Mother
ubscribed and sworn to before me this	, 19	Subscribed and sworn to before me this	day of
	Clerk		Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDE HENDRICKS			
inauthorizes and directs		urt by written order issued f a marriage license to the above named par	
of Indiana dated the <u>17</u> th <u>day of</u> <u>UC</u> David Keith Brown Be it further remembered, the following marriage certificate wa Herbert S. Huffman	s filed in my o	nd Cathie Lynn Thompson	
one thousand nine hundred and 79 David Keith Brown State of Indiana, Groom			
and, Bride	of	Hendricks	y, State of Indiana
were by me united in marriage as authorized by a marriage lice County. Dated this 24 day of November			et of HENDRICKS
A STATE AND A STATE AND A STATE AND A STATE		Signmerbert S. Huffman	
Filed and recorded in accordance with the laws of the State of D	Indiana this	day of November	, ₁₉ 79
and the second se		Signed Slen M. Harve	HENDRICKS
		***************************************	Circuit Con

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Now Address ou before me this 4xy of PCI. 1577. JLM MI HAULY Cark HENDRICKS Great Court NENT OF PARENTS, PARENT OR GUARDIAN We the parents of this applicant hereby give consent for this marriage. If only one parent No of Indiana. HENDRICKS is deta facts which render the consent of this marriage. If only one parent No of Indiana. HENDRICKS Signed Jan Signed Jan Signed Motor MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties. and the electron of the joining together as hadead and only of the lisename court is under sized. MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties. and the electron of the joining together as hadead and only of the lisename court. Melana Metabolices and directs the issuance of the issuance of the joining together as hadead and only of the lisename court. Add of the my offer of the lisename court. Add of the offer on the lisename court. Melana dated the JSM. Address court. Court by written order issued. Add of the my offer of the lisename court. Melana dated the JSM. Address court. Motor and add offer. Maddress court. Address court. <tr< td=""><td>Signe Trederick M Hopkins I</td><td></td></tr<>	Signe Trederick M Hopkins I	
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George H. Hoog BrownSDurg It housand nine hundred and 79	Frederick M. Hopkins	office, to-wit: 20 day of October
George H. Hoog BrownSDurg P thousand nine hundred and 79 at Hendricks County, State of Indiana P thousand nine hundred and 79 at Hendricks County, State of Indiana P thousand nine hundred and 79 of Hendricks County, State of Indiana P thousand nine hundred and 79 of Hendricks County, State of Indiana P thousand, Groom Frederick M. Hopkins IV of Hendricks County, State of Indiana A Bride Sandra Lynn Sheets of Hendricks County, State of HENDRICKS A, Bride Sandra Lynn Sheets of Hendricks County, State of HENDRICKS Inty. Sandra Lynn Sheets of 10 Signe/George H. Loog Signe/George H. Loog Inty. 20 October 79 Signe/George H. Loog Signe/George H. Loog Ited this day of October 79 Signe/George H. Loog October Official Designation Pastro, Massicah Lutheran Church October 79 Signe/George H. Loog <td>t further remembered, the following marriage certificate was filed in m</td> <td>hereby certify that on the County of Hendricks</td>	t further remembered, the following marriage certificate was filed in m	hereby certify that on the County of Hendricks
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	by me united in marriage as authorized by a marriage inclusion of the second state of	SigneGeorge n. Massicah Lutheran Church

	STATE OF INI	DIANA	No. 486	1
Form Prescribed By Indiana State Board of		RRIAGE LICENSE	File 40	
Health under Authority APPLICA of LC. 31-1-3-2			0	2-79
Effective July 1. 1977	HENDRICKS	County	Date of App	lication
			110	
MALE (D-5-	70	FEMALE Benert Da	10-5	.79
Medical Examination Report Dated	17	Medical Examination Report Da	al La D	
Name of Physician Joseph Kerlen		Name of Physician	reph Kerles	~
Name of Physician follow Kertun			by any false statement, represe	ntation or pretense
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "I shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	False statement—Whoever.	procures the issuance of a needay to highly		
MALE APPLICANT		FEMALE	APPLICANT	
Name First Middle		Name // First	Middle	Pritale
Cambo E 1	golen_	Date of Birth Month	Day	Year
Date of Birth Month Day	19 24	ate of Differ	5 /	950
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Residence Address Street or R. R. City Coupts	al almal	le 10 (Lakeside	per. Ifd M.	no Selel
- 4 10 - manage pro 174 Mar		Previous Marital Status: Never Married DOR		
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Last Marriage Ended By: Death Divorce Annulment	<u>I</u>	ast Marriage Ended By: Death - Divorce -	Judicial Decree	
Date of birth verified by: Birth Certificate Judicial Decree		Date of birth verified by Birth Certificate	0° 4	1.
(the (Specify) Drivers License 14	Dicturo	Other (Specify) NWC	A License ,	pictur
- Other (Specify)	No W Yes 1	1. Are you now or have you ever been adjudged t	o be of unsound mind?	No D Yes
1. Are you now or have you ever been adjudged to be of unsound mind?	No Ves	If answer is "yes", has the adjudication been re		No Ves
If answer is "yes", has the adjudication been removed?		2. Are you afflicted with a transmissible disease?		No P Yest
2. Are you afflicted with a transmissible disease?		 Are you afflicted with a transmission oncurs. Are you related to the male applicant closer th 		No D Yest
3. Are you related to the female applicant closer than second cousin?				No W Yest
4. Are you now under the influence of intoxicating liquor?		4. Are you now under the influence of intoxication		No P Yes
5. Are you now under the influence of a narcotic drug?		5. Are you now under the influence of a narcotic	drug.	
6. List the full names of any dependent children.		6. List the full names of any dependent children.		
De Glense agalen		Jule Alghland		
		Jemmy Late		
		Par Ola 1. ta		
		Janea Vale		
7. Are you required by any court order or orders to support the above	No Ves	Are you required by any court order or orders dependent children?	to support the above	No Ves
dependent children?		If answer is "yes", it is required that this Appl	ication be accompanied by satisfact	ory proof that you are
If answer is "yes", it is required that this Application be accompanied by satisfacto	ry proof that you are in	compliance with any court order or orders iss	1.	1
compliance with any court order or orders issued for their support.		7 1 400	Bray Well	y
8. Full name of father Jumes Ly aqueen		8. Full name of father U 9070C	Just will a	1
Residence of father (if deceased so state)	11	Residence of father (if deceased so state)	1 t	(or .
Birthplace of father (State or foreign country) 2000 South of	end.	Birthplace of father (State or foreign country)	Kentucky	1 1
Printle Mauri	L -	in	ry Lunind	a Bucha
9. Full maiden name of mother for the formation of the fo	/	9. Full maiden name of mother	h	1.1
Residence of mother (if deceased so state) Clay Ion	el	Residence of mother (if deceased so state)	Greenwood	and.
Birthplace of mother (State or foreign country) Zionsville	Ind	Birthplace of mother (State or foreign country)	Kentuck	1
State of Indiana.	e information given	State of Indiana,	I depose and state	he information give
HENDRICKS ss: I depose and state the in this approaction is	a true and correct	County of HENDRICKS	in this application	is true and correct
V Manuellad	-	della della	· · · · · · · ·	hist
Signed function of the	., 0	Signed	On With	E.I
New Address AO C Caller St	de m.	New Address 64	C Aak	e side
Subscribed and sworn to before me this	Ber 1979	Subscribed and sworn to before me this	9 day of Octo	per. 197
Clent Manyy HENDRICH	KS	alow in day	HENDRICI	KS
Oun 71 A Manuary Clerk HENDRICH	Circuit Court	Gunni, Mou	Clerk HENDRIC	Circuit Cou
			0	
CONSENT OF PARENTS, PARENT OR GUARDIAN		CONSENT OF PARENTS, PARENT OR	GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage	. If only one parent	We, the parents, of this applicant hereby	give consent for this marriage	. If only one pare
signs, state facts which render the consent of the other parent unnecess	ary.	signs, state facts which render the consen	t of the other parent upperer	SALV
organo, orace races which render the consent of the other parent unnecess	· · · · · · · · · · · · · · · · · · ·	organs, state racts which render the consen	t of the other parent unneces	and a construction of the second

BUDERGEUCKILKIK MADE OR SITUKIK

State of Indiana, HENDRICKS	÷. 2	State of Indiana, County of HENDRICKS
Signed	Father	Signed
Signed	Mother	Signed
Subscribed and sworn to before me this	, 19	Subscribed and sworn to before me this day of 19
	Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORD HENDRICKS inauthorizes and direc	Co	T. A marriage license having been refused to the above named parties, the ourt by written order issued
Be it further remembered, the following marriage certificate u I, Aarry K. Williams one thousand nine hundred and 79	vas filed in my o	hereby certify that on the 20 day of October
State of Indiana, Groom James 6. agal	r. tof	of Nendricks County, State of Indiana
County. Dated this 20 day of Octaber		2 Signed Sarry L. Williame
Filed and recorded in accordance with the laws of the State of	Indiana this	Official Designation menister 25 day of October 1979
		Signed Slen M. Harvey HENDRICKS Circuit Court

559Form Prescribed By Indiana State Board of STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE Indiana State India of Health under Authority of 1C 31-1-8-2 Effective July 1 1977 HENDRICKS File _County MALE 8-79 Medical Examination Report Dated. Date of App FEMALE algo liam Medical Examination Report Dated Name of Physician_ Edwards 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 state shall be fined in any sum not exceeding five hundred dollars (\$500,00)". Name of Physician. MALE APPLICANT First Name FEMALE APPLICANT Name wein Date of Birth Date of Birt Place of Birth (State or Place of Birth (State Residen Previous Marital Status: Never Married WOR Last Marriage Ended By Death Divorce Annulment Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by Brath Certificate Judicial Decree Date of birth verified by: Binth Certificate D Judicial Decree we ta Other (Specify) V Other (Specify) 1. Are you now or have you ever been adjudged to be of unsound mind? No Vyes 1. Are you now or have you ever been adjudged to be of If answer is "yes", has the adjudication been removed? No Ves D No WYes If answer is "yes", has the adjudication been removed 2. Are you afflicted with a transmissible disease? No Yes D No Yes 2. Are you afflicted with a transmissible disease No PYes 3. Are you related to the female applicant closer than second cousin' No V Yes 3. Are you related to the male applicant closer than set No Yes you now under the influence of intoxicating liquor? No W Yes 4. Are 4. Are you now under the influence of intoxicating liquor No Ves D 5. Are you now under the influence of a narcotic drug? No Yes 5. Are you now under the influence of a narcotic drug? No PYes D 6. List the full names of any dependent children 6. List the full names of any dependent children 7. Are you required by any court order or orders to support the above 7. Are you required by any court order or orders to support the above dependent children? dependent children? No Vyes No W Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issu compliance with any co 8. Full name of father alonaro wein Full name of father Residence of father (if deceased so state). Residence of father (if deceased so state) Birthplace of father (State or foreign et Birthplace of father (State or f Full maiden name of mother Caroly nomo 9. Full maiden name of mother Residence of mother (if deceased so state) Residence of mother (if deceased so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS State of Indiana. I depose and state the information given in this application is true and correct. formation given 881 HENDRICKS County of County of mour Signed Mu #45 KS Creek Rd. aar o Clarks Creek 1. 1979. alope . 1979 HENDRICKS GULM Harve Circuit Court HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary... signs, state facts which render the consent of the other parent unnecessary..... State of Indiana, HENDRICKS > 58:

State of Indiana, Countries HENDRICKS	HE SICHONS AND A LOUIS	County of
county of	Father	Signed
Signed	Father	
Signed	Mother	Signed
Subscribed and sworn to before me this	day of	Subscribed and sworn to control Clerk
asserticed and sworn to before me this	Clerk	
		T. A marriage license having been refused to the above named parties, the and filed ourt by written order issued
OMDI ETTE IN ALLER ALLER	IGE ISSUED BY ORDER OF COUP	and filed and filed a marriage license to the above named parties.
HENDRICKS	SE ISSUED DI	ourt by written order issued
Con	unty	of a marriage license to the use
n	authorizes and direct	HENDRICKS CIRCUIT COURT
	RETURN OF MARRIAGE LICENS	nse issued by the clerk of the
Be 31t Remembered, the	re was filed in my office a marriage ucc	SE AND MARRIAGE CERTIFICITIES HENDRICKS Circuit Court nse issued by the clerk of the , 19.79, authorizing the joining together as husband and wife Michelle K. Seymour
f Indiana dated the 15th	day of	SE AND Million is the clerk of the solution of
Leroy R. Lberwein	contificate was filed in my	<u>And Michelle K. Seymour</u> and <u>Michelle K. Seymour</u> office, to-wit: <u>hereby certify that on the</u> 20 <u>day of</u> <u>Indiana</u> <u>hereby certify that on the</u> 20 <u>day of</u> <u>Indiana</u> <u>hereby certify that on the</u> 20 <u>day of</u> <u>Indiana</u> <u>at</u> <u>Hendricks</u> <u>County, State of</u> <u>Indiana</u> <u>Hendricks</u> <u>County, State of</u> <u>Indiana</u> <u>HENDRICKS</u>
se it further remembered, the followin	ig marriage certificate	hereby certify individed County of Indiana
Garry L. Close	79	at
ne thousand nine hundred and	15	of County, State of
State of Indiana, Groom Lero	y R. Eberwein	hereby certup infield at. <u>Hendricks</u> County of Indiana of <u>Hendricks</u> County, State of Indiana <u>Hendricks</u> County, State of Indiana <u>Hendricks</u> HENDRICKS that purpose by the Clerk of the Circuit Court of <u>HENDRICKS</u> 79 Garry L. Close Signed <u>Dector</u> 70
nd, BrideMichelle K. Se	ymour	that purpose by the Clerk of the Cura
vere by me united in marriage as gut	horized by a marriage license issued for	79. Garry L. Close Signed Bastor 79
a set anticou in mairiago ao anti-	1.1.2.2	19 Gally Manual
Dated this 20 day	of	79. <u>Signed Garry L. Close</u> Official Designation. <u>Pastor</u> October <u>19</u> 79 Clerk
	and the state of the second second	Official Design day of Clerk
-F - 25 223	Gunta of Indiana this	Hen M. Hannicks Circuit Court
Filed and recorded in accordance with	the laws of the State of Analysis	Signed
		Signed Pastor Official Designation October , 19 79 23 day of October , 19 79 23 day of Arwey Clerk Signed Hen M. Harwey Clerk FENDRICKS Circuit Court

No. STATE OF INDIANA Form Prescribed By Indiana State Board of Health under Authority APPLICATION FOR MARRIAGE LICENSE File CL. 10, 1979 Date of Application of I.C. 31-1-3-2 Effective July 1, 1977 HENDRICKS County FEMALE 10-5-79 MALE Medical Examination Report Dated. 10-Medical Examination Report Dated. Herlein Call Name of Physician Mr. Heinlier Carl Name of Physician N. ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement-Wheever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)" FEMALE APPLICANT MALE APPLICANT Last Middle Name Last Name Middl ralds me riell Date of Birth Day Date of Birth NI 9. Place of Birth (State or Place of Birth (State or inder 1al Stat State Add R# Residence Address auton BOL 171 H layton Previous Marital Status: Never Married D OR Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce C Annulment D Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: D Birth Certificate D Judicial Decree Date of birth verified by: D Birth Certificate D Judicial Decree Sicture Other (Specify) March Alcenser ecord A Other (Specify) Strucce No Ves D 1. Are you now or have you ever been adjudged to be of unsound mind No Yes 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D If answer is "yes", has the adjudication been removed No Yes If answer is "yes", has the adjudication been removed? No Pres D No Yes 2. Are you afflicted with a transmissible disease? 2. Are you afflicted with a transmissible disease? No B Yes D 3. Are you related to the male applicant closer than second coust No Yes Are you related to the female applicant closer than second cousin 3. NoO Yes D No Yes 4. Are you now under the influence of intoxicating liquor' 4. Are you now under the influence of intoxicating liquor? No Yes Note Yes Are you now under the influence of a narcotic drug 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children List the full names of any dependent children Jerell - 12 years Are you required by any court order or orders to support the above 7. Are you required by any court order or orders to support the above No Yes No Yes dependent children dependent children If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for the compliance with any court order or orders issued for their support. Jonneh allaco James 8. Full name of father Anald & legene Full name of father____ aranpas Residence of father (if deceased so state) M artin svelle Residence of father (if deceased so state)____ anons maiona Birthplace of father (State or foreign country)_ Birthplace of father (State or foreign country)_ Detty elared. anglike 9. Full maiden name of mother 9. Full maiden name of mother_ layton malanapoles Residence of mother (if deceased so state) Residence of mother (if deceased so state) unansas Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country). State of Indiana, HENDRICKS State of Indiana, HENDRICKS I depose and state the information given in this application is true and correct. I depose and state the information given in this application is true and correct. 88 : County of Jesse au onnel of Signed ... New Address RR New Address 1979 lect 19. 7.9 10 act 10 ...day of ... ribed and sworn to before me this. Subscribed and sworn to before me this ... day of HENDRICKS HENDRICKS len Hance Circuit Court Clerk Circuit Court Clerk ygarney CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary.

CDEFGH

State of Indiana, County of HENDRICKS		State of Indiana, County of HENDRICKS	} 88 :	
Signed	Father	Signed		Father
Signed	Mother	Signed		Mother
Subscribed and sworn to before me this	, 19	Subscribed and sworn to before me	this	, 19,
	Clerk			Clerk
COMPLETE IF MARRIAGE LICENSE ISSUE HENDRICKS County inauthoriz	Со	urt by written order issued		
RETURN Be It Remembered, there was filed	N OF MARRIAGE LICENS	E AND MARRIAGE CERTIFIC	CATE HENDRICKS	
of Indiana dated the	f. Oct	nd Charlene E	ting the joining together	as husband and wife
De it further remembered, the following marriage	certificate was filed in my o	ffice, to-wit:		
I, John C. Mowrer		hereby certify that on the	20 day of OC	tober
one thousand nine hundred and 79	rell	at. Hendricka	, County of	Hendricks
State of Indiana, Groom Lonnie G. Ter and, Bride Charlene Edwards A.		Hendricks	County, State of	Indiana
were by me united in marriage as authorized by a	marriage license issued for	that murness by the Clark All	County, State of	HENDRICKS
County. 20 Oc Dated this 20 Oc	tober	79		TILINDRICKS
		Signed Joh		
Filed and more data	a second day in	Official Designation Judg	e, Superior #2	
Filed and recorded in accordance with the laws of	the State of Indiana this	4.3 day of	Uctober	, 19 79
		Signed Ilen M.	HarvelfHENDRIC	KS Circuit Court

	\$561
Form Prescribed By Indiana State Board of STATE OF	
Indiana State Board of STATE OF Health under Authority of 1C 31 1:3.2 Indiana State Board of APPLICATION FOR M	INDIANA
Effective July 1. 1971	MARRIAGE LICENSE
HENDRICK	County File
MALE Madical Examination Report Dated 10 - 8 - 20	- Canne 10, 1979
MALE Medical Examination Report Dated 10-8-79	FEMALE Date of Application
Name of Physician Carl L. Menlux Md.	Medical Examination Report Dated 10-8-79
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement"	Name of Physician Carl & Heinling Ind
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT Name First OMiddle	ever procures the issuance of a license to marry by any false set
Maine AP	to by any task statement, representation or pretense
Date of Birth Month All Day Allman	Name FEMALE APPLICANT
Allender 10 lana	Date of Birth Month Hayle Legals
martinesulle Maran 2	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Addum Calpal righ
Previous Marital Status Never Married DOR	Residence Address Street or R. R. City Quanty State
Previous Marital Status Never Married - OR Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married DOR
Last Marriage Ended by Death = Divorce = Annument = Date of birth verified by: Birth Certificate = Judicial Decree	Last Marriage Ended By: Death D Divorce Appulatest D
	Date of birth verified by: Debrth Certificate Dudicial Decree
Other (Specify)	Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? Not Yes D If answer is "yes", has the adjudication been removed? Not Per D	1. Are you now or have you ever been adjude to the
If answer is "yes", has the adjudication been removed? No U Yes U 2. Are you afflicted with a transmissible disease? No U Yes U	If answer is "yes", has the adjudication been removed?
Are you related to the female applicant closer than second cousin? No Yes	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor? No 2 Yes 1	Are you related to the male applicant closer than second cousin? NoD Yes D
5. Are you now under the influence of a narcotic drug? No Pres D	4. Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? No 2 Yes
6. List the full names of any dependent children.	6. List the full names of any dependent children.
	and the second
tyread and the second the	and the second se
7. Are you required by any court order or orders to support the above dependent children? No 🗆 Yes 🗆	7. Are you required by any court order or orders to support the above
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No Yes I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Allman Allman	8. Full name of father Curtis Languerne Seeper
Residence of father (if deceased so state) Still geapling, St.	Residence of father (if deceased so state) Milin Apalia, Sr.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Watteloo, Jawa
9. Full maiden name of mother Elca Barbara ana Ull	9. Full maiden name of mother Jan Elizabeth Jarnigan
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) S. Berg Maly fin
Birthplace of mother (State or foreign country) Alrmana	Birthplace of mother (State or foreign country) Mitten Chig
State of Indiana, I denose and state the information given	State of Indiana, HENDRICKS as: I depose and state the information given in the application is true and correct.
County of HENDRICKS	County of
Signed Morman J. Silman	Signed herry and
New Address RR18 Boy 36/F. Judpl	is, New Address RR 181802 13914 ngold
Subsyribed and sworn to before me this 10 day of Mathurs, 19.79	Subscribed and sworn to before me this 10 day of Ullille 19.19
Hin M. Manuer Clerk HENDRICKS Circuit Court	Sun M. Surney Clerk HENDRICKS Circuit Court
- Cur I I Clarady	- t
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

State of Indiana, HENDRICKS State of Indiana, County of. ss: HENDRICKS County of ... Father Signed. Father Mother Signed. Signed .. Mother 19..... day of Subscribed and sworn to before me this... Signed. ., 19..... Clerk Subscribed and sworn to before me this. ...day of ... Clerk COMPLETE IF MARRIAGE LICENSE 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 Ray where and filedauthorizes and directs the issuance of a marriage license to the above named parties HENDRICKS Clirke Muie RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS in. Circuit Court Be It Remembered, there was filed in my office a marriage license issued by the clerk of the. ..., 197.9., authorizing the joining together as husband and wife Be it juncher remembered, the following marriage certificate was filed in my office, to-wit: 1917, authorizing the joining toget I. New, for man be described to the following marriage certificate was filed in my office, to-wit: hereby certify that on the 13 day of October . County of Hendricks Lev Frank W Gagers Indiana County, State of State of Indiana, Groom Morman Lee Gelman of Hendricks ..at..... County, State of Indeana HENDRICKS Lace Leeper of Kendricks 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. 9. Signed Gev. Frank W. Ragers Official Designation minister, 1st Deplit limo October, 19.7.9 Dated this ... , 1979 1.3 day of October ...day of Signed Hen M. Harvey HENDRICKS Clerk Filed and recorded in accordance with the laws of the State of Indiana this..... Circuit Court

form Prescribed By STATE OF ndiana State Board of Lealth under Authority APPLICATION FOR M FLC, 31-1-3-2 Effective July 1, 1977 HENDRICKS	IARRIAGE LICENSEFile 40 $10-10-79$
	County Date of Application
MALE Medical Examination Report Dated	FEMALE Medical Examination Report Dated Name of Physician
Name of Physician Wm. a. Colwards	
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ver procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	FEMALE APPLICANT
Name First Unt Incl	Janice Patricia South
Date of Birth Month Day Year	Date of Birth Month Day 1953
Place of Birth (State of foreign country)	Cafe Co., Flenders State
Residence Address Street or R. R. Plainfield, Nem State	Residence Address Street or R. R. Plainfield, Hen, One
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death 🗆 Divorce 🏹 Annulment 🗆	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: 🗆 Birth Certificate 📮 Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
& Other (Specify) Drivers license	Other (Specify) Drivers beenal
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind.
If answer is "yes", has the adjudication been removed? No Ves No Yes No Yes No Yes No	If answer is "yes", has the adjudication been removed? No Yes 2. Are you afflicted with a transmissible disease? No Yes
2. Are you afflicted with a transmissible disease? No.Ø Yes □ 3. Are you related to the female applicant closer than second cousin? No Ø Yes □	3. Are you related to the male applicant closer than second cousin? No X Yes
4. Are you now under the influence of intoxicating liquor? No 🖉 Yes	4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No 🛱 Yes 🗆	5. Are you now under the influence of a harcolic drug:
6. List the full names of any dependent children.	6. List the full names of any dependent children.
Jennefer Lynn	Jacob Farre Lawrence
Kusting Dachel	- Hour garde read
	7. Are you required by any court order or orders to support the above
7. Are you required by any court order or orders to support the above dependent children? No U Yes	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are i compliance with any court order or orders issued for their support.
compliance with any court order or orders issued for their support. 8. Full name of father Chesty Wint Friel	8. Full name of father albert Eolivand Ruck
Residence of father (if deceased so state) Conterville, Ind.	Residence of father (if deceased so state) Plounfield, and
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Ollinging
Death, Dean Hanebott	9. Fullmaiden name of mother glan Marie Hawley
9. Full maiden name of mother . Journal of the start of t	Residence of mother (if deceased so state) Plainfield, Ind.
Residence of mother (if deceased so state)	Birthplace of mother (State or foreign country) Wisconsin
Birthplace of mother (State or foreign country)	State of Indiana, HENDRICKS 88: I depose and state the information give in this application is true and correct
County of HENDRICKS	County of County of Action of County of
Signed Kours . Trut	Signed Januce & court
New Address 417 S. CENTER St. Plaintield, In,	New Address 041 (Scenter St. Start
Subscribed and sworn to before me this 10 day of 19.19	Subscribed and sworn to before me this. A day of the sworn to before me this. A day of the sworn to before me this. A day of the sworn to before me this.
Alen M. Hawley Clerk HENDRICKS Circuit Court	<u>Alen M. Hanney</u> Clerk HENDRICKS Circuit Cou
CONCENT OF RADENT OF CHARMIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one pare
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which fender the containers and the same size of the sa	
State of Indiana	State of Indiana,
State of Indiana, County of HENDRICKS	HENDRICKS ss:
SignedFather	Signed
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	CI
	PT A maminga lianna having have setural to the horizon having
	RT. A marriage license having been refused to the above named parties, t Court by written order issuedand fil
in	
	SE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage lic	ense issued by the clerk of the HENDRICKS Circuit Con
of Indiana dated the 19 day of Oct	, 19.7.9., anthorizing the joining together as husband and w
Be it further remembered, the following marriage certificate was filed in my	and Janice Gatricea Lowry
1 James D. Wilson	hereby certify that on the 20 day of October
and they and nine hundred and 79	at slaenseeld countries descarge rich
State of Indiana, Groom James Wint Friel	Stradion County, State of Indeana
and, Bride Janice Satrice Source of	
were by me united in marriage as authorized by a marriage license issued fo County.	
Dated this 29 day of October , 19	Signed ames h. welson
	Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this	Signed Len M. Harvey HENDRICKS

BCDEEGEUCKLEX ZOB OR STUDY X Y Y

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Red Los San San

	563
Form Prescripted By	
Form Free Board of STATE OF APPLICATION FOR M	MARRIAGE LICENSE No. 489
MALE	S
Medical Examination Report Dated 10-279 Name of Physician David Manllin	FEMALE Date of Application
Ame of the second to be and the second to be the second to be and t	Medical Examination Report Dated 10-2-79 Name of Physician 10-2-79
ALL QUENTIONS MUST BE ANSWERED LC, 31-1-3-6 prescribed "False statement-Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,000") MALE APPLICANT Name First / Middle	ver procures the issuance of a license to me in the Adalley
Name first Might	Prove a statement, representation or pretense
Date of Birth Month Date Manager	Name First. Middle
Place of Birth State or foreign towners the Break 1953	Date of Birth Month Day Hagard
Residence Address Street is R. B. Plan Mounty Prate	Place of Birth (State of/foreign country) 1959 Residence Address Short P. P. State
Previous Marital Status Never Married D OR	239 avon ave Plfat Hend County
Last Marriage Ended By Deast D Divorce Annulment D	Previous Marital Status: Never Married OR
Date of birth verified by press Certaincase - Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Are you now or have you ever been adjudged to be of unaound mind? You all the set of unaound mind?	Other (Specify)
I Are you now or have you ever been adjudged to be of unaound mind? No 2 Yes D If answer is 'yes' has the adjudication been removed? No D Yes D	1. Are you now or have you ever been adjudged to be of unsound mind?
2 Are you afflicted with a inunaminable disease? No P yer D	Are you afflicted with a transmissible down of the second se
3. Are you related to the female applicant closer than second cousin? 4. Are you now under the influence of intoxicating liquor? 4. Are you now under the inf	3. Are you related to the male applicant closer than second cousin?
5. Are you now under the influence of a narootic drug? No Yes D	Are you now under the influence of intoxicating liquor? No Ves No Ves No Ves
3. Lat the full names of any dependent children.	6. List the full names of any dependent children.
	Stands about the stands
Are you required by any court order or orders to support the above	
dependent children' No Ves D	7 Are you required by any court order or orders to support the above dependent children? No Ves D
compliance with any court orders or grders issued for their support.	If answer is "yes", it is 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 tacher - 7 CPCVF E Mancock	8 Full name of father Robert Laws Haggard
Residence of tather of decreased as states	Residence of father (if deceased so state)
Birthplace of father State or thering country's Allange	Birthplace of father (State or foreign country)
9 Full maden name of mother a contract of solering	9. Full maiden name of mother 7/ 10 1000 Autor Diangotal
Residence of muchan (if deveraged so states) Agent Since	Residence of mother (if deceased so state)
State of Indiana.	Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS BS: I depose and state the information given in this application is true and correct.
County of HENDRICKS	County of VOP°, The mand i
Signail Dand P. Marcon	Signed June 2. Marquite
Now Address A ST A VON AVE, CHINFILLETIN,	New Address of the Subscribed and sworn to before me this day of Clother, 1979.
Subscribed and even to be fore me this day of HENDRICKS Circuit Court	Clercm Harveyclerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	
State of Indiana, LIER IDDICKS	State of Indiana, HENDRICKS
County of HENDRICKS	Signed
Signed	Signed
Subscribed and even to before me this day of 19	Signedday ofday of
Clerk	the shows named parties, the
COMPLETE RECEIPTING AND	T. A marriage license having been refused to the above named parties, the and filed
County	i and license to the above many i
in	HAPPLACE CERTIFICATE HENDRICKS Circuit Court
RETURN OF MARRIAGE LICENSI Be It Remembered, there was filed in my office a marriage licen Octaber	use issued by the clerk of the
RETURN OF MARRIAGE LICENSI Be It Remembered, there was filed in my office a marriage licen of Indiana dated the <u>day of</u> <u>Octabel</u> David W. <u>Ancock</u> Be it further remembered, the following marriage certificate was filed in my of I. William Grant Nigh	Julie L. Haggard
of Indiana dated the <u>day of</u> <u>Outcource</u> David W. <u>ancock</u> Be it further remembered, the following marriage certificate was filed in my o I. <u>William Grant Nigh</u> one thousand nine hundred and <u>79</u> State of Indiana, Groom David W. Hancock	fice, to-wit: 20 day of October Ma4rior
I. William Grant Nigh	Zion Evangelical United County of Indiana
one thousand nine hundred and	Hendricho County, State of
I. William Grant Nigh One thousand nine hundred and State of Indiana, Groom David W. Hancock and, Bride Julie L. Haggard	Hendricks HENDRICKS
license issued for	Line L
Counts	william.Gland
Dated this 16 day of	79 Signed William Grant Nigh Official Designation Pastor day of October 19 79 Clerk
Files Grate of Indiana this	Official Designation 23 day of October Clerk 23 day of Hernef HENDRICKS Circuit Court Signed Hendricks Circuit Court
Dated this 16 October , 19	Signed

	No. 490
STATE C	FINDIANA
rm Prescribed By Jiana State Board of APPLICATION FOR	MARRIAGE LICENSE File 40
	10 - 11 - 19
fective July 1, 1977	County Date of Application
	FEMALE @ 26.79
MALE 9-16-79	Medical Examination Report Dated 9-26-17
Medical Examination Report Dated 9-26-17	Name of Physician John F. Moe
Name of Physician John F. Moe	Name of Thysician
ALL OUESTIONS MUST BE ANSWERED, LC. 31-1-3-6 prescribed "False statement-W	hoever procures the issuance of a license to marry by any false statement, representation or pretense
hall be fined in any sum not exceeding fire many	FEMALE APPLICANT
MALE APPLICANT	Name First Middle Last
Vame First Mullie Bringer	Date of Birth Month Day Year
Date of Birth Mogth Day Year	Molla 3 1700
Place of Birth (State or foreign country)	Place of Birth (State or foreigh country) Indiana
Trigo O, B. City County State	Residence Address Street or R. R. City County State
Residence Address Street or R. R. Brownsburg In.	_ RR4 Boy 310 Drownsburg 510
	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce X Annulment D	Let Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annument Date of birth verified by: D Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Dudicial Decree
Date of oirth verified by Difficience	
Other (Specify) Drevers Lic.	Other (Specify) No Yes
Are you now or have you ever been adjudged to be of unsound mind? No 4 Yes	No Vies V
If answer is "yes", has the adjudication been removed?	No V Yes
2. Are you afflicted with a transmissible disease? No 🕅 Yes	No 4 les
3. Are you related to the female applicant closer than second cousin? No X Yes	
4. Are you now under the influence of intoxicating liquor? No ♥ Yes No ♥ Y	No Pri Les
5. Are you now under the influence of a harcould didg.	
6. List the full names of any dependent children.	6. List the full names of any dependent children. Jason Michael Reck
Jamie Sue Bouser	- Jacon marine 1
0	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	in the light of the second panied by satisfactory proof that you are in
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are	compliance with any court order or orders issued for their support.
compliance with any court order or orders issued for their support, Reasonable	8. Full name of father Warren Lionard andrews
8. Full name of father (Marcles) Brunner Montenance	- 0. Full haline of latine
Residence of father (if deceased so state) Neclared	- Residence of father (if deceased so state)
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country)
9. Full maiden name of mother Etta Mare Watson	- 9. Full maiden name of mother banita Herron
main It Laboran in	Residence of mother (if deceased so state) Fraeeston, Jepas
Residence of mother (if deceased so state)	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) ITUSSOUTCE State of Indiana, I depose and state the information give
State of Indiana, HENDRICKS }ss: I depose and state the information giv in this application is true and corre	LENDDICKS 285 in this application is true and correct
County of	1 4 - Ter Kick
Signed X Jerry Wayne Bower	Signed A Contract States
New Address RRA Box 310 BROWNS burg	New Address N.B. 9 113 02 510 Dubin
11 Dat	19 Subscribed and sworn to before me this 11 day of Oct. 19.7
Subscribed and sworn to before me the	HENDRICKS CITATION
Glen M. Harvey Clerk HENDRICKS Circuit Co	int Shen III
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	
CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one par	
	we, the parents, of this applicant hereby give consent for this marriage. If only one pare signs, state facts which render the consent of the other parent unnecessary

BCDEEGEUCKLEMM NOPORSIUCYWXY

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State of Indiana, HENDRICKS ss:	State of Indiana, County of HENDRICKS ss:
County of	Signed
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday ofday of
Clerk	Cleri
	RT. A marriage license having been refused to the above named parties, th ourt by written order issuedand file
DETUDN OF MADDIACE LICENS	NE AND MADDIACE CEDTIEICATE
Be It Remembered, there was filed in my office a marriage lice	nse issued by the clerk of the
of Indiana dated the 15th day of OCA.	, 19.79, 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 1,	hereby certify that on the 10 day of November
one thousand nine hundred and 79	at TerreHaute Vigo
State of Indiana Groom Jerry Wayne Bowser	of Hendricks County, State of Indiana
	Hendricks County, State of Indiana
	that purpose by the Clerk of the Circuit Court of
County. 10 day of November , 19	
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation Pastor Oregon Baptist Church 20 day of November 19 79
	Signed Llen M. Harry HENDRICKS Circuit Cours

The second second

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Form Prescribed By	
Indiana State Doard 0. Health under Authority of 1C 31 1.32. Effective July 1 1977	MARRIAGE LICENCE No. 491
	County File
MALE Medical Examination Report Dated 10-10-79	FEMALE Date of Application
Name of Physician 1. U. Scance hory 1 m. 0	Medical Examination Report D
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement-Who shall be fined in any sum not exceeding five hundred dollars (\$500 nor."	Name of Physician M. O. Scanahora
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,000". MALE APPLICANT Name First Middle	the procures the issuance of a license to marry by any false statement, representation or pretense
Name Middle Last Date of Birth Month Day	FEMALE APPLICANT Name First/
Place of Birth (State or foreign country) 1957	Date of Birth Maren Migale Meredet b
Residence Address Streeffor R. R. Cito	Place of Birth (State or foreign country) pt. 21 1937
KK- Cop 331 Pittsboro in	Residence Address Street or R. R. City County State
Previous Marital Status Never Married OR Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married DDR
Date of birth verified by:	Last Marriage Ended By: Death D Divorce D Annulases D
Date of birth verified by D Birth Certificate D Judicial Decree Other (Specify) Manuels License W/ picture 1. Are you now or have you ever been adjudged to be of unsound mind? No D Yes D	Date of birth verified by: Birth Certificate Judicial Decree
1. Are you now or have you ever been adjudged to be of unsound mind? No Ves D If answer is "yes", has the adjudication been removed?	Other (Specify) Rawers) Licence uppicture 1. Are you now or have you ever been adjudged to be of unsound mind? No Pres D
2. Are you afflicted with a transmissible disease? No 🖰 Yes 🗆	If answer is "yes", has the adjudication been removed?
3. Are you related to the female applicant closer than second cousin? No Yes D	Are you afflicted with a transmissible disease? No Dres D
4. Are you now under the influence of intoxicating liquor? No Yes D 5. Are you now under the influence of a narcotic drug? No Yes D	4. Are you now under the influence of intoxicating liquor?
6. List the full names of any dependent children.	 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children.
	and the second
	and the second
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No Ves I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No Yes I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father for a fifth have the	8. Full name of father Wancel Brone Toppedicth
Residence of father (if deceased so state) 7 223 1020 91.	Residence of father (if deceased so state) Till boro, m
9. Full maiden name of mother Unnor Mac King	9. Full maiden name of mother Mary C. Joins
Residence of mother is deceased so state) Pitts boco .	Residence of mother (if deceased so state) Pittsbow h.
Birthplace of mother (State or foreign country) Mississippi	Birthplace of mother (State or foreign country)
State of Indiana. County of HENDRICKS BS: I depose and state the information given in this application is true and correct.	State of Indiana. HENDRICKS as: I depose and state the information given in this application is true and correct.
Come Come L. Lone	Signed & Karen R. Meredith
New Address RX Pattoluere, In. 46167	and the second
Subscribed and sworn to before me this 12thday of October 1979	Subscribed and sworn to before me this / Ath day of October 1979
Slen M. Thanky Clerk HENDRICKS Circuit Court	Den M. Harvey Clerk The Court Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary.
	State of Indiana, HENDRICKS
State of Indiana, County of HENDRICKS	County of
Signed	Signed
Signed	Signed
Subscribed and sworn to before me this	
Clerk	The marriage license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	and med
County	f a marriage license to the above man
authorized and	HENDRICKS CERTIFICATE HENDRICKS Circuit Court
RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage licen of Indiana dated the	19.79, authorizing the joining together as much
of Indiana dated the	nd October
Reit i minage certificate was filed in the	Hendricks
I. Sherman Essex one thousand nine hundred and 79 State of Indiana, Groom Jerry L. Love and, Bride Karen R. Meredith	at Hendricks County, State of Indiana
asana nine nunarea ana	of
ince license issued jor	
County October	Sherman Land
Dated this	79 Signed Sherman Essex Minister Official Designation Octber
this we	23 day of October Clerk 23 Men M. Harwelf HENDRICKS Circuit Court
Dated this	Signed

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Indiana State Board of	TE OF INDIANA No.	
Health under Authority APPLICATION F of 1 C 31-1-3-2	FOR MARRIAGE LICENSE	
	ENDRICKS County Oct. 12, 1979	IN IN LIVE
	Date of Application	1 Martin Contraction
MALE /1-12-70	FEMALE Modern Perpert Dated 10-3-79	ET THE REAL PROPERTY OF
Medical Examination Report Dated	Medical Examination Report Dated	Part Spirit
Name of Physician Anda Alwes	Name of Physician Stewart Survey	NAL-
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statemet shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	nt - Whoever procures the issuance of a license to marry by any false statement, representation or pretense	pa.
MALE APPLICANT	FEMALE APPLICANT	1 mint
Name First , Middle Last	Name First Middle 1/11 Last	a free of the second
Date of Birth Month Day Year	Date of Birth Month, Pay Vear	15 to State of the state of the
Place of Birth (State or for fign country)	Place of Birth (State or foreign country)	at have
Ind.	tla.	and the second
Hill Swallow for Plaindight On ,	Residence Address Street or R/R. Plainfuld In.	112 Mar 14
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married POR	100 mm
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment	P. C. P. C.
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: D Birth Certificate D Judicial Decree	e was him been at
Land De Ying	De Linner	the second
Other (Specify) Other (Specify) A. Accuracy A. Accuracy No No No	Yes I Are you now or have you ever been adjudged to be of unsound mind? No Ves I	and the last to be an an and
1. Are you now or have you ever been adjudged to be of unsound mind? No If answer is "yes", has the adjudication been removed? No	1. All you not of that you cost and age and the second second	The state of the s
2. Are you afflicted with a transmissible disease? No \$\vec{1}\$	as many the part is many the angle and the second sec	To be adding to the local bud to a
3. Are you related to the female applicant closer than second cousin? No 🛛	Yes 3. Are you related to the male applicant closer than second cousin? No 🖾 Yes 🗆	the second states the second of
4. Are you now under the influence of intoxicating liquor? No D	_	and while the second second second
5. Are you now under the influence of a narcotic drug? No 🖬		s list the full matrice of same despension of
6. List the full names of any dependent children.	6. List the full names of any dependent children.	
Mit Miche		
- pathew Smock		
		Are you required, for work mode
7. Are you required by any court order or orders to support the above dependent children? No	Yes 7. Are you required by any court order or orders to support the above hependent children? No Yes 1	dependent children"
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you		Hanswer is "yes" in is negative
compliance with any court order or orgers issued for their support.	compliance with any court order orders issued for their support.	compliance with any court of
8. Full name of father Marles Smock	8. Full name of father Kobert Walfer	8 Fullname of father
Residence of father (if deceased so state) Bidplo. In .	Residence of father (if deceased so state) Oak Harbor, Ula	Residence of faither of devenues
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	Birthpiace of father - State
9. Full maiden name of mother N. Marine Kaiser	9. Full maiden name of mother Patricia Appkins	9. Fallmaidennamicol montan
Residence of mother (if deceased so state) maple. An	Residence of mother (if deceased so state) Oak Jashow, Wa	
Birthplace of mother (State or foreign country)	$\int b$	Residence of mother of de-
State of Indiana,	given State of Indiana. Its IDDICKS	Birthplace of monther instance
County of HENDRICKS } **: in this application is true and co	i depose and state the information given	State of Indiana. County of HENDS
Signed Demis C. Smoch	Biorda Kayo Urde	
New Address 441 Swallow Lane	New Address 44 Swallow Jone Mainfield	
	72 19 004 72	New Ad
Man m. Hoswall HENDRICKS	Al m land HENDRICKS	Subscribed and swearn to b
Circuit	Court Allen The Naswey Clerk The North Court	Blen Tr
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one p		CONSENT OF PARENTS
signs, state facts which render the consent of the other parent unnecessary	and the particular of the second se	We the parents, of this ap-
agna, state facts which render the consent of the other parent unnecessary and second	signs, state facts which render the consent of the other parent unnecessary	signs, state face
		signs, state facts which re-
State of Indiana. HENDRICKS	State of Indiana, HENDRICKS	
Jounty of HENDRICKS	County of HENDRICKS } ss:	State of Indiana.
Signed.	ather Signed	County of HENDR
Signed	fother Signed Mother	
Subscribed and sworn to before me this day of 19		Siktung
	Clerk	Subservices
	VIETA	Subscribed and sweeter to be to
	COURT. A marriage license having been refused to the above named parties, the	
HENDRICKS County	Court by written order issued	COMPLETE
nauthorizes and directs the iss		COMPLETE IF MARI HENDRICKS
	ICENSE AND MARRIAGE CERTIFICATE are license issued by the clerk of the HENDRICKS	in
Be It Remembered, there was filed in my office marriage	ge license issued by the clerk of the	
Vennes has les mark	and Drenda Paule Tualla	
Be it further remembered, the following marriage certificate was filed i	in my office, to-wit:	of Indiana dated the
1. Lev. Wm. G. Hendricks		of Indiana dated the
one thousand nine hundred and 79	at avon, County of Hendricks,	Be it further remember
State of Indiana, Groom Dennes Charles Smac	R. of Hendricks County State of Indiana,	and the star
and, Bride Stenda Layle Walfle	of Sendricks County State of Indiana	one thousand nine hund State of Indiana, Group
were by me united in marriage as authorized by a marriage license issu County.	ted for that purpose by the Clerk of the Circuit Court of	state of a mine hund
	19.79 Q 7 Q 1 1 . 1	
	signed Lev. Lom. I Hendricks	Country united
Filed and recorded in accordance with the laws of the first of the	Official Designation Gastor, avon Christian Church this 29 day of October , 19 79.	Dated this
and the state of Indiana		13
	HENDRICKS	
	Circuit Court	ued and record
	Circuit Court	Filed and recorded

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	567)
Form Prescribed By Indiana State Board of Health under Authority of LC. 31-1-3-2 Effective July 1, 1977 HENDRICK	MARRIAGE LICENSE
MALE Maideal Examination Report Dated Maria B. Magand Name of Physician Maria B. Magand Magand All QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed false statement—Whee Male fined in any sum not exceeding five hundred dollars (\$500,00°. Name Middle Middle Male fined in any sum not exceeding five hundred dollars (\$500,00°. Name First Middle Middle Last Date of Birth Month Day 19.5-9 Place of Birth (State or forsign country) State State Pare of Birth (State or forsign country) State State Pare of Birth verified by: Birth droff A. Maria B. Divore (State) Mate and the fibre for the fibre fibre for the fibre fibre fibre for the fibre fibre for the fibre fib	County FEMALE Medical Examination
1 Are you required by any court order or orders to support the above dependent children? Image: Support of the	 a. See the sequence of the sequence o

State of Indiana. HENDRICKS State of Indiana, HENDRICKS > ss: County of County of ... Signed Cal Father Signed. Signed. Mother Signed. Subscribed and sworn to before me thin _____ (e Subscribed and sworn to before me this , 19..... ...day of lin .Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS Court by written order issued HENDRICKS ...authorizes and directs the issuance of a marriage license to the above named parties. .County... in... RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Correct Court , authorizing the joining sopether as knowned and wife Be It Remembered, there was filed in my office a marriage license issued by the clerk of the . 19.79 angela Jo Getherford Octalia of Indiana dated the 16 A .day of. and..... Be it further remembered, the following marriage certificate was filed in my office, to-wit: hereby yrtify any of alete F Thema weter hell County of Indiana hereby certify that on the Lonald W. michael 1, . India at slain County, State of ... one thousand nine hundred and 7.9 County, State of Indiana cks Beng State of Indiana, Groom Revin Weauple Michael Hendricks HENDRICKS and, Bride angela Jo Wether fard of Handreeve by the Clerk of the Circuit Court 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 Ronald W. Michael signation minister County. , 19. 7.9. Dated this ... nov. 13 30.79day of..... Official Designation Clerk. nor HENDERS day of 13 Filed and recorded in accordance with the laws of the State of Indiana this..... Corracit Court den. Signed

56 Form Prescribed By Indiana State Board of STATE OF INDIANA Health under Authority APPLICATION FOR MARRIAGE LICENSE of I.C. 31-1-3-2 Effective July 1, 1977 HENDRICKS _County MALE Medical Examination Report Dated FEMALE Name of Physician_ Medical Examination Report Date ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed shall be fined in any sum not exceeding five hundred dollars (\$500,00) Name of Physician "False statement-Whoe er procures the iss MALE APPLICANT First Name Middle FEMALE APPLICANT la Nam Date of Birth Place of Birth (Stat Residence Address 32 34 Previous Marital Status: Never Married Last Marriage Ended By: Death Divorce Annulment D Previous Marital Status: Never Married Co Date of birth verified by: Birth Certificate Judicial Decree Last Marriage Ended By: Death C Disorce C Ann Date of birth verified by D Birth Certificate D Other (Specify) Alland 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D 1. Are you now or have you ever been adjud If answer is "yes", has the adjudication been removed? No Ves D N. C. THE If answer is "yes", has the adjudication been no 2. Are you afflicted with a transmissible disease? No Yes NO YOU Are you afflicted with a transmissible disease 3. Are you related to the female applicant closer than second cousin? No Yes N.D. W. D. Are you related to the male applicant closer than a 4. Are you now under the influence of intoxicating liquor? No Yes No Berges D 4. Are you now under the influence of intesticating liquin-5. Are you now under the influence of a narcotic drug? No Yes No Do You C 5. Are you now under the influence of a marconic drug" 6. List the full names of any dependent children. No Dealer D 6. List the full names of any dependent children 7. Are you required by any court order or orders to support the above Are you required by any court order or orders to au dependent children? dependent children No Ves If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in N.D YmD If answer is "yes", it is required that this Application he are compliance with any court order or orders issued for their support. of the loss are in spliance with any co-8. Full name of father____ Residence of father (if dece Birthplace of father (State 9. Full maiden name of moth Residence of mother (if dea Birthplace of mother (Stat State of Indiana, HEND County of marry New A Subscribed and sworn to Subscribed and sworn to before m this CONSENT OF PARENT 1970 We, the parents, of this signs, state facts which Notary Public NOTARY PUBLIC STATE OF INDIAN MY COMMISSION EXPIRES AUG. 26 ME State of Indiana, ISSUED THEIL INDIANA NOTARY ASSO HEN County of Signec n 17 Mother Signed. Subscribed and sworn to before me thing 19..... Subscribed and sworn to before me this 1 mana diam'r. .day of ton Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS ...Court by written order issued ...authorizes and directs the issuance of a marriage license to the above named parties. HENDRICKS .County RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE in.. HENDRICKS Circuit Cours Be It Remembered, there was filed in my office a marriage license issued by the clerk of the theriting the joining generalized as hundrend and write o Tetherford 164 of Indiana dated the angla day of and actober. Be it further remembered, the following marriage certificate was filed in my office, to wit: Lima unks day of County of Indiana hereby certify that Lonald W. michael 1, Indiana County, State of Indiana one thousand nine hundred and 79 01. Hendricks State of Indiana, Groom Revin Turauple PERSONNERS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Courty. signed Yonald W. mie , 19 79. nov. Dated this Official Designation 13 day of nor Cleve Filed and recorded in accordance with the laws of the State of Indiana this.... Circuit Court Signed

m Prescribed by	INDIANA NO
alth under Authority APPLICATION FOR IN	
fective July 1, 1977	County Date of Application
MALE	FEMALE Medical Examination Report Dated 9-25-79
Medical Examination Report Dated 9-25-79	Medical Examination report
Name of Physician Sabert W. Ogle	Name of Physician Aabert W. aye
LL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Whoe	ver procures the issuance of a license to marry by any false statement, representation or pretense
all be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	FEMALE APPLICANT
ame First Middle Last	Name First Middle Sherrell
Harald Hawks	Date of Birth Month Day Year March 12 1958
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
sidence Address Street or R. R. LCity County State	Residence Address Street or R. B. City County State
9825 W. Washington Indplu. In	9825 W. Washington morphs. Co.
revious Marital Status: Never Married OR	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D
ast Marriage Ended By: Death Divorce Annulment Annulment ate of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
	1 Other (Specify) Drivers Lic.
Other (Specify) Prevers Lic. No Yes	Other (Specify) No Ves
Are you now or have you ever been adjudged to be of unsound initial	If answer is "yes", has the adjudication been removed? No Ves
If answer is "yes", has the adjudication been removed? No Yes Are you afflicted with a transmissible disease? No Yes	2. Are you afflicted with a transmissible disease? No 27 Yes
Are you related to the female applicant closer than second cousin? No Vyes	3. Are you related to the male applicant closer than second cousin? No 2 Yes No 2 Ye
Are you now under the influence of intoxicating liquor? No Ves No Yes	4. Are you now under the influence of intoxicating liquor? No ₽ Yes □ 5. Are you now under the influence of a narcotic drug? No ₽ Yes □
Are you now under the influence of a narcotic drug? No & Yes U List the full names of any dependent children.	 Are you now under the influence of a narcolle drug. List the full names of any dependent children.
List the full hames of any dependent condition.	
	angela Dawn Shirrell
Are you required by any court order or orders to support the above dependent children? No Yes	7. Are you required by any court order or orders to support the above No X Yes D
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support	compliance with any court order or orders issued for their support.
Full name of father Somage Mandalow Aller a	C. I di mane of tank
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country) Acpendication, My.	Birthplace of father (State or foreign country)
Full maiden name of mother A achieve the processing	Full maiden name of mother Mary o access survey
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) Lenluckey	Birthplace of mother (State or foreign country) I depose and state the information given
tate of Indiana, HENDRICKS B8: I depose and state the information given in this application is true and correct.	County of HENDRICKS
Signed & Harald Haule	sind V Pklup Sue & Durrell
New Address 9825 2 Washington Lot 18 July	New Address 9825 W. Washington #18 Indpl
1 Dt HB	Subscribed and sworn to before me this 1.2. day of Oct , 19.7.9.
Subscribed and sworn to before me this day of OCC, 19.7. Slen M. Harrey Clerk HENDRICKS Circuit Court	Ellen M. Harvey Clerk HENDRICKS Circuit Court
Den M. Harvelf Clerk HENDRICKS Circuit Court	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
igns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana,
County of Mendana, HENDRICKS	County of HENDRICKS
Signed	SignedFather
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of
Subscribed and sworn to berole me tills	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL	RT. A marriage license having been refused to the above named parties, the
	Court by written order issued 3 Day Wards and filed
in Clerk's Office authorizes and directs the issuance	
	SE AND MARRIAGE CERTIFICATE HENDRICKS
RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage lice	19.7.7. authorizing the joining together as husband and wife
RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage lice of Indiana dated the 12 day of October	and pebra Shirrell
RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage lice of Indiana dated the	and Debra S. Shirrell
RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage lice of Indiana dated the 12 day of October Harald Hauks Be it further remembered, the following marriage certificate was filed in my 1, Daniel E. Penck	and Debra S. Shirrell office, to-wit: hereby cortify that on the 13 day of October
RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage lice of Indiana dated the 12 day of October Harald Hauks Be it further remembered, the following marriage certificate was filed in my 1, Daniel E. Pinch one thousand nine hundred and 7.9	and Debra S. Shirrell office, to-wit: hereby cartify that on the 13 day of October at I laenfield, County of Hendricks
RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage lice of Indiana dated the 12 day of October Harald Hawks Be it further remembered, the following marriage certificate was filed in my 1, Daniel E. Finch one thousand nine hundred and 7.9 State of Indiana, Groom Marald Hawks	and Debra S. Shirrell office, to-wit: hereby cortify that on the 13 day of October at claenfield, County of Hendricks of Nendricks County, State of Indiana
RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage lice of Indiana dated the 12 day of October Harald Hawks Be it further remembered, the following marriage certificate was filed in my 1, Cariel E. Sench one thousand nine hundred and 79 State of Indiana, Groom Karald Hawks and, Bride Debra S. Shirrell of	and Debra S. Shirrell office, to-wit: hereby cartify that on the 13 day of October at claenfield, County of Hendricks of Nendricks County, State of Indiana Nendricks County, State of Indiana,
RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage lice of Indiana dated the 12 day of October Harald Hawks Be it further remembered, the following marriage certificate was filed in my 1, Ocniel E. Sench one thousand nine hundred and 79 State of Indiana, Groom Marald Hawks and, Bride Debra S. Shirrell of were by me united in marriage as authorized by a marriage license issued for County.	and Debra S. Shirrell office, to-wit: hereby cartify that on the 3. day of October at Caenfield, County of Hendricks of Nendricks County, State of Indiana Hendricks County, State of Indiana, r that purpose by the Clerk of the Circuit Court of HENDRICKS
RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage lice of Indiana dated the 12 day of October Harald Hauks Be it further remembered, the following marriage certificate was filed in my 1, Daniel E. Penck one thousand nine hundred and 79 State of Indiana, Groom Marald Hauks and, Bride Debra S. Shirrell of were by me united in marriage as authorized by a marriage license issued for	and Debra S. Shirrell office, to-wit: hereby cartify that on the 3. day of October at Caenfield, County of Hendricks of Nendricks County, State of Indiana Hendricks County, State of Indiana, r that purpose by the Clerk of the Circuit Court of HENDRICKS
RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage lice of Indiana dated the 12 day of October Harald Hawks Be it further remembered, the following marriage certificate was filed in my 1, Ocniel E. Sench one thousand nine hundred and 79 State of Indiana, Groom Marald Hawks and, Bride Debra S. Shirrell of were by me united in marriage as authorized by a marriage license issued for County.	and Debra Shirrell office, to-wit: hereby certify that on the 3. day of October at County of Hendricks of Nendricks County, State of Indiana Nendricks County, State of Indiana, r that purpose by the Clerk of the Circuit Court of HENDRICKS

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569Form Prescribed By Indiana State Board of STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE Health under Authority of LC 31-1-3-2 Effective July 1 1977 495 HENDRICKS File. _County 10-12-29 MALE Medical Examination Report Dated Date of Application FEMALE Medical Examination Report Dated. Larry 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 shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT y any false statement, representation or preter Name Middle FEMALE APPLICANT Last Name Date of Birth Midd Date of Birth Place of Birth (State Place of Birth (S Residence Address 3603 Residence Addr 603 Previous Marital Status Never Married OR Indrick Last Marriage Ended By Death Divorce Annulment D Previous Marital Status: Never Married OR Mendricks Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: D Birth Certificate D Judicial Decre Other (Specify)___ alluna Other (Specify)_ aluns 1. Are you now or have you ever been adjudged to be of unsound mind? No Ves D 1. Are you now or have you ever been adjudged to be of uns If answer is "yes", has the adjudication been removed? No Yes No Yes If answer is "yes", has the adjudication been removed 2. Are you afflicted with a transmissible disease? No Yes No Yes 2. Are you afflicted with a transmissible disease Are you related to the female applicant closer than second cousin? Nog Yes No Yes 3. Are you related to the male applicant closer than second cousin? 4. Are you now under the influence of intoxicating liquor? No Yes No Yes 4. Are you now under the influence of intoxicating liquor 5. Are you now under the influence of a narcotic drug? Nod Yes No Yes 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children. No Tes 6. List the full names of any dependent children Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above dependent children? dependent children? No Yes No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order compliance with any court order or orders is Alstin Full name of father____ sinall 8. Full name of father____ all Residence of father (if deceased so state) Residence of father (if deceased so state). Birthplace of father (State or foreign of Birthplace of father (State or foreign country) 9. Full maiden name of mother_ Full maiden name of mother___ Residence of mother (if deceased so state)_ Residence of mother (if deceased so state). aun Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country State of Indiana, HENDRICKS State of Indiana, and state the information giver application is true and correct HENDRICKS County of ... County of Signed New Address 3603 SU Clarko, Creek New Address Subscribed and sworn to before me this /2 day of OCHALLE ... 19.79 Alse M. Circuit Court Clerk HENDRICKS .Circuit Court Mun CONSENT OF PARENTS, PARENT OR SUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary signs, state facts which render the consent of the other parent unnecessary. State of Indiana, HENDRICKS State of Indiana, 55: HENDRICKS County of Signed Father Signed. Mother Signed (arue 19..... Clerk Subscribed and sworn to before me this COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, theCourt by written order issued..... .. authorizes and directs the issuance of a marriage license to the above named parties. HENDRICKS .County. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court , 19. 7. 9, authorizing the joining together as husband and wife Be It Remembered, there was filed in my office a marriage license issued by the clerk of the. October Sherry L. Guess 1. C. the day of ... of Indiana dated theand day of October Be it further remembered, the following marriage certificate was filed in my office, to-wit: ...hereby certify that on the 20 , County yigo County, State of Indiana Brazil 1, Rev. Lester W. Riggs Hendricks Indiana ...County, State of Hendricks HENDRICKS State of Indiana, Groom Joel E. Shores 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. ., *19*.... Signediester W. Riggs County. Dated this... October Pastor Official Designation. October day of Signed. Hlen M. Harvelf Clerk Filed and recorded in accordance with the laws of the State of Indiana this 23 HENDRICKS Circuit Court

569 Form Prescribed By Indiana State Board of STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE Health under Authority of IC 31 1 3-2 Effective July 1 1977 No .__ 495 HENDRICKS File_ _County 10-12-79 MALE Medical Examination Report Dated_ Date of Application FEMALE Medical Examination Report Dated_ Larry, Name of Physician_ 2 mall 10-11-79 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 pretenses that is the fined in any sum not exceeding five hundred dollars (\$500.00)". Name Middle FEMALE APPLICANT Last Name Date of Birth Midd Date of Birth Place of Birth (State of Place of Birth (S Residence Address 3603 Residence Addr 603 Previous Marital Status Never Married OR Maricks Last Marriage Ended By Death Divorce Annulment Previous Marital Status: Never Married OR Mendricks Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by D Birth Certificate D Judicial Decree Date of birth verified by: D Birth Certificate D Judicial Decree B Other (Specify) _ allula Ullice Other (Specify)_ aluns 1 Are you now or have you ever been adjudged to be of unsound mind? No Yes D 1. 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 No Yes If answer is "yes", has the adjudication been removed? 2. Are you afflicted with a transmissible disease? Not Yes No Yes 2. Are you afflicted with a transmissible disease? 3. Are you related to the female applicant closer than second cousin? Nog Yes No Yes 3. Are you related to the male applicant closer than second cousin? now under the influence of intoxicating liquor? No Yes No Yes 4. Are you now under the influence of intoxicating liquor? Not Yes No Yes 5. Are you now under the influence of a narcotic drug? Not Tes s of any dependent children. er or orders to support the above No Yes give my permession for my at this Application be accompanied by satisfactory proof that you are in Shores Father: Sud & Kuch I depose and state the information given in this application is true and correct Juess 3603 S Clarks Creek Rd day of Ollalye Oct 11,1979 me this 12 19 // HENDRICKS forney Clerk Circuit Court ARENT OR SUARDIAN cant hereby give consent for this marriage. If only one parent er the consent of the other parent unnecessary



	570
	No. 496
	Form Prescribed By Indiana State Board of Health under Authority APPLICATION FOR MARRIAGE LICENSE
	Health under Authority of I.C. 31-1-3-2 Effective July 1. 1977APPLICATION FOR Infinite FOR INFINITE EDUCKS County10-12-79 Date of Application
	MALE 10-10-79 Medical Examination Report Dated 10-10-79
	Medical Examination Report Dated Name of Physician Joseph C. Kerlin
	Name of Physician
	shall be fined in any sum not exceeding five number of the state of th
	Name First Middle 1 . Last Name Pierst Sue Waggoner
Ì	Date of Birth Month Day Year Date of Birth Month Day 1959
ł	Place of Birth (State or foreign country) Place of Birth (State or foreign country) Place of Birth (State or foreign country) State
	Residence Address Street or R. R. City County State O. 339 0 n. Kaceway Rd Cumont, Ind.
	Previous Marital Status: Never Married OR
	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
	Kan picture X many piners liense w/protone
	No Yes 1. Are you now or have you ever been adjudged to be of unsound mind?
1	If answer is "yes", has the adjudication been removed?
10	2. Are you afflicted with a transmissible disease. 3. Are you related to the male applicant closer than second cousin? Note Yes 3. Are you related to the male applicant closer than second cousin? Note Yes 3. Are you related to the male applicant closer than second cousin?
	4. Are you now under the influence of intoxicating liquor?
	5. Are you now under the influence of a narcotic drug? No P Yes 1 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children. 6. List the full names of any dependent children.
	7 Are you required by any court order or orders to support the above 7. Are you required by any court order or orders to support the above
	$N_0 \square Y_{es} \square$ 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 Marin Dewayne Miland 8. Full name of father Cance Manifold Utaggoner
H	Residence of father (if deceased so state) Controlly and , Residence of father (if deceased so state) Residence of father (if deceased so state)
H	Birthplace of father (State or foreign country) Advance Birthplace of father (State or foreign country) Advance
	9. Full maiden name of mother Atta Day Shart 9. Full maiden name of mother & and a state fishers. Ind.
	Residence of mother (if deceased so state)
	State of Indiana, State of Indiana, HENDRICKS }ss: I depose and state the information given in this application is true and correct.
	County of
	Signed Jefferry May and chromin IN New Address 3398 M. RACEWHY RO. LOT 37 Clermon 1
ľ	Subscribed and sworn to before me this 12 day of Oct 19.79 Subscribed and sworn to before me this 12 day of Oct 19.79
ł	Glen M. Haweyerk HENDRICKS Circuit Court Slen M. Hawey Clerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN
	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary signs, state facts which render the consent of the other parent unnecessary
1	
	State of Indiana, County of HENDRICKS ss: State of Indiana, County of HENDRICKS ss:
	Signed
	Signed
	Subscribed and sworn to before me this
	Clerk
	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
	HENDRICKS County
	RETURN 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
	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
	Dated this 27 October 79 <i>Dated this day of October 19</i> <i>Signed Stanley A. Johnson</i>
	Official Decignation
	Filed and recorded in accordance with the laws of the State of Indiana this. 30 day of October , 19 79 Signed I law, Minister
	Signed Signed HENDRICKS Circuit Court

BCBEEGE JKILKEN ZOP OR STUDY XXY

	5'71
Form Prescribed By STATE OF Indiana State Board of Health under Authority of IC 31 1.3-2 Effective July 1 1977 HENDRICK	MARRIAGE LICENSE File
MALE Medical Examination Report Dated 10-8-79 Name of Physician Our Meinlich ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	County <u>ID-15-79</u> <u>Date of Application</u> FEMALE Medical Examination Report Dated <u>ID-8-79</u> Name of Physician <u>Course Meintlein</u> ever procures the issuance of a license to marry by any false statement over
Name // First/ A Middle	
Place of Birth Month Day Year Place of Birth State & foreign country) Aid Residence Address 3 Store or B. R. AAS Struct Store Mind State	FEMALE APPLICANT Name First Middle Lington Date of Birth Moorth Bay Year Place of Birth (State or foreign conntry) Place Place Place Residence Address Verset of R. R. City - generative State
Previous Marital Status Never Married OR Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Other (Specify) Aritics License Upictury	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Dudicial Decree
 Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed? No Yes I Are you afflicted with a transmissible disease? No Yes I Are you related to the female applicant closer than second cousin? No Yes I Are you now under the influence of intoxicating liquor? No Yes I Are you now under the influence of a narcotic drug? No Yes I List the full names of any dependent children. 	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes 2. Are you afflicted with a transmissible disease? No Yes 3. Are you related to the male applicant closer than second cousin? No Yes 4. Are you now under the influence of intoxicating liquor? No Yes 5. Are you now under the influence of a narcotic drug? No Yes 6. List the full names of any dependent children. No Yes
7. Are you required by any court order or orders to support the above 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 courtforder or orders issued for their support. 8. Full name of father Residence of father (if deceased so state) Birthplace of father (State or foreign country) 9. Full maiden name of mother	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued to the support 8. Full name of father Residence of father (if deceased so state) Birthplace of father (State or foreign country) 9. Full maiden name of mother
Residence of mother (if deceased so state) Birthplace of mother (State or foreign country) State of Indiana. County of HENDRICKS as: I depose and state the information given in this application is true and correct. Signed X Kenneth L. Momas	Residence of mother (if deceased so state) Birthplace of mother (State or foreign country) State of Indiana. HENDRICKS as: I depose and state the information given in this application is true and correct. Signed State of Clubs 9 = 2 5 bridge of the state of
New Address 253 So. Indianas St. 9pt3 New Address 253 So. Indianas St. 9pt3 Subscribed and sworn to before me this 15 day of Clabber, 1979 HENDRICKS Circuit Court	Subscribed and sworn to before me this 15 day of Delaber, 1979. Blen M. Harry Jerk HENDRICKS Circuit Court TONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary	CONSENT OF PARENTS, FARENT ON GENERATION CONSENT OF this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, HENDRICKS State of Indiana, County of - 58: Father HENDRICKS County of Signed. Mother Father Signed. Signed. 19..... day of Mother Subscribed and sworn to before me this. Signed. Clerk ... 19...... day of. Subscribed and sworn to before me this. COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS ...authorizes and directs the issuance of a marriage license to the above named parties. HENDRICKSCounty ... RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court in. 19.2.9., authorizing the joining together as husband and wife Be It Remembered, there was filed in my office a marriage license issued by the clerk of the... Be it further remembered, the following marriage certificate was filed in my office, to-wit: 1. Dr. Jaseph D. Steemp day of hereby certify that on the 19 day of hereby certify that on the 19 day of hereby certify that on the 19 day of the thousand nine hundred and 100 day of October , County of Hendricks L. Thomas of Hendricks County, State of Indiana Clubs of Hendricks County, State of Indiana, 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. 9. Signed De Joseph D. Stump Official Designation Minister 26 day of October 19.7 October 19.7.9 , 19.79 Dated thisday of 2.6. Signed Slen M. Harvey HENDRICKS Clerk Filed and recorded in accordance with the laws of the State of Indiana this..... Circuit Court

	TE OF INDIANA
Indiana State Board of	TE OF INDIANA
Health under Authority APPLICATION F	OR MARRIAGE LICENSE File
of 1.C. 31-1-3-2 Effective July 1, 1977 HEI	NDRICKS 11-15-79
	County Date of Application
	11 11 22
MALE Medical Examination Report Dated 62-14-79	FEMALE Medical Examination Report Dated 0-14-79
Medical Examination Report Dates	Medical Examination income a supersite
Name of Physician . C. Slamahoven	Name of Physician 711. C. Actinonoons
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statemer shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	nt-Whoever procures the issuance of a license to marry by any false statement, representation or preten
MALE APPLICANT	FEMALE APPLICANT
Name First, Middle Do plast	Name Fifst Middle Gallast
Frany U. Noe	Date of Birth Month Day Dear-S
Date of Birth Month Day 104410	Date of Birth August 20 1958
Place of Birth (State or foreign country)	Place of Birth (State of foreign quality)
enoyels and	Bill Address Street of RAD Cally County / Sate /
Residence Address 14 Street or R Mentestawn Book Sto	Reviden Address / Bof 9 B. Lifton Dand. Lad
Previous Marital Status: Never Married D OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death D Divorce Annulment D	Last Marriage Ended By: Death D Divorce Annulment
Date of birth verified by: Dirth Certificate Dudicial Decree	Date of birth verified by: Berth Certificate Judicial Decree
Date of ontal termed by - Bing certificate - Sudicial Decree	
Deter (Specify) Drivers License of Picture	10 Other (Specify) & rwers dicense of state
	1. Are you now or nave you ever been aujudged to be of unitable to the
	res III answer is yes, has the adjudication been removed.
*	Yes 2. Are you afflicted with a transmissible disease" No W Yes
 Are you related to the female applicant closer than second cousin? No V 	
4. Are you now under the influence of intoxicating liquor? No 🖉	
5. Are you now under the influence of a narcotic drug? No 🖉 1	Yes 5. Are you now under the influence of a narcotic drug? No 27 Yes
6. List the full names of any dependent children. Doug Roc	6. List the full names of any dependent children.
Breat hop	
Larry Leo Rro	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No 21	
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you	are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are
compliance with any cours opter or orders issued for they support.	compliance with any court order or orders issued for their support.
8. Full name of father Mark G. MOE	8. Full name of father Elwood Ritteral
Residence of father (if deceased so state)	entreduced and history lad
· la dia da	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	A Birthplace of father (State or foreign quintry) Straftana
9. Full maiden name of mother_ FLOCOMCL Valence Wal	9. Full maiden name of mother Maron Bay append
mandaring had	Kirdon and
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana. HENDRICKS } ss: I depose and state the information in this application is true and co	HENDRICKS 2 PP: in this application is true and corre
County of Ran	County of A Contraction of the c
Signed X arry W. Vot	Pointel 2. 120 Dana Millor
New Address	New Address DOX 1D Janualoux, C
Subscribed and sworn to before me this 15 day of UCLORY, 19	9/9. Subscribed and sworn to before me this 5 day of OCHOPEN, 197
Called M DALAURY HENDRICKS	CLON M MALLAIL HENDRICKS
GOA TTI. HOWEN Gerk TIENDRICKS Circuit	Court Gurn 11. Harway Clerk HEINDKICKS Circuit Co
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one p	warent We, the parents, of this applicant hereby give consent for this marriage. If only one par
signs, state facts which render the consent of the other parent unnecessary	
agina, scale facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

BUDHEUGEUUKILE EN ZOR ORUSIUS X X Y Y

State of Indiana, State of Indiana. HENDRICKS HENDRICKS County of County of ... Signed. Father Signed. Father Signed Mother Signed. Mother day of. Subscribed and sworn to before me this 19.... Subscribed and sworn to before me this day of 19 Clerk . 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 3- day wave HENDRICKS · County Superior and filed Verko afficeauthorizes and directs the issuance of a marriage license to the above named parties. in. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the. Circuit Court , 19.79, authorizing the joining together as husband and wife 15 Octaber of Indiana dated the Be it further remembered, the following rarriage certificate was filed in my office, to-wit: Dana H. Bal Glen M. Harvey hereby certify that on the 15 day of October *I*, ... one thousand nine hundred and 79 at Danville , County of Hendricks, State of Indiana, Groom Larry of Lendricks County, State of Indiana and, Bride Dana R. Bal County, State of Indeana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ... HENDRICKS County. October Dated this. 15 19.79 day of Official Designation Clerk, Hendricks Co. Filed and recorded in accordance with the laws of the State of Indiana this day of Octaber 1.6 1979 Signed Slen M. Harvey HENDRICKS Clerk Circuit Court

	573
Form Prescribed By Indiana State Board of STATE O	
Health under Authority APPLICATION FOR	FINDIANA MARDIACE No. Har Hag
Effective July 1: 1977 HENDRIC	r
MALE Medical Examination Report Dated Ont. 9 1020	County Cat 15, 1979
Name of Physician Slenn Ba Bans	FEMALE Medical Examination Report DatedCt. 9 1979
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT Name First & Middle	Name of Physician Dlenn Baker mo
MALE APPLICANT	rever procures the issuance of a license to marry by any false statement, representation or pretense
halles & Yland	FEMALE APPLICANT
Date of Birth Month Day Year Place of Birth (State or foreign country) 1944	Date of Birth Month Ann Shoman
Residence Address Street or R. R. City	Place of Birth (State or foreign country) 2/ 1953
<u>55 Xaricola</u> (me). Brownskug In Previous Marital Status: Never Married OR	Residence Address Street or R. R. City County State
Previous Marital Status. Never married OK Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death D Divorce D Annulators D
B Other (Specity) Al ariens License) / Upicture,	Date of birth verified by: Birth Certificate Judicial Decree
1. Are you now or have you ever been adjudged to be of unsound mind? No ▷ Yes □ If answer is "yes", has the adjudication been removed? No ▷ Yes □	Other (Specify) Manuers decembe application Are you now or have you ever been adjudged to be of unsound mind? No Pres D
2. Are you afflicted with a transmissible disease? No 9 Yes 0	If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆
3. Are you related to the female applicant closer than second cousin? No 22 Yes	2. Are you afflicted with a transmissible disease? No D Yes D Are you related to the male applicant closer than second cousin? No D Yes D
4. Are you now under the influence of intoxicating liquor? No □ Yes □ 5. Are you now under the influence of a narcotic drug? No □ Yes □	4. Are you now under the influence of intoxicating liquor? No Pres D
6. List the full names of any dependent children.	 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children.
Vilgas W. Cgp 10	
Theila t	
7. Are you required by any court order or orders to support the above dependent children?	 Are you required by any court order or orders to support the above
dependent children? Jather has Custody No Yes I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No Ves V If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father (if deceased so state) Alceased,	8. Full name of father (I deceased enstate) Alchoged
Birthplace of father (State or foreign country)	Residence of father (if deceased so state) Alchaeld Birthplace of father (State or foreign country)
9. Full maiden name of mother Corrage Co. Achaffer	9. Full maiden name of mother Thelen & Stone
Residence of mother (if deceased so state) Indianapolis, Sr.	Residence of mother (if deceased so state) Oplanoma City Ukla.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Ala homas
State of Indiana, County of HENDRICKS ss: I depose and state the information given in this application is true and correct.	State of Indiana. HENDRICKS as: I depose and state the information given in this application is true and correct.
Signed y Charles I Woody.	Signed Path ann Momer
New Address	New Address. Subscribed and sworn to before me this 15th day of October 1079.
Subscribed and sworn to before me this 5th day of 1979. HENDRICKS Circuit Court	Subscribed and sworn to before me the Subscribed and sworn to before me the HENDRICKS Circuit Court
ClerkCircuit court	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	State of Indiana, an applicate
State of Indiana, County of HENDRICKS	State of Indiana, HENDRICKS County of
Signed	Signed
Signed	Signed
Subscribed and sworn to before me this	
Clerk	m a marriage license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	urt by written order issued
in	f a marriage license to the test
nauthorizes and directs the issuance o RETURN OF MARRIAGE LICENSI Ease a marriage licen	se issued by the clerk of the
Be It Remembered, there was filed in my opice a married	19/1 authorizing the
of Indiana dated the	nd October
Be it further remembered, the following marriage certificate was filed in the	Lebanon , County of Boone Indiana
CHARLES L. WOODY Be it further remembered, the following marriage certificate was filed in my of the following marriage certificate was filed in	Hendricks County, State of Indiana
State of Indiana, Groom Charles L. Woody	Hendricks HENDRICKS
Were have a marriage license issued for	new primond H. Duff
Count in a white a the marriage as a detter	Minister
Dated this	Official Designation November 19 Clerk
Filed and recorded in a condense with the laws of the State of Indiana this	Signed Alens M. Harssey Ge In M. HENDRICKS Circuit Court
and recorded in accordance with the ways of	

	No	
m Prescribed By STATE OF	No	
Ith under Authority APPLICATION FOR M	10/15/20	Wall
ective July 1, 1977 HENDRICK	County Date of Application	MALL BAR
WALK I	FEMALE 10-15-79	Xame of Pros-
MALE Medical Examination Report Dated 10-15-79	Medical Examination Report Dated	a to the w
Name of Physician Eric Clark	Name of Physician	36+ 0 102 "
	ever, procures the issuance of a license to marry by any false statement, representation or pretense	
Il be fined in any sum not exceeding five hundred dollars (\$500,00).	FEMALE APPLICANT	Nett Lars That
me Sirst Middle Ov / Last	Name First Middle Po Last	Jahre Holl
te of Birth Month Day Year	Date of Birth Month Day Year	Fan in Bill
Mulmun 24 1953	Place of Birth (State or foreign country)	have all gran a
ce of Birth (State or Goverign country) Ally Costle Futnam M.	Building Street of R. R. City County State	Jerry alle
idence Address Street or R. R. City County State	349 Aurpen Rd. Morrisusville At	Normal Marian
vious Marital Status: Never Married D OR	Previous Marital Status: Never Married OR	As Marriad
at Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death Divorce Annulment D	10
te of birth verified by: D Birth Certificate D Judicial Decree	Date of birth verified by:	Y me-Swith
Dother (Specify) allund luince (picture)	Other (Specify) dilluis license pecture	AT THE REPORT OF
Are you now or have you ever been adjudged to be of unsound mind? Not Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No ^O Yes □ No □ Yes □	123WT 1 VF
If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆 Are you afflicted with a transmissible disease? No 🖻 Yes 🗆	If answer is 'yes', has the adjudication been removed.	a shi na a
the particular the pa	 Are you afflicted with a transmissible disease. Are you related to the male applicant closer than second cousin? 	An ale the second second
Are you related to the female applicant closer than second cousin? No & Yes U Are you now under the influence of intoxicating liquor? No & Yes U	4. Are you now under the influence of intoxicating liquor? No 🗗 Yes	1 An out the state of
Are you now under the influence of a narcotic drug? No DYes D	5. Are you now under the influence of a narcotic drug? No 🖯 Yes 🗆	1 at Print Server 1
List the full names of any dependent children	6. List the full names of any dependent children.	
- Malen Michardson	- William E. Sug II-	
Brian		
		the second second second
Are you required by any court order or orders to support the above dependent children? Not Yes	7. Are you required by any court order or orders to support the above dependent children? No Yes D	sprant michael
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	strate of an original
compliance with any court orders or orders issued for their support.	compliance with any court order or orders issued for their support.	A an are
Full name of father Alle Company of the Company of	8. Full name of father from property for the second	Sectors 1720e - Dice
Residence of father (if deceased so state) Sullsmull SH.	Residence of father (if deceased so state)	imanistr tak
Might A Parektt	Birthplace of father (State or foreign country) Hacana Pitteman	To take service interest
Full maiden name of mother	9. Full maiden name of mother <u>Elsee</u> <u>Outstice</u> <u>Fullmaiden</u> <u>Constitue</u>	 Participante de la construcción
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)	And and a second se
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)	English strong on the
unty of	State of Indiana, HENDRICKS I depose and state the information given in this application is true and correct.	HENDR
(along Richardson)	signed Jacquelyn Q. Sieg	
New Address R. R. J. Box 421 grayton	New Address 349 Junip Pal.	
New Address 1. 11, Dorg A. Margaret Margaret Margaret Strand Stra	Subscribed and sworn to before me this 5 day of Allan, 19.79	
bscribed and sworn to before me this HENDRICKS	Subscribed and sworn to before the units and unit of the HENDRICKS Circuit Court	the second secon
Sterk Diff all the Clerk HEINDRICKS Circuit Court	Circuit Court	iden 1
INSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN	(Maria)
e, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	Distra OL LARLAT
ns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary	a property of the second
		45-137 A
to of Indiana	State of Indiana,	
unty of HENDRICKS	County of HENDRICKS	Sec. March
SignedFather	SignedFather	54 90
Signed Mother	Signed	
bscribed and sworn to before me this	Subscribed and sworn to before me this day of, 19,	
bscribed and sworn to before me this	Subscribed and sworn to berote me this	Story.
		and the second
	RT. A marriage license having been refused to the above named parties, the	
	Court by written order issued	COMPLETE T
authorizes and directs the issuance		the the
RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office, a marriage lice	SE AND MARRIAGE CERTIFICATE ense issued by the clerk of the HENDRICKS Circuit Court	and and
	, 19. 7.9, authorizing the joining together as husband and wife	-
alon E. Tichardson	and acquelien b. Sign	an here
e it further remembered, the following marriage certificate was filed in my	office, tother:)	Industry dataset
Jahn () Mar In 1110	at Clayfon, County of Hendricks,	Bennymann
John O. Mc Inlyre	of Hendricks County, State of Indiana	"tomen
ne thousand nine hundred and 79		min mar
ne thousand nine hundred and 79 tate of Indiana, Groom alan Exegent Gichardson	Hendricks County State of Indiana	10 Hattan
ne thousand nine hundred and 79 tate of Indiana, Groom alan, Exergent Rechardson nd, Bride Jacquelyn Dee Sieg of ere by me united in marriage as authorized by a marriage license issued for	Hendricks County, State of Indiana,	Stark of Indus
ne thousand nine hundred and 79 tate of Indiana, Groom alan, Exergine Rechardson nd, Bride Jacquelyn Dee Sieg of ere by me united in marriage as authorized by a marriage license issued for ounty.	r that purpose by the Clerk of the Circuit Court of HENDRICKS	^{naturani non i Sex 6 Indune Ad Rede}
ne thousand nine hundred and 79 tate of Indiana, Groom alan, Exergine Rechardson nd, Bride Jacquelyn Dee Sieg of ere by me united in marriage as authorized by a marriage license issued for ounty.	r that purpose by the Clerk of the Circuit Court of HENDRICKS	Stars of Instance on a Stars of Instance on Stars by Instance on Stars by me and
ne thousand nine hundred and 7.9 tate of Indiana, Groom Ulan Exergene Richardson nd, Bride. Jacquelyn Dee Sieg of ere by me united in martiage as authorized by a marriage license issued for ounty. bated this 2.7 day of October , 19.7	Mendricks r that purpose by the Clerk of the Circuit Court of HENDRICKS	Stars of Instance of the Stars of Instance
ne thousand nine hundred and 79 tate of Indiana, Groom alan, Exergene Rechardson nd, Bride Jacquelyn Dee Sieg of ere by me united in marriage as authorized by a marriage license issued for ounty.	Mendricks r that purpose by the Clerk of the Circuit Court of HENDRICKS	Standard non in Stand Industria Radi Industria Radi Industria Radi Industria Chang Dang Tag

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Form Presented By	
to be and state Board of	OF INDIANA
APPLICATION FOR	MARRIACE LICENSE No. 50/
HENDRIC	LICENSE
MALE	County
Medical Examination Report Dated 10-16-79	10-16-79
Name of Physician the D Con I	FEMALE Date of Application Medical Examination
	Medical Examination Report Dated 10-16-79
shall be fined on any sum not exceeding five hundred dollars (\$200 oo)"	Name of Physician Crice D. Clark
ALL QUENTIONS MUST BE ANSWERED LC. 31-1-3-6 prescribed "False statement-Who shall be funed on any sum not exceeding five hundred dollars (\$200,00)" MALE APPLICANT Name J. First Middle	there procures the issuance of a license to marry by any false statement, representation as and
simplay J. RVP last	KEMAT TO A DO
Date of Birth Month Or Drien	Middle O
Place of Birth (State up burgin country) [96]	Date of Birth Month rease Cardwell
Residence differen Street of R. B. City Contract	Place of Birth (State of foreign country) 28 1957
616 Barrett, Danville, Ken, Snd.	Residence Address Street or P. Ond:
Previous Marilai Status Never Married 0 OR	616 Barrett, Danaille County State
Last Warmage Ended By Death D Diverse Assultants	Previous Marital Status: Never Married OR
Date of birth verified by D Birth Certificate D Judicial Decree	Last Marriage Ended By: Death D D:
× and During license w/ picture	Date of birth verified by: Birth Certificate Judicial Decree
Are you dow or have you ever been adjudged to be of unsound mind? Not Yes D	Cother (Specify)
if answer is "yes" has the adjustication been removed? NoP Yes D	1. Are you now or have you ever been adjudged to be of unsound mind? No 🖌 Yes 🗆
2 Are you afficted with a transmissible disease?	answer is 'yes', has the adjudication been removed'
). Are you related to the female applicant closer than second cousin." NoX Yes D	3. Are you related to the male applicant of
No y Tes U	Are you related to the male applicant closer than second cousin? No X Yes Are you now under the influence of intoxicating liquor? No X Yes
Are not now under the influence of a narrostic drug? NyD Yes D Lot the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?
	6. 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 O Yes O	7. Are you required by any court order or orders to support the above
If answer in 'you' it is required that this Application be accompanied by satisfactory proof that you are in	No Yes D
compliance with any rough order or orders issued for their support.	If answer is "yes", it is 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 failed Domas peeply Diguen	8. Full name of father Douglas Norace Waigart
Roudener of hather of decrement secondary Sinton , Ind.	Residence of father (if deceased so state) Brownshung Ind.
Birthylacs of father Blate or fareign country Indiana	Birthplace of father (State or foreign country) alabama
* Fill made rame of mutine_ Ellen Marie andrews	9. Full maiden name of mother Norma Dean Naley
Residence of nother of decreased as states Kinton Ind.	the state of the
Bienglace of motion Oficer or foreign coursely Indiana	Residence of mother (if deceased so state)
State of Indiana.	Birthplace of mother (State or foreign country) State of Indiana. HENDRICKS BS: I depose and state the information given in this application is true and correct.
County of HENDRICKS	County of HENDRICKS
Comothing Doven	Signed Saura ardinell
alle Benett St.	New Address Celle Barrett St.
16 - Oct 179	Subscribed and sworn to before me this 6 day of Oct 19.79
Min milbraren HENDRICKS	Allen M. Xaney Clerk HENDRICKS Circuit Court
Circuit Court	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which runder the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

State of Indiana, 58: HENDRICKS State of Indiana. County of HENDRICKS County of Father Signed. Father Signed Mother Signed ... Motherday of Subscribed and sworn to before me this..... . 19..... Signad 19...... Subscribed and sworn to before me this day of Clerk 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 and filed in Clucks 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 further remembered, the following marriage certificate was filed in my office, to-wit: 20 day of day of the at nolean ples, to wit: hereby certify that on the 20 day of October at nolean paper, county of marion, State of Indiana, Groom Linothy O'Brien of Hendricks County, State of Indiana, and, Bride Laura Cardwell of Hendricks County, State of Indiana, were by me united in more were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ... Signed Led D. Stephenson day of October , 19. 7.9 Signed Ordained Minister Official Designation Ordained Minister 25 day of October 1979. Signed Hen M. Harvey HENDRICKS Circuit County. Dated this. 20Clerk Filed and recorded in accordance with the laws of the State of Indiana this Circuit Court

		Forma State A grant Inframa State A grant Health protection
FOREST FERRET STREET	FINDIANA No. 50 2	of IC and the state of
	MARRIAGE LICENSE File	THE THE AND
of 1 C 31 1-3-2 Effective July 1, 1977 HENDRIC	KS County Date of Application	MALE Medical Examination for
		Name of Physician
MALE Medical Examination Report Dated 10-9-79	FEMALE Medical Examination Report Dated 10-9-19	Name of Physician ML QUESTIONS MUST NO. V
Name of Physician Lordon J. Hobbins	Name of Physician Loudon J. Hobbens	ALL OR finest th arts
ALL OURSTIONS MUST BE ANSWERED 10 31-1-36 preserviced "False statement-Wh	ever procures the issuance of a license to marry by any false statement, representation or pretense	First
shall be fined in any sum and exceeding five numbered contars sourcement.	FEMALE APPLICANT	Name Main
MALE APPLICANT	Name First Middle / Last	Date of Birth
Date of Birth Month Bay Day Stricker	Date of Birth Month Day Year	Place of Birth State
7 194.3	Place of Birth (State or foreign country)	Residence Address HB3 bart
Place of Birth (State or foreign goontry) molecular of Birth (State or foreign goontry)	Residence Address Street or H. R. City, County State	Previous Marilal Status Neuron Marilano
Residence Address Birvet or B. R. Plainfield, In.	488 Price Ct. Flainfuld to	Previous Marriage Ended By Dealth
Previous Marital Statius Never Married D OR 1 time	Previous Marital Status: Never Married DOR	Last Marriage Ended By Comment
Last Marriage Ended By Death D Dissurce Annulment D	Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate Judicial Decree	a sector
Date of birth verified by: D Birth Certificate D Judicial Decree		The second se
D' Other (Squeety) Alicense W/ picture	Other (Specity) druises ficinse tip picture No & Yes D	THE THE THE THE ALL THE ALL THE
Are you now or have you ever been adjudged to be of unaound mind? No 27 Yes No 27 Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No EF Yes I If answer is "yes", has the adjudication been removed? No I Yes I	Musted Will a Marchine
If answer is 'yes' has the adjudication been removed' No Ves V 2. Are you afflicted with a transmissible disease' No Ves V	2. Are you afflicted with a transmissible disease'	2 Are you related to the formate approach 3 Are you related to the formate approach 4 Are you now under the onfluence of a
3. Are you related to the female applicant closer than second count? No & Yes D	3. Are you related to the male applicant closer than second cousin" No 9 Yes 0	under the structure of article at
4. Are you now under the influence of intexicating liquer? No B Yes D	4. Are you now under the influence of intoxicating liquor? No Gr Yes C 5. Are you now under the influence of a narcotic drug? No C Yes C	 Are you now under of any networkers List the full names of any networkers
5. Are you now under the influence of a narrotic drug? No Dr Yes No Dr Yes S. List the full names of any dependent children.	Are you now under the influence of a narcour under List the full names of any dependent children.	
Laren Stucker		
Dawn		
Theop		Are you required by which court protection
7 Are you required by any court order or orders to support the above	7 Are you required by any court order or orders to support the above No 🗆 Yes	dependent children"
dependent children? No Ves If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	lfatswer is "pes" at a required than the
compliance with any court-prefer or orders issued for their support.	compliance with any court order or orders issued for their support	compliance with any court order or area
8. Full came attainer Robert J. Stucker	8. Full name of lather Meredith N. Stamme	R R J Residence of father infineer associations
Revidence at lather (it deceased so state) Aldranapolis, m.	Residence of father (if deceased so state) mollan apoles, m.	
Birthplace of father (State or foreign couptry) highland	Birthplace of father (State or foreign country) Midlema	Britiplace of father i State of form get and
9. Full maiden name at mother Dara I. Wright	9. Full maiden name of mother Vera to skiffer	9. Full maiden name of monther 5
Residence of mother (if decreased se state) Indianapolis, Mr.	Residence of mother (if deceased so state) mala mapples, m.	Besidence of mother 1-1 devices on substance of
Birthplace of mother (State or foreign country)_ malana	Birthplace of mother (State or foreign country) mallana	Bithplace of mother (Night or Joseph 1997)
State of Indiana. HENDRICKS } as: I depose and state the information given in the application is type and correct.	State of Indiana. County of HENDRICKS as: I depose and state the information given in this application is true and correct.	State of Indiana. County of HENDRICKS
County of Mark Her aben	Vianin V. Starrow	
Signed & Mary Dector	Signed a granifield In	Surner of
New Address 1 - 17 10 10 Detaber) 579	Subscribed and sworn to before me this 16 day of October 1979	New Address
Subscribed and sworn to before me this I will day of Decorrect 191	Gerk HENDRICKS Circuit Court	Subscribed and sworn to befine not the
Allen III. Manuel Oark recounced Circuit Court	- many and	Shin n y
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARTA
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT ()
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary	We the parents, of this approve of the example.
		signs, state facts which render the
State of Indiana.	State of Indiana. HENDRICKS	
County of HENDRICKS } ***	County of HENDRICKS	State of Indiana, County of HENIDDUC
Signed. Father	Signed Father	County of HENDRICKS
Signed Mother	Signed Mother	Signed
Subscribed and sworn to before me this day of, 19,	Subscribed and sworn to before me this day of, 19,	Signed
Clerk	Clerk	Subscribed and second to before the til
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COL	URT. A marriage license having been refused to the above named parties, the	
	Court by written order issued	COMPLETE IN
in authorizes and directs the issuance	e of a marriage license to the above named parties.	COMPLETE IF MARRIAGI HENDRICKS
	SE AND MARRIAGE CERTIFICATE HENDRICKS	Manager and
Be It Remembered, there was filed in my office a marriage lis	cense issued by the clerk of the	
mark Dauglas Stucker	, 19.79, authorizing the joining together as husband and wife and Virginia Sue Stamm	Be At a
Be it further remembered, the following marriage certificate was filed in m	y office, to-wilf	of Indiana dated the
1. William L. Fisher	hereby certify that on the 20 day of sclober,	Beit imper remember
one thousand nine hundred and 79 State of Indiana, Groom Mark Douglas Stucke	t of Hendricks County State of Indiana	Be it implements
and, Bride Verginia Sue Stamm of		one thousand that
were by me united in marriage as authorized by a marriage license issued f		State of Indiana, iron.
County. D. + I.	79	and, Bride
Dated this 20 day of OLCODER, 19	signed William L. Fisher	County on the discourse of the second
	Official Designation Judge	Duled this
Filed and recorded in accordance with the laws of the State of Indiana this	KI - II	17
	Claut	
	HENDRICKS	Piled and
	HENDRICKS Circuit Court	Filed and recorded in accurring

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Furni Prescribed By	
	INDIANA
Health under Autometry of 1C 31 1 52 Effective Jury 1 1977	MARRIACE LIGHT No. 503
Effective Just F East	S File 46
MALE	County
MALE Medical Examination Report Dated 15 - 79	FEMALE Date of Application
Name of Physician 6. J. O'Brien,	Medical Examination Report Dated <u>10-15-79</u>
	Name of Physician & D 019
ALL QUESTIONS MUST BE ANSWERED. LC: 31-1-3-6 prescribed "False statementWho shall be fined in any sum not exceeding five hundred dollars (\$500,000". MALE APPLICANT	ever procures the image of the
MALE APPLICANT	and the issuance of a license to marry by any false statement, representation or pretense
Name Prat Middle lost,	Name FEMALE APPLICANT
Date of Birth Month Day Year	Middle
Place of Birth (State or foreign country) D 193-8	Date of Birth Month Day Year
Residence Address Street of the R. City Court he	Place of Birth (State or foreign country) 1960
AB3 Log 29 Brounsburg In	Residence Address Street or R. R. City A County Street
Previous Marital Status. Never Married OR	110 Dof 30 Braconsbeera In
Last Marriage Ended By Death D Divorce D Annulment D	Previous Marital Status: Never Married OR
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Other (Spendy)	Date of birth verified by: Birth Certificate Dudicial Decree
1 Are you now or have you ever been adjudged to be of unsound mind? NoX Yes D	Other (Specify)
If answer is 'yes' has the adjudication been removed? No C Yes C	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2 Are you afflicted with a transmissible disease? No X Yes D	If answer is "yes", has the adjudication been removed? No Ves Ves
3. Are you related to the female applicant closer than second cousin? No X Yes D	2. Are you afflicted with a transmissible disease? No A Yes □ 3. Are you related to the male applicant closer than second cousin? No A Yes □
Are you now under the influence of intexicating liquor? No. Yes D	4. Are you now under the influence of intoxicating liquor? No Yes
 Are you now under the influence of a narrotic drug? No X Yes D Lust the full names of any dependent children. 	5. Are you now under the influence of a narcotic drug? No
3. Litte und hat handen ein auf eingenenen kannen eine	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 Ves Ves	7. Are you required by any court order or orders to support the above dependent children? No 🗆 Yes 🗆
If answer in 'yes' ist in required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of talhoe from a frank freef	8. Full name of father John Warner Lay
Resultance of lather ist deceased so states proceeding of the	Residence of father if deceased so state) Drownsburg, In.
Birthgiaw of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Indiana
* Full mardien name ut mother Elizabeth Laure Rowning	9. Full maiden name of mother Salley See Stevenson
Residence of mother (if decreased so state) Same	Residence of mother (if deceased so state) Brownsburg, In
Birtholison of muchan Mission or Evering or countrys Nentucky	Birthplace of mother (State or foreign country) Indiand
State of Indiana, I demose and state the information given	State of Indiana. HENDRICKS County of ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS	County of
signed X Thomas & Freip	Signed X Palla and All And Stand
New Address W. 10 ST. InDianapolis	New Address. 10 Dt. Mating ou
Subscribed and sworn to before me this 17 day of Oct , 1979	Subscribed and sworn to before me this
Men M. Harverton HENDRICKS Circuit Court	Gerk HENDRICKS Circuit Court
course in the proceeding	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

State of India HENDRICKS State of Indiana. County of 551 HENDRICKS Father County of Signed. Father Mother Signed Signed. Mother ...day of..... . 19..... Subscribed and sworn to before me this... Signed ...Clerk ., 19...... day of Subscribed and sworn to before me this COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS Court by written order issued..... ...authorizes and directs the issuance of a marriage license to the above named parties. HENDRICKS County. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS of Indiana dated the <u>Low Market State of Indiana</u>, Groom <u>Hendricks</u> <u>Annes</u> <u>Areije</u> of <u>Hendricks</u> <u>Circuit Court</u> <u>Indiana, Groom</u> <u>Hendrized by a marriage license issued for that merpose by the Clerk of the Circuit Court of <u>Hendricks</u> <u>HENDRICKS</u></u> Circuit Court were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of 9. Signed Rev Charles Roll Official Designation Catholic Triest day of Detable , 19.79 Official Designation accurate 1, 19. 7. 9. 16. day of Nov., 19. 7. 9. Signed Henry M. Harvelf Clerk HENDRICKS Circuit Court Dated this ... 17 Filed and recorded in accordance with the laws of the State of Indiana this.....

		Safe Board of
	No. 504	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	MARRIAGE LICENSE File	NALE Nedical Examination I
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MALE	FERALE 10-19-79	Name of Physicial Name of Physicial Number of Physicial BE
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m Prescribed By iana State Board of alth under Authority APPLICATION APPLICATION	TATE OF INDIANA
I.C. 31-1-3-2 ective July 1, 1977	FOR MARRIAGE LICENSE
1000 C	HENDRICKS County File 40
MALE Medical Examination Report Dated	
	FEMALE Date of Application
Name of Physician Petrick Foley	Medical Examination Report Dated 10-19-79
L QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False state	Mame of Physician Patrick Foley
MALE APPLICANT	ement-Whoever procures the issuance of a license to marry by any false statement, representation or pretense
me Iled to Print Middle (1 1 + Lass	FEMALE
te of Birth Month Day Pulking	hat Middle
ace of Birth (State of foreign country) 1958	Date of Birth Month Ane Webber
sidence Address Street or R. R. Malania	Place of Birth (State or foreign country) 1961
313 Clover Dr. Jacpes, Headricks	tate Residence Address Struct To Malania
evious Marital Status: Never Married V OR	2541 TI. Raceway Indols, Marine State
st Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
te of birth verified by: 🎗 Birth Certificate 🗖 Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate Divorce Indicated Dec
D Other (Specify) # C. 1642	r suuriai Lecree
Are you now or have you ever been adjudged to be of unsound mind? No	Yes D 1 Are row and a start of the start of
and the second	No. We want the you now or have you ever been adjudged to be of unsound mind?
Are you afflicted with a transmissible disease? No	11 answer is "yes" has the adjudices in the
to any under the influence of interiorting linear?	Yes 3. Are you related to the male applicant closer than second cousin
Are you now under the influence of intoxicating liquor? No	Y Yes 4. Are you now under the influence of intoxicating liquor?
Are you now under the initiance of a narcotic drug: No List the full names of any dependent children.	Yes 5. Are you now under the influence of a narcotic drug?
	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 I	□ Yes □ 7. Are you required by any court order or orders to support the above dependent children? No□ Yes □
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that	
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
Full name of father Maymontel Eugene Parkins	8. Full name of father William Caluin Willie, Sr.
Residence of father (if deceased so state) 3137 Clouin M., Shalp	Residence of father (if deceased so state) 2541 n. Laceway, Sudeply, S.
Birthplace of father (State or foreign country) Induana	Birthplace of father (State or foreign country) Kintucky
Full maiden name of mother Darbara Jean Coapstree	ch 9. Full maiden name of mother fune Bernice Darland
Residence of mother (if deceased so state) Dane	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) Induana	Birthplace of mother (State or foreign country) Renttucky
ate of Indiana.	tion given State of Indiana, LIENIDDICKS and state the information given
HENDRICKS in this application is true and	County of the second se
Signed Henn Raymond Perkins	signed Hethe Jane Wither
New Address Unknown	New Additional and a second se
abscribed and sworn to before me this 19	., 19.79. Subscribed and sworn to before me this 19 day of OCA. 1979. HENDRICKS
HENDPICKS	cuit Court Sten M. Harrey Gerk HENDRICKS Circuit Court
NSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
e, the parents, of this applicant hereby give consent for this marriage. If only on	ne parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent
ins, state facts which render the consent of the other parent unnecessary	to the facto which render the consent of the state
	State of Indiana, HENDRICKS
ate of Indiana, HENDRICKS	County of Fether
unty of	Father Mother
Signed	Signed
Signed	day of
bscribed and sworn to before me this	
	OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued
ONDER USED BY ORDER (OF COURT. A marriage license having seem and files Court by written order issued and files issuance of a marriage license to the above named parties.
HENDRICKS	Court by written order issued
authorizes and directs the	issuance of a marriage needs of CERTIFICATE UENDRICKS
DETURN OF MARRIAGE	E LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court rriage license issued by the clerk of the poining together as husband and wife
RETURN OF MARRIAGE Be It Remembered, there was filed in my office a mar	E LICENSE AND MARRIAGE Clerk of the rriage license issued by the clerk of the <i>poly</i> , <i>authorizing the joining together as husband and wife</i> <i>and</i> Hettie Jane Webber <i>and</i> Hettie Jane Webber <i>led in my office, to-wit: 27th day of October</i> Marion
Indiana dated the day of	Hettie Jane Webber
Glenn Raymond Perkins	led in my office, to-wit: 27th day of Marion
e it further remembered, the following marriage certificate was put	hereby certify that on the County of Indiana
Glenn Raymond Perkins e it further remembered, the following marriage certificate was file Hollis E. Foster ne thousand nine hundred and 79 Clenn Raymond Perki	At Hendricks County, State of Indiana
te thousand nine hundred and	LIIS Of white the second of th
ate of Indiana, Groom	at Hendricks County, State of ins of Gunty, State of of Marion County, State of of Marion HENDRICKS issued for that purpose by the Clerk of the Circuit Court of HENDRICKS 79 Hollis E. Foster
a, Bride	issued for that purpose by the Hollis E. Foster
	HOLLIS D.
ere by me united in marriage as authorized by a marriage ounty.	19 Signed winister
tate of Indiana, Groom	, 19. Signed Minister Official Designation November , 19 79 Clerk
0	
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	No 506
STATE OF	INDIANA NO.
Form Prescribed By Indiana State Board of Usels under Authority APPLICATION FOR M	IARRIAGE LICENSE File
f 1 C - 31-1-3-2	10/23/74
Effective July 1, 1977	County Date of Application
MALE INTEL79	FEMALE Medical Examination Report Dated 10/8/79
Medical Examination Report Dated	Name of Physician Warra B. Haggard
Name of Physician Navid D. Haggard	Name of Physician 700 (see
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement-Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ver, procures the issuance of a license to marry by any false statement, representation or pretense FEMALE APPLICANT
MALE APPLICANT	Middle () Last
Name First A Middle A Last	Name Niama) X. filla
JAN U. Challe	Date of Birth Month Day Pear
Date of Birth Month Day Ital	Place of Birth (State or foreign country)
Place of Birth (State or foreign country).	Place of Birth Greencastle State
Residence Address Street or R. R. City / Comty State	Residence Address Street or R. R. Cuy County State
291 North Vine St. Plfd. m.	_ ay 1000 une m me
- arright and the It's of	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR Itime	Last Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	Winers Licenses w/ picture
Other (Specify) // JUVU (AMERICA)	1. Are you now or have you ever been adjudged to be of unsound mind? No the Yes I
1. Are you now or have you ever been adjudged to be of unsound mind? No ♥ Yes □	1. Are you now or have you ever been aujudged to be or all a location been removed? No Ves
If answer is "yes", has the adjudication been removed? No Ves V	If answer is "yes", has the adjudication been removed? No 🛛 Yes 🗆
No Ves V	2. Are you afflicted with a transmissible disease.
No Ves	3. Are you related to the male applicant closer than second cousting
4. Are you now under the influence of intoxicating liquor? No Ves	4. Are you now under the influence of intoxicating inquot.
5. Are you now under the influence of a narcotic drug? NoD Yes	5. Are you now under the influence of a narcotic urug.
 List the full names of any dependent children. 	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	compliance with any court/order or orders issued for their support.
compliance with any court order or orders issued for their support.	Lither & Support
8. Full name of father Mourt 6 again Colden Do.	8. Full name of father A Marie P. Surgar and the
Residence of father (if deceased so state) Kellywood, M.	Residence of father (if deceased so state)
Distribution (State of foreign acustor) Induana	Birthplace of father (State or foreign country) Joth Carolina
Birthplace of father (State or foreign country) Sprace	(India) (1)ta) Hant
9. Full maiden name of mother Angene Aucille place	9. Full maiden name of mother
Residence of mother (if deceased so state) Induanapolis m.	Residence of mother (if deceased so state)
(and (a real)	Birthplace of mother (State or foreign country) North Calolina
Birthplace of mother (State or foreign country)	State of Indiana, I depose and state the information given
State of Indiana, HENDRICKS	County of HENDRICKS
County of	Ilia a) S. Read
Signed J Ohn W. andle	Signed A trance - for the part
New Addres 291 M. Vinl	New Address Ig1 n: Vine At Plainfield
2.210 mar Dat. 1079	Subscribed and sworn to before me this 2 31d day of Uct 197
Subscribed and sworn to before me this 2. 2. Mar day of Mar 19.1. I Subscribed and sworn to before me this 2. 2. Mar day of Mar 19.1. I Subscribed and sworn to before me this 2. 2. Mar day of Mar da	Subscribed and sworn a decident discussion of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one pare
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

S an

State of Indiana, State of Indiana, ss: HENDRICKS HENDRICKS County of .. County ofFather Father Signed. Signed. Mother Mother Signed. Signed. Subscribed and sworn to before me this..... ...day of ... Subscribed and sworn to before me this day of. 19..... Clerk Clerk COMPLETE IF MARRIAGE LICENSE ISSUED/ BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Auseria # 2 Court by written order issued 3 day warve and filed HENDRICKS Merk'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. act. and Diana S. Reed 23 of Indiana dated the John W. Cordell Be it further remembered, the following marriage certificate was filed in my office, to-wit: John C. mourer hereby certify that on the 23 day of 1, . at Danville one thousand nine hundred and ... , County of Dendrecks of Hendricks County, State of Indiana State of Indiana, Groom Jahn, W. of Hendricks County, State of Indeana and, Bride heard S. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of. HENDRICKS County. October 1979 23 ...day of. Dated this. Signed John C. mourer Judge, Superion # 2 Official Designation day of Oct. len M. Ha SignedClerk HENDRICKS Circuit Court

Form Prescribed By	581
Form Prescribed By	-RIAqp
Indiana State Board of STATE O Health under Authority	FINDIANA
of IC 31-1-3-2 APPLICATION FOR Effective July 1, 1977	MARDIANA No. 507
HENDRIC	FINDIANA MARRIAGE LICENSE
MALE	County File 40
Medical Examination Report Dated 10-9-79	FEMALE Date of Application
Name of Physician occ & L	Medical Examination
ALL OUESTIONS MUST BE ANSWERED 10 2112	Name of Physician Operation Report Dated 10-10-79
shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	Dever proving the pack X. Lency
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT Name First Middle	procedures the issuance of a license to marry by any false statement, representation or protence
David & Q Last	Name First A
Date of Birth Month Day Yatton	Middle
Place of Birth (State or foreign country) 1951	Date of Birth Month Day Patton
Residence Address Street or R. R. City County State	Place of Birth (State or foreign country) 15 1957
P.O. Box 208A, Rinton, Ven., State	Residence Address and Sulla A
Previous Marital Status: Never Married OR	1.0. Box 208A, Xinton alla State
Last Marriage Ended By: Death Divorce X Annulment D	Previous Marital Status: Never Married D OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
& Other (Specify) Drivers Vienzo w/picture	Date of birth verified by:
1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes	* Other (Specify) Drivers license a/picture
If answer is "yes", has the adjudication been removed? No 🔍 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed?
3. Are you related to the female applicant closer than second cousin? No X Yes	3. Are you afflicted with a transmissible disease? No d Yes D
4. Are you now under the influence of intoxicating liquor? No V Yes	3. Are you related to the male applicant closer than second cousin? No 4 Yes 0 4. Are you now under the influence of intoxicating liquor? No 4 Yes 0
 Are you now under the influence of a narcotic drug? No Ø Yes □ List the full names of any dependent children. 	5. Are you now under the influence of a narcotic drug? No X Yes D 5. Are you now under the influence of a narcotic drug? No X Yes D
Jennides Kunn	6. List the full names of any dependent children.
Junder villen	Jennifer Lynn
 Are you required by any court order or orders to support the above dependent children? No Yes Yes 	7. Are you required by any court order or orders to support the above
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No D Yes D If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or order issued for their support
8. Full name of father That Olumburs tatton	8. Full name of father Roy Emel Carlton
Residence of father (if deceased so state) Ungos, Indiana	Residence of father (if deceased so state) Linton, Ind.
Birthplace of father (State or foreign country) Kentucky	Birthplace of father (State or foreign country) fintucky
9. Full maiden name of mother Mary ganet Nesmith	9. Full maiden name of mother Nanel Louise adams
Residence of mother (if deceased so state) angos, Indiana	Residence of mother (if deceased so state) Linton and
Birthplace of mother (State or foreign country) Kentucky	On of it and
State of Indiana,	Birthplace of mother (State or foreign country) State of Indiana. HENDRICKS as: I depose and state the information given in this application is true and correct.
County of HENDRICKS ss: I depose and state the information kives in this application is true and correct.	County of es: in this application is true and correct.
Signert Navid Latton	signedt Cathy C' Falton
New Address RR# 1 Boy 208 A Liton and	New Address RR# 1 Box 2024 Stato &
22 Dat 59	Subscribed and sworn to before me this 23 day of Oct
Subscribed and sworn to before me this day of HENDRICKS	Ylen M. Harry Gerk HENDRICKS Circuit Court
Circuit Court	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
spine state facts which render the consent of the other parent diffections	

State of Indiana, HENDRICKS - 55: State of Indiana, County of HENDRICKS > 58: County of Father Signed ... Father Mother Signed. Signed. Mother 19..... Subscribed and sworn to before me this day of Signed. ... 19...... Clerk Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued..... ...authorizes and directs the issuance of a marriage license to the above named parties. HENDRICKSCounty.... RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS in. Circuit Court of Indiana dated the <u>Hth</u> day of <u>Dec</u>, <u>19.77</u>, authorizing the joining together as husband and wife <u>Be it further remembered, the following marriage certificate was filed in my office, to-wit:</u> <u>I, Margne Danover</u> <u>one thousand nine hundred and</u> 20 one thousand nine hundred and <u>80</u> State of Indiana, Groom David & Catton of <u>Baane</u> and, Bride <u>County</u>, State of <u>Indiana</u> were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of <u>HENDRICKS</u> 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. Official Designation Minister, Church of God of Graphery Official Designation Minister, Church of God of Graphery 1 st. day of Hebruary 10 180 Ist. day of Hebruary 10 180 Clerk Signed Hen M. Harvey Clerk Circuit Court January, 19.80. Dated this 30 day of Filed and recorded in accordance with the laws of the State of Indiana this.....

Described Dec	STATE O	FINDIANA	No. 508	Free Constraints
rm Prescribed By Jiana State Board of APPLI alth under Authority APPLI		MARRIAGE LICENSE	File	
fective July 1. 1977	HENDRIC		<u>11-2</u> Date of	3-79 f Application
		FEMALE	11 111	79
MALE Medical Examination Report Dated 10-14-9	19	FEMALE Medical Examination Report I	Dated 10-14-	mo
n n Soudder	m	Name of Thystera		
LL OUESTIONS MUST BE ANSWERED, LC. 31-1-3-6 prescri	bed "False statement—Wh	oever procures the issuance of a license to marr	ry by any false statement. I	epresentation of precense
all be fined in any sum not exceeding five hundred dollars (\$500 MALE APPLICANT		FEMAL	E APPLICANT Middle	/ Last
ame Parid Middle	Lippard	Name First Karen	Day	Ne Kong Year
ate of Birth Month Day	Year / / / / / / / / / / / / / / / / / / /	Date of Birth Month Ole Place of Birth (State or foreign country)	13	1962
lace of Birth (State or fareign country)	County (State	- Adianapolis Basidana Address Street or B. F.	E. City	County State
1/18 Blas Alur ane. Indple. Mar	county State	215 Gordon Ct. pro	winsburg the	nd. malana
revious Marital Status: Never Married OR		Previous Marital Status: Never Married Last Marriage Ended By: Death Divorce	L Annulment	
ast Marriage Ended By: Death Divorce Annulment Deate of birth verified by: Birth Certificate Judicial Decree		Date of birth verified by: K Birth Certificate	e 🗖 Judicial Decree	
	pieture	Other (Specify)		
Other (Specify) Are you now or have you ever been adjudged to be of unsound mind?	Not Yes	1. Are you now or have you ever been adjudge	ed to be of unsound mind?	No Yes
If answer is "yes", has the adjudication been removed?	No Yes	If answer is "yes", has the adjudication been 2. Are you afflicted with a transmissible disea		No Yes
 Are you afflicted with a transmissible disease? Are you related to the female applicant closer than second cousin? 		3. Are you related to the male applicant closer	r than second cousin?	No Yes
Are you now under the influence of intoxicating liquor?	No Yes	4. Are you now under the influence of intoxic:	ating liquor?	Nove Yes
 Are you now under the influence of a narcotic drug? List the full names of any dependent children. 	N Yes	5. Are you now under the influence of a narco6. List the full names of any dependent children		
. LISE HE FUR HAMES OF ANY REPERGENCENTIONEN.				
			dore to support the above	· · · · · ·
Are you required by any court order or orders to support the above dependent children?	No 🗆 Yes 🗆	7. Are you required by any court order or ordependent children?		No Yes
If answer is "yes", it is required that this Application be accompanied by sa	tisfactory proof that you are in	If answer is "yes", it is required that this A compliance with any court order or orders		
compliance with any court order or orders issued for their support. 8. Full name of father Jodd M. Lippard		8. Full name of father Walter	Kenneth D	le Long
8. Full name of father 50 da 11. A good and Residence of father (if deceased so state) 121 Parnela Phury	Brownshungs	Residence of father (if deceased so state)	15 Gordon Cl.	Brownshing on
Birthplace of father (State or foreign country) Andrana	/	Birthplace of father (State or foreign countr	y maliana	11/2
9. Full maiden name of mother Kathleen E. Howe	ll	9. Full maiden name of mother Jude	the Helena	Wirey
Residence of mother (if deceased so state) 121 Pamela Ikun	y. Brownshur	Residence of mother (if deceased so state)	45 Ander Ct.	, Brownshung, Dr
Birthplace of mother (State or foreign country) Indiana		Birthplace of mother (State or foreign count		the information given
State of Indiana, County of HENDRICKS ss: I depose and s in this applic	tate the information given ation is true and correct	State of Indiana, HENDRICKS	ss: in this appli	state the information given cation is true and correct.
y David Ly	spaid	Signed X +	Karen De	Long
New Address 9/18 Ben Hul	ave	New Address 911	18 Ben A	fur au- Ind
Subscribed and sworn to before me this 23nd day of	lct. 1979	Subscribed and sworn to before me this.		let: , 19.79.
Glen M. Harsey Clerk HEN	NDRICKS Circuit Cour	Alen M. Harrey	Clerk HE	NDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN		CONSENT OF PARENTS, PARENT (DR GUARDIAN	
We, the parents, of this applicant hereby give consent for this m	arriage. If only one paren	t We, the parents, of this applicant here	eby give consent for this	marriage. If only one parent
signs, state facts which render the consent of the other parent u		signs, state facts which render the cor	nsent of the other parent	unnecessary
State of Indiana, HENDRICKS ss:		State of Indiana, HENDRICKS	ss:	
County of	Fathe		·····	Father
Signed		Aud	lith 21, De Los	Mother
Signed			23rd day of	0 act. 19 79
	Cle	· //	les m. Har	negClerk
COMPLETE IF MARRIAGE LICENSE ISSUED	BY ORDER OF C	OURT. A marriage license having be	en refused to the at	ove named parties, the
HENDRICKS County		Court by written order issued		
inauthorizes				
RETURN (Be It Remembered, there was filed in	OF MARRIAGE LIC	ENSE AND MARRIAGE CERTIFICA	HENDRICKS	Circuit Court
29 100 1	apple	1000 1079 authorizin	a the joining togeth	er as husband and wife
of Indiana dated the any of any of David E Lippar Be it further remembered, the following marriage ce	d	and Karen D. De	Long	
Be it further remembered, the following marriage ce 1, Jev. James T. Lippart	rtificate was filed in	my office, to-wit: hereby certify that on the 3	day of no	vember.
	2	Burnesshires		11
State of Indiana Groom April E. L.	ippard	of Hendricks	County, State o	Hendricks, C
and, Bride Maren h, he hong	of.	Nenaricas	County, State of	f Indiana
were by me united in marriage as authorized by a m	arriage license issued	for that purpose by the Clerk of the C	Circuit Court of	TILINDRICKS
Country	//	10		
County. Dated this	//	Official Designation Min	James T.	Lippard

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	STATE OF	INDIANA	No. 508	the second
Form Prescribed By Indiana State Board of	APPLICATION FOR M		File	
Health under Authority of I.C. 31-1-3-2			10-23.	-79
Effective July 1. 1977	HENDRICK	County	Date of A	pplication
				14
MALE 10	-14-79	FEMALE Medical Examination Report Name of Physician Q. 7	Dated	19
MALE Medical Examination Report Dated 10	11 D A	in a pluminian R. 7	7. Scudder, 1.	n.d.
Name of Physician A. M. Seud	der, m. d.	Name of Physician	Lucano fulsa statement, repl	resentation or pretense
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1 shall be fined in any sum not exceeding five hundred of	-3-6 prescribed "False statement-Who follars (\$500.00)".	ever procures the issuance of a license to mar	ry by any faise start in our rep-	
shall be fined in any sum not exceeding five hundred to MALE APPLICAN		FEMAL	LE APPLICANT	21.1
Name First Middle	1 Last	Name First Karen	Middle	le Lost
Date of Birth Month Day	reppard	Date of Birth Month	Day	Year 1962
08 11	1958	Place of Birth (State or foreign country)	13	1902
Place of Birth (State or fareign country)	(Indianapolis	Andrana Co	ounty o State
Residence Address Street or R. R. City		Residence Address Street or B	unshing Ren	d. Indian
9118 Bla Aur Use. maple.	Marin Indiana	and the the contract of the second	OR	
Previous Marital Status: Never Married OR		Previous Marital Status: Never Married	Annulment D	
Last Marriage Ended By: Death Divorce Annulment		Last Marriage Ended By: Death	e D Judicial Decree	
Date of birth verified by: D Birth Certificate D Judicial De	cree.	Date of birth verified by: Rirth Certificat		
& and Princip Lucinse	w/ picture	Other (Specify)	<u> Angeler and an </u>	
Other (Specify) Other (Specify) Other (Specify) Are you now or have you ever been adjudged to be of unsound		1. Are you now or have you ever been adjudg	ed to be of unsound mind?	No Yes
 Are you now or nave you ever been adjudged to be of unstand If answer is "yes", has the adjudication been removed? 	No 🗆 Yes 🗆	If answer is "yes", has the adjudication bee		No Yes
 Are you afflicted with a transmissible disease? 	No Yes	2. Are you afflicted with a transmissible dise		No Yes
 Are you related to the female applicant closer than second co 	vusin? Yes	3. Are you related to the male applicant close		No Xes
 Are you now under the influence of intoxicating liquor? 	No Yes	4. Are you now under the influence of intoxic		Nove Yes Nove Yes
5. Are you now under the influence of a narcotic drug?	No Yes	 Are you now under the influence of a narc List the full names of any dependent child 		North Tes
7. Are you required by any c dependent children? If answer is "yes", it is req	To Whom	It Why Concer daughter Karen sermission to said on Nov 3	x:	
compliance with any cour	Mu	Vaualter Kara	DAP	
8. Full name of father 🖌	1 7	guer naren	han he tong	
Residence of father (if dec	has my	Dermission to	marin O	
Birthplace of father (State fign cou.	David	1	alia	
9. Full maiden name of moth	value sipp	said on Mov 3	, 1979	
and the second				
Residence of mother (if de				
Birthplace of mother (Sta		7/2 1.1	lter K. De to done Court	P
State of Indiana, HENI		and a	and r. Nel Se	the
County of	the second s	215 Jou	don Comit	U
and the second sec		0	1 Dil	
New		Brownob	Lung, India	na
Subscribed And sworn to	and states and states		0	THE ALL
Aler m		1 Alex M. Arr Cont		
	the second provide statement of the			
CONSENT OF PAREN		the second of PARTY and the		
	0	1.1.	sh.	
We, the parents, of th	Lank 9	stargettie 12	H1	17
signs, state facts whic	a really me	angenais Not	al signally	le
			/	1.9
	of glatter	N D		
	1 wally	be Jong . This	10. the 11 7	t D.

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of October 1979 - My Conmission Experies day State of Indiana, Ster Industry HE County of ... der an h 3-21-83 Hundel Quing Susident of Hendricks Cty, &d. Sis SiL Subscribed and swor: COMPLETE IF COMPLETE IS MILLI HEN HIV. WY K' in Rem Be of Indiana date Dr 30 Keme k Be it further re 1, Lev Ben ruminer Indias one thousand n State of India ar and, Bride were by me un County. Dated this ... tal Church In Filed and recorm. Clerkuit Court They share the

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In.

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HENDRICKS

Nin.

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Form Prescribed By Loss State Board of	
Form Prescribed By Indiana State Board of STATE OF	rrege
Indiana State Board of STATE OF APPLICATION DOD	INDIANA
Health under Authority of 1C 31 1.3/2 Effective July 1, 1977	ARRIAGE LICENSE No. 509
HENDRICK	5 File40
MALE	County10 - 24 - 79
Medical Examination Report Dated70-17- 79	FEMALE Date of Application
Name of Physician George W. Sellmer	Medical Examination Report Dated 10-17-79
ALL OUESTIONS MUST BE ANSWERED 10, 21 1 22	Name of Physician Hand
ALL QUESTIONS MUST BE ANSWERED. 1.C. 31-1-3-6 prescribed "False statement—Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	ver procures the issuance of a linear i
MALE APPLICANT	a needed to marry by any false statement, representation or pretense
Name Olan Mittyle Turn Pol. Last	Name First
Date of Birth Month Day Wellschmidt.	Date of Birth Marith W. Jerg lal. fast . 14
Place of Birth (State or fopfign country) 1932	Day Day
Residence Address Street or R. R. City Control	Place of Birth (State or Upreign country) 9 1935
RRI Dot 569 Glaenfield State	Residence Address Maeers Street or R. R. City Companyed ania
Previous Marital Status Never Married OR	4874 Howtharne Way Glampeld
Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
* Other (Specify) Dreiver's Lic- w/ phats	Date of birth verified by: D Birth Certificate D Judicial Decree
	# Other (Specify) Driver's Lic w/ phato
1. Are you now or have you ever been adjudged to be of unsound mind? No to Yes D If answer is "yes", has the adjudication been removed? No to Yes D	1. Are you now or have you ever been adjudged to be of unsound mind? Not Yes D
No Tes L	If answer is "yes", has the adjudication been removed? No D Yes D
2. Are you afflicted with a transmissible disease? No ♥ Yes □ 3. Are you related to the female applicant closer than second cousin? No ♥ Yes □	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor? No V Yes	3. Are you related to the male applicant closer than second cousin" No Pres
5. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of intoxicating liquor? No Pres D
6. List the full names of any dependent children.	 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children.
	and the matter of any seperatent condition.
7. Are you required by any court order or orders to support the above	
dependent children? No Ves	 Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father_ New Henry Waldschmed	8. Fullname of father Franklen Daved arten, p.
Residence of father (if deceased so state) Declared	Residence of father (if deceased so state) Meamer, Floreda
Birthplace of father (State or foreign country) Semmsephvania	Birthplace of father (State or foreign country) Gennsylvania
9. Fullmaiden name of mother Linda Stella Swasey	9. Full maiden name of mother Mary adeline manusaring
Descent	Residence of mother (if deceased so state) Deceased
Residence of mother (if deceased so state)	Companya
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Sennary Venner
State of Indiana. HENDRICKS ss: I depose and state the information given in this application is true and correct.	State of Indiana. HENDRICKS }ss: I depose and state the information given in this application is true and correct.
and there is	and & mary W. Wald schmidt
Signed Allun f. Wallsofman	New Address RR # 1 Boy 509 Plainfield In Ab 168
New Address KK#1 200 209 46168	
Subscribed and sworn to before me this 24 day of October 19.7.9	Subscribed and sworn to before me this 24 day of Occ 19/2. HENDRICKS Circuit Court
Slen M. Harrey Clerk HENDRICKS Circuit Court	Gerk M. Harvey Clerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, FARENTS, FARENT OR GOLDANCE to a second secon
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant nereby give content to parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of an

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Eday.

by

State of Indiana, HENDRICKS State of Indiana, County of ... 88: HENDRICKS Father County of Signed. Mother Father Signed. Signed ... 19 Mother day of. Subscribed and sworn to before me this. Signed. ..., 19...... day of. Subscribed and sworn to before me this... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS ... authorizes and directs the issuance of a marriage license to the above named parties. HENDRICKSCounty ... RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS , County of Hendricks State of Indiana, Groom alan & Waldschmidte of Jendricks County. State of Indiana, and, Bride man and, Bride Marey Zu Zualdschmidt of Jendricks County, State of Indiane, were by me with the Clerk of the Circuit Court 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. 9. Signed William M. Walter Official Designation Presbyterian minister Harvey Harvey 29 day of Signed Signed Dated this ... Clerk Filed and recorded in accordance with the laws of the State of Indiana this..... Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977 STATE OF APPLICATION FOR M HENDRICK	HARRIAGE LICENSE File 40
MALE Medical Examination Report Dated Name of Physician Rarry_Rouall	FEMALE Medical Examination Report Dated 10-17-79 Name of Physician Namy Lowald
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ver procures the issuance of a license to marry by any false statement, representation or pretense
shall be fined in any sum not exceeding five number donars (\$500,000). MALE APPLICANT	FEMALE APPLICANT
Name First Manual Beeck Marker Last Date of Birth Month Day Year Place of Birth (State or foreign country) Residence Address Street or R. R. City County Spate	Name First Middle Mc Last Date of Birth Month Day Year Place of Birth (State or foreign country) 24 1940 Place of Birth (State or foreign country) 100 100 Residence Address Street or R. R. City County Street or R. R. City Very
KR3 Box310 Derwille Derel. Ind	
Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Dudicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) A re you now or have you ever been adjudged to be of unsound mind? No Ves I If answer is "yes", has the adjudication been removed? No Ves I Are you afflicted with a transmissible disease? No Ves I Are you related to the female applicant closer than second cousin? No Ves I Are you now under the influence of intoxicating liquor? No Ves I Are you now under the influence of a narcotic drug? No Ves I List the full names of any dependent children. 	□ Other (Specify) No □ Yes □ 1. Are you now or have you ever been adjudged to be of unsound mind? No □ Yes □ If answer is "yes", has the adjudication been removed? No □ Yes □ 2. Are you afflicted with a transmissible disease? No □ Yes □ 3. Are you related to the male applicant closer than second cousin? No □ Yes □ 4. Are you now under the influence of intoxicating liquor? No □ Yes □ 5. Are you now under the influence of a narcotic drug? No □ Yes □ 6. List the full names of any dependent children. No □ Yes □
7. Are you required by any court order or orders to support the above dependent children? No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father Image: Court order or orders issued for their support. 8. Full name of father Image: Court order or orders issued for their support. 9. Full name of father (State or foreign country) Image: Court order or orders issued for their support. 9. Full maiden name of mother Image: Court order or orders issued for their support. 9. Full maiden name of mother Image: Court order or orders is on the court order. 9. Full maiden name of mother Image: Court order or orders is on the court order. 9. Full maiden name of mother (State or foreign country) Image: Court order or orders is on the court or order or orders. 9. Full maiden name of mother (State or foreign country) Image: Court order or orders. 9. State of Indiana. State or foreign country) 9. Signed State or foreign country. 9. Signed	7. Are you required by any court order or orders to support the above dependent children? No Yes I 1f answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their apport. No Yes I 8. Full name of father August and application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their apport. No I Yes I 8. Full name of father August and
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs state facts which render the consent of the other parent unnecessary	sime state foots which made the second of the the

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State of Indiana, HENDRICKS ss:		tate of Indiana, HENDRICKS	} ss:	
Signed	Father	Signed		Father
Signed	Mother	Signed		Mother
Subscribed and sworn to before me this	, 19 S	ubscribed and sworn to before me this		, 19
				Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY OR HENDRICKS County	DER OF COURT. A	marriage license having been r	efused to the above named	parties, the
nauthorizes and dire	ects the issuance of a r	narriage license to the above name	ed narties	and filed
RETURN OF MAR Be It Remembered, there was filed in my office	RIAGE LICENSE A	ND MARRIAGE CERTIFICATE		
ne thousand nine hundred and 79 State of Indiana, Groom & andall Keith and, Bride Juanita Gayle mcho	was filed in my office here at Marpheetsj naldoj	by certify that on the 3 Danville Hendricks endricks	day of <u>Novema</u> , County of <u>Nevena</u> County, State of <u>Ina</u>	ber tricks, liana
pere by me united in marriage as authorized by a marriage lounty.	icense issued for that	purpose by the Clerk of the Circui	t Court of HENDRIG	CKS
Dated this 3	er, 19.7.7.	Signed Stanley	1 a. Johnso	n
Filed and recorded in accordance with the laws of the State o	of Indi <mark>ana this</mark>	Tenday of Nov.	, 19 2 rvej	
			HENDRICKS	

	58
Form Prescribed By Indiana State Board of STATE OF	
Health under Authority APPLICATION FOR 1	FINDIANA
Effective data 1 17.0	MARRIAGE LICENSE No. 5//
	County File_40
MALE Medical Examination Report Dated	10-25-79
Name of Physician M. O. Jon may Low	FEMALE Medical Examination Report Dated 10-22-39
	Name of Physician No. d
ALL OUTSTICK any sum not exceeding five hundred dollars (Stoning)"	ever procures the issuance of a li
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statementWho shall be fined in any sum not exceeding five hundred dollars (\$500,000)" MALE APPLICANT	and the of a license to marry by any false statement, representation or pretense
Pistel O. In sal	FEMALE APPLICANT
Date of Birth Mary 25 1011	Date of Birth Mangalt U. Com Date of
Place of Birth (State or toreign edutry)	Place of Birth (State) or foreign country)
Residence Address Street of R. R. City County State	Residence in
Previous Marital Status Never Married D OR	320 Osborn, Litty hard County State
Last Macroage Ended By Death Divorce C Annulment C	Previous Marital Status: Never Married OR
Date of birth verified by X Birth Certificate D Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
Other (Specify)	Date of birth verified by: Birth Certificate Dudicial Decree
1 Are you now or have you ever been adjudged to be of unaound mind? No Y Yes D	Other (Specify)
If answer in 'yes' has the adjudication been removed? No D Yes D	1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes □
2 Are you afflicted with a transmissible disease? NoX Yes D	If answer is "yes", has the adjudication been removed? No Ves 2. Are you afflicted with a transmissible disease? No Ves D
Are you related to the female applicant closer than second cousin? No Y Yes No Y Yes	3. Are you related to the male applicant closer than second cousin? No X Yes D
5. Are you now under the influence of a narcotic drug? No X Yes	4. Are you now under the influence of intoxicating liquor? No Yes
8 List the full names of any dependent children.	 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children.
2 Are you required by any court order or orders to support the above dependent children? No D Yes D	7. Are you required by any court order or orders to support the above
if answer in "yes" it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No Yes I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any must order up orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of tacher Mills Elgworth Smith	8. Full name of father Mont Vernon Starns
Residence of father til decreased as states	Residence of father (if deceased so state)
Birthglace of factore (State or foreign country) Malana	Birthplace of father (State or foreign country)
9 Full marden name of mother Clara Florence Parrick	9. Full maiden name of mother. Else Ber Eligo Nardee
Residence if mather if deceased as state)	Residence of mother (if deceased so state)
Birthplaws of mather instate or fareign examply	Birthplace of mother (State or foreign country)
State of Indiana, County of HENDRICKS as: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS County of. HENDRICKS
Pitin & H	and Margaret a. Campbell
Signed Arter C. Somethe Box 303	New Address 320 Asborne, Box 303
Now Address and Det 107.	Subscribed and sworn to before me this 25 day of Oct. 1979.
Subscripted and eween to before me this and day of HENDRICKS Circuit Court	Slin M. Hawey Clerk HENDRICKS Circuit Court
Action III. Naturey Clerk Circuit Court	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
Ngna, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana, HENDRICKS
County of HENDRICKS	County of
Signed	Signed
Signed	day of
Subscribed and sworn to before me this day of	
Clerk	have refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUN	RT. A marriage license having been refused to the above named parties, ourt by written order issuedand filed of a marriage license to the above named parties.
COMPLETE IF MARRIAGE LICENSE ISSUED BY CHEMICAL HENDRICKS County	ourt by written order issued above named parties.
County and directs the issuance	of a marriage needed to
RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage lice of Indiana dated the 29th day of 0ct Pirtel O. Smith Be it further remembered, the following marriage certificate was filed in my I. Rev. John Lewis Bryan II	of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court nse issued by the clerk of the
Be It Remembered, there was filed in my office a marriage lice	, 19/1, authorizing the joining together as hadden
Be it further entered the following marriage certificate was filed in my	bereby certify that on the day of Marion
of Indiana dated the <u>99th</u> day of <u>WCL</u> <u>Pirtel O. Smith</u> Be it further remembered, the following marriage certificate was filed in my I. <u>Rev. John Lewis Bryan II</u> one thousand nine hundred and <u>79</u>	at Indianapolis County State of Indiana
	Hondrichs Indidia
Be it further remembered, the following marriage certificate was provide the following marriage form on the following marriage marriage form on the following marriage form of the following marriage marriage marriage form of the following marriage m	Hendi I Chas Hendricks
inge license issues i	- 1. Tottie Bryan 11
Country how have	the set of
Dated this 4th day of November , 19	79 Rev. John Lewis Digram Signed
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation
Filed and recorded in an advance with the laws of the State of Indiana this	Signed HENDRICKO Circuit Court
and recorded in accordance while the second se	

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	STATE OF	INDIANA No. O/A
	Form Prescribed By Indiana State Board of Health under Authority APPLICATION FOR M	IARRIAGE LICENSE File 40
	of I.C. 31-1-3-2 Effective July 1, 1977 HENDRICKS	10/26-19
	Effective stary 1. 1011	County Date of Application
	MALE Medical Examination Report Dated 10/16/79	FEMALE Medical Examination Report Dated 10/15/79 Name of Physician James M. M. Fadelen M.D
	Name of Physician fatter forces M. D.	
	ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement-Whoev shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	
	MALE APPLICANT	FEMALE APPLICANT
	Name First Middle Tai bast	Name Theresa and Stingley
	Date of Birth Month Day Year	Date of Birth Month Day Year J March 31 1961
	Place of Birth (Stafe or foreign country)	Place of Birth (State or foreign country)
	Residence Address Street or R.R. City County State /	Residence Address Street of R. R. L. City of Coupey of Starg
	Plainfield Hend. Ind.	3722 aspen st. saft. repp. Sud.
	Previous Marital Status: Never Married B OR	Previous Marital Status: Never Married VOR
	Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Dudicial Decree
	Date of birth verified by: D Birth Certificate D Judicial Decree	Date of birth verified by: Birth certificat
10	Other (Specify)	Other (Specify)
	1. Are you now or have you ever been adjudged to be of unsound mind? No 🗷 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No □ Yes □ No □ Yes □
	If answer is "yes", has the adjudication been removed? No Uyes U	If answer is "yes, has the adjudication over remoted"
1	2. Are you afflicted with a transmissible disease? No 🕑 Yes 🗆	2. Are you afflicted with a transmissible disease
	3. Are you related to the female applicant closer than second cousin? No Yes	3. Are you related to the male applicant closer than second country
	4. Are you now under the influence of intoxicating liquor? No ♥ Yes □ 5. Are you now under the influence of a parcetic drug? No ♥ Yes □	4. Are you now under the influence of moxicating reduct
	o. Are you now under the influence of a microir and	 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children.
	6. List the full names of any dependent children.	6. List the full names of any dependent children.
	7. Are you required by any court order or orders to support the above dependent children? No Yes	 Are you required by any court order or orders to support the above dependent children? No Yes D
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
	compliance with any court order or orders issued for their support. 1	compliance with any court order or orders issued for their sepport A
	8. Full name of father Norman Tairfield	8. Full name of father Boboy Clenton Slengler
1	Residence of father (if deceased so state) 130 fiftomont, Cr.	Residence of father (if deceased so state) 3122 aspen AT. Haft - Sh
	Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country)
	9. Full maiden name of mother Posemarie Utterback	9. Full maiden name of mother Virgenia Batherine Joury
	Residence of mother (if deceased so state) Dame	Residence of mother (if deceased so state) Conneticutt
-	Birthplace of mother (State or foreign country) Aradama State of Indiana, UCKIDDICKE	Birthplace of mother (State or foreign country) State of Indiana. I depose and state the information given
	County of HENDRICKS ss: I depose and state the information given in this application is true and correct.	County of HENDRICKS BS: I depose and state the internation pret.
	Signed Jesse William Faisfield	Kigned heresa Unn tingley
J.	Now Address Plainfield P.O. Box 127.	New Address 3.7.2.2. aspin St. Latt. Ind.
	Subscribed and sworn to before me this 26 day of Oct. 1979	n/ Q+ 70
	Hlan M Hannen HENDRICKS	Subscribed and sworn to before me this A.C. day of C.C. 19.19
	Clerk M. Harvey Clerk Clerk Circuit Court	Alen M. Harvey Clerk HENDKICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
		and the four struct the consent of the other parent unnecessary and and and

BCDEFGHIJKILMENOPORS

TUUN WIX YUZ

State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of..... County of Signed. Father Signed Father Signed. Mother Signed Mother 19..... Subscribed and sworn to before me this ... day of ...Clerk Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKSCounty... and filed authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the. HENDRICKS dated the day of <u>Member</u>, 19, 7, authorizing the joining together as husband and wife esse William Fairfield and <u>Incresa</u> in <u>Stingley</u> p. Thember of Indiana dated the Be it, I, Ger. Miguel Q. addriguz hereby certify that on the 6 day of nov. one thousand nine hundred and 79 at slainfield , Country of A State of Indiana, Groom Jesse Zerm, Fairfield of Stendricks Country State of State , County of Hendricks of Hendricks County, State of Indiana and, Bride Thereta ann Stingley of Sippecanoe County, State of Indiana 6 nov. 19.79. Dated this.day of Lev miquel a Codniguy Signed. Official Designation Filed and recorded in accordance with the laws of the State of Indiana this...... 13 ...day of. Signed Alen M. Harvey Clerk HENDRICKS Circuit Court

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Form Prescribed By Indiana State Board of	
Health under Authority APPLICATION -	FINDIANA
Effective July 1 1977	MARRIAGE LICENCE No. 5/3
HENDRIC	File TO
MALE	County
Medical Examination Report Dated 10 - 19 - 79	FEMALE Date of Application
Name of Physician Carl J. Heinlein	Medical Examination
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed #E-1	Name of Physician Capper P 71
shall be fined in any sum not exceeding five hundred dollars (\$500,007".	ever procures the issuance of a license to
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statementWho shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT Name First // Middle	a nectose to marry by any false statement, representation or pretense
Pate of Birth Hough Phi Blog & man	Name First
Place of Birth (State or foreign bountry) 12 1958	Date of Birth Middle Just
Lehanon	Day Intelland
Residence Address Street or R. R. City County State	Place of Birth (State or foreign country) 27 1960 Residence Line Centry
Previous Marital Status Never Married & OR	Residence Address Street or R. R. City County State
Last Marriage Ended By Death D Divorce D Annulment D	Previous Marital Status: Never Married OR
Date of birth verified by Birth Certificate Judicial Decree	Last Marriage Ended By: Death D Divorce D Annul D
# Other (Specity) Dreiter's Lie w/ phata	Date of birth verified by: 🕺 Birth Certificate 🛛 Judicial Decree
prioro -	Other (Specify)
No 4 Yes	1. Are you now or have you ever been all the second se
2 Are you afflicted with a transmissible disease? No Are you afflicted with a transmissible disease? No Are you afflicted with a transmissible disease?	if answer is "yes", has the adjudication been removed?
3. Are you related to the female applicant closer than second cousin? No X Yes D	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor? No Ves	3. Are you related to the male applicant closer than second cousin?
 5. Are you now under the influence of a narcotic drug? 6. Lat the full names of any dependent children. 	Are you now under the influence of intoxicating liquor? No X Yes No X Yes No X Yes
 List the turn mature of any dependent children. 	6. List the full names of any dependent children. No ₩ Yes □
	A CONTRACT OF A
and the second	and the second
	and the second
7 Are you required by any court order or orders to support the above dependent children? No Yes	7. Are you required by any court order or orders to support the above
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No Yes I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father famels 6 durard plackmare	8. Full name of father Lussell Eugine Freeland
Residence of father (if decreased so state) Perel St. N. Salem	Residence of father (if deceased so state) Bok 437, M. Salem, In.
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marilyn Joan Stewart	9. Full maiden name of mother Marie Carolyn Ellis
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Deceased
Bisthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Indiana
State of Indiana. HENDRICKS	State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS in this application is true and correct.	
Signed X ffy J. Dickson	signed X Cleryf a-treeland
New Address (202). Califordia St. Might	New Address 202 S. California St. M. Sulem Ind.
Subscribed and sworn to before me this 26 day of Oct	Subscribed and sworn to before me this 26 day of Oclaber, 19.79
Glen M. Harvey Clerk HENDRICKS Circuit Court	Glen M. Harvey Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this maintage. If only one parent signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the outer particular differences of the state of
	State of Indiana.

> 881 County of HENDRICKS County of Father Signed. Father Mother Signed. Signed. Mother ., 19..... .day of..... Subscribed and sworn to before me this. Signed ., 19..... Clerk day of Subscribed and sworn to before me this Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKSCourt by written order issued..... ...authorizes and directs the issuance of a marriage license to the above named parties. HENDRICKS .County RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS in.Circuit Court Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..., 19...7.9., authorizing the joining together as husband and wife Be it further Amendered, the following marriage certificate was filed in my office, to-wit: I, Earl & David one thousand nine how and the following marriage certificate of the present day of nov. Salem , County of Hendricks County, State of Indiana 1979 Blackmarles County, State of Indiana, Hendric one thousand nine hundred and Hendricks HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ... Jeffrey. State of Indiana, Groom. 9. Signed Earl C. Davies Official Designation Gastar - Counselar day of november, 19.79. Dated this. ., 19. 7.9. 9 Mov. HarveyFENDRICKS 13 day of Signed Ylen M ClerkCircuit Court

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STATE OF	INDIANA No. 377
Form Prescribed By Indiana State Board of	
nearth under manority	10.1 11. 1917
of I.C. 31-1-3-2 Effective July 1, 1977	County Date of Application
	FEMALE 2.5-79
MALE 10-25-79	Medical Examination Report Dated
MALE Medical Examination Report Dated 10 - 25 - 79	Name of Physician michael neely
Name of Physician Michael Neely	I and of a style
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement-Whoe	ver.procures the issuance of a license to marry by any false statement, representation or pretense
shall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Pirst frigger Hach Montgomer
David F. Crane	Date of Birth Month Day Year
Date of Birth Month Day Tear	Januerret 4 1970
Place of Birth (State of foreign country)	Place of Birth (State of foreign country) In Indianappalas City County State
Residence Aptress Street or BCR) City County State	Residence Address Street of R. R.
24 Sugarland Id. Washington m.	All a bary our
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce 🛱 Annulment D	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Image: Birth Certificate Judicial Decree
Date of birth verified by: 🛱 Birth Certificate 🗖 Judicial Decree	Date of birth verified by: 19 Birth Certificate - Succur Decret
	Other (Specify)
□ Other (Specify) No X Yes □	A re you now or have you ever been adjudged to be of unsound mind? No W Yes
1. Are you now or have you ever been aujudged to be of ansound ministr	If answar is "yes" has the adjudication been removed? No Yes
If answer is "yes", has the adjudication been reinoved.	2. Are you afflicted with a transmissible disease? No P Yes
2. Are you afflicted with a transmissible disease? No ¥ Yes □ 3. Are you related to the female applicant closer than second cousin? No ¥ Yes □	3. Are you related to the male applicant closer than second cousin? NoA Yes
4. Are you now under the influence of intoxicating liquor? No X Yes □	4. Are you now under the influence of intoxicating inquot.
5. Are you now under the influence of a narcotic drug? No ♥ Yes □	5. Are you now under the influence of a narcouc drug.
 List the full names of any dependent children. 	6. List the full names of any dependent children.
Prin, Prank	Gichard Jodd Montgomery
Divid Rt and	Tricia & montgomerep
Navid Crane	
Chadurece crane	7. Are you required by any court order or orders to support the above
7. Are you required by any court order or orders to support the above No Ves No Yes	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Donald Floyd Crane	8. Full name of father Charles William Sape
Residence of father (if deceased so state) Loogbotee, In.	Residence of father (if deceased so state) Danville, In.
ROP	Birthplace of father (State or foreign country) Indiana
Birthplace of father (State or foreign country)	Same and Lappone. Math
9. Full maiden name of mother_ Drublet June Skulle	9. Full maiden name of mother Stranders of a contract of the
Residence of mother (if deceased so state) Declased	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) broliana	Birthplace of mother (State or foreign country)
State of Indiana	State of Indiana, HENDRICKS ss: I depose and state the information give in this application is true and correct
County of	County of
Signed X Moran	Signed X alrecea Kay Mang Omergy
22 Engrave to 11/25 first 11/	New Address 24 Sugarland Rd Washingtons
al Det na	Subscribed and sworn to before me this 26 day of Octaber, 19.7
Subscribed and sworn to before me this 26 day of 0000, 19.7.9.	
Glen M. Harvey Clerk HENDRICKS Circuit Court	Den M. Harself Clerk HENDRICKS Circuit Cour
	CONSERVE OF DARENES DARENE OF CUADDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

BCBEEGE JKINK NOPORSTUVY X YN

State of Indiana, County of HENDRICKS	State of Indiana, HENDRICKS ss:
SignedFather	SignedFather
Signed	SignedMother
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of
Clerk	Clerk
	JRT. A marriage license having been refused to the above named parties, the Court by written order issuedand filed
inauthorizes and directs the issuance	e of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN	ISE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage li	cense issued by the clerk of the
of Indiana dated the 31 day of Oct	and Gatricia Ray Montgomery
1, Kendall & Sands	hereby certify that on the 2 day of November,
one thousand nine hundred and 7.9	at Twashington, County of paviess,
State of Indiana, Groom David & Crane	of Daviels County, State of Indiana
	Hindricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued f	or that purpose by the Clerk of the Circuit Court of
County. Dated this 2 day of november 19.	79. Signed Rendall & Sandy
	Official Designation Uneted Methodist Ministe
Filed and recorded in accordance with the laws of the State of Indiana this	5 day of november, 19 79
and the second	Signed Sten M. Harvey Clerk
	HENDRICKS Circuit Court

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Form Prescribed By STATE OF India: a State Board of Health under Authority of LC. 31-1-3-2 Effective July 1, 1977	MARRIAGE LICENSE No. 515 File 40
MALE Medical Examination Report Dated 10-20-79 Name of Physician. All. QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Whoe shall be fined in any sum not exceeding five hundred dollars (\$500.00)" MALE APPLICANT Name First Month Day Day Year Place of Birth Month Month Day Year 15 Place of Birth Month Bay Year Place of Birth (State or foreign country) State Residence Address Street or RLR. 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 Image: Other(Specify) No Yes 1. Are you now or have you ever been adjudged to be of unsound mind?	County FENALE Medical Examination Report Dated Montrin Montrin <t< td=""></t<>
7. Are you required by any court order or orders to support the above dependent children? 1 Are you required by any court order or orders to support the above dependent children? No get al 1 Answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support 8. Full name of father Court order or orders issued for their support 8. Full name of father Court order or orders issued for their support 9. Full name of father Court order or orders issued for their support 9. Full name of father Court order 9. Full name of mother Court order 9. Full maiden name of mother Court order 9. Hendricks State or foreign country 9. HENDRICKS State or foreign country 9. State of Indiana. State of father (State or foreign country) 9. New Address 3. State order 9. State of Indiana. State of father (State or foreign country) 9. New Address 3. August Augus	 6. List the full names of any dependent children. 7. Are your required by any court order or orders to support the above dependent children? 8. Are your required by any court order or orders to support the above dependent children? 9. The Tanswer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father if deceased so state. 9. Full maiden name of mother. 9. Full maid

State of Indiana. HENDRICKS 883 State of Indiana, County of ... > ss: HENDRICKS Father County of Signed. ...Father Methan Signed. Signed. Mother 19 day of Subscribed and sworn to before me this Signed. . 19..... Clerk .day of. Subscribed and sworn to before me this Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ...authorizes and directs the issuance of a marriage license to the above named parties. HENDRICKS .County... RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS of Indiana dated the 2nd day of <u>Avenden</u>, 19.79 authorizing the joining together as husband and wife <u>Brachles</u> <u>Dauca</u> <u>day of</u> <u>autoson</u> <u>and</u> <u>Haren Beanne Beven</u> I. <u>Jaseph D. Mump</u> <u>at Marine hundred and</u> <u>79</u> <u>at Marine beven</u> <u>one thousand nine hundred and</u> <u>79</u> <u>at Marine beven</u> <u>State of the state of t</u> in... Circuit Court , County of Hendricks one thousand nine hundred and 79 at Danville County of Hendric State of Indiana, Groom Bradley David Cabison of Hendricks County, State of Indiana and, Bride Lagon of Sendricky County, State of Indiana, HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of County. signed Dr. Jaseph D. Stump minister Dated this 3 day of Nov., 19.7.9. Official Designation 1079 ...day of Signed Llen ma Filed and recorded in accordance with the laws of the State of Indiana this 19 Clerk HarverteNDRICKS Circuit Court

APPLICATION FOR MARRIAGE LICENSE HENDERCS County File File File			No. $5/6$
If divide and the second set of the second secon	tiana State Board of		
Loting Date of Application MALE Date of Application MALE Date of Application MALE Mathe Display Line Line Line Line Line Line Line Line	I.C. 31-1-3-2		
MALE Medical Examination Report Dated 1// 1/2 / 1/2 MALE Medical Examination Report Dated 1// 1/2 / 1/2 Marce Applicing 1// 1/2 / 1/2 MALE Annual Comparison 1// 1/2 / 1/2 Marce Applicing 1// 1/2 <th>fective July 1, 1977</th> <th>н</th> <th></th>	fective July 1, 1977	н	
Medical Examination Report Dated March 147.17 Name of Physician March 147.17	MALE		
Name of Physician Different difference of the second o	MALE Medical Examination Report	Dated 10-14-79	Medical Examination Report Dated 10-14-79
In Clear Draws MCS III A constrained in the constrained of the statement - black during the statement of prevention of prevention of prevention of prevention of the statement of t	0.	1	Name of Physician Joseph Kerlin, M.A.
all be find a new case of eventing free hundred addres (SOUNC) MALE APPLICANT and many field of the Philode in the second addres (SOUNC) and field the philode in the second addres (SOUNC) and field the philode in the second addres (SOUNC) and field the philode in the second addres (SOUNC) and field the philode in the second addres (SOUNC) and field the philode in the second addres (SOUNC) and field the philode in the second addres (SOUNC) and field the philode in the second addres (SOUNC) and the verteel the philode in the second addres (SOUNC) and the verteel the philode in the second addres (SOUNC) and the verteel the philode in the second addres (SOUNC) and the verteel the philode in the second addres (SOUNC) and the verteel the philode in the second addres (SOUNC) and the verteel the philode in the second addres (SOUNC) and the verteel the philode in the second addres (SOUNC) and the verteel the philode in the second addres (SOUNC) and the verteel the philode in the second addres (SOUNC) and the verteel the philode in the second addres (SOUNC) and the verteel the philode in the second addres (SOUNC) and the verteel the philode in the second addres (SOUNC) and the verteel the philode in the second addres (SOUNC) and the verteel the philode in the second addres (SOUNC) and the verteel the philode in the second addres (SOUNC) and the verteel the philode in the second addres (SOUNC) and the verteel the philode in the second addres (SOUNC) and the verteel the philode in t	LL QUESTIONS MUST BE ANSW	/	ent-Whoever, procures the issuance of a license to marry by any false statement, representation or pretense
and Control of the state	all be fined in any sum not exceedin	g five hundred dollars (\$500,00)".	
te of filts March March Light A. The Correl Const State of the second on			
take it in the difference of the server during the serv	Gaul Ke	Hord Hammersley,	TIE Julie ann Johnston
Pier offitte is false a foreign courty in the false of	te of Birth		Date of Birth 12 11 1958
Array to use the filter of the filter of the support the above and used in the support the above and used in the support the above and used in the support of the support	ace of Birth (State or foreign country)	1	Place of Birth (State or foreign country)
are Marrage Ended by Detail Devere are of works verified by Detail Devere are on works of the influence of analyzing of the support are you required by any dependent children Are you required by any dependen	sidence Address Street or R.	R. City, Coupty Sta	e Residence Address Street G.R. R. City County State
at Marringe Endel By: Descret at of burth verified by: Birth Certificat: at or burth verified by: Birth Specify: at or burth verified by: Birth Specify: at or burth verified by: Birth Specify: birth verified by: Birth Birth Specify: birth verified by: Birth Specify: birth verified by: Birth Birth Specify: birth verified by:	2 Box 156 Nan	ville Hend. Indian	~ K. #2 Box 162 Danville Aand, Fridland
aus of birth verified by Birth Certificate Judical Derve Are you now or bars you ever been adjudged to be of anound mind? NN Yee Are you now or bars you ever been adjudged to be of anound mind? NN Yee If anower is 'no, 'no be diaded to been adjudged to be of anound mind? NN Yee Are you now or bars you ever been adjudged to be of anound mind? NN Yee If anower is 'no, 'no be diaded to been adjudged to be of anound mind? NN Yee If anower is 'no, 'no be diaded to been adjudged to be of anound mind? NN Yee Are you related to the main adjudication been remove? NN Yee 2. Are you ander the influence dinderstain bear remove? NN Yee 3. Are you required by adjudged to be of anound mind? NN Yee 4. Are you now under the influence dinderstain bear NN Yee 5. Are you required by adjudged to be adj	revious Marital Status: Never Married	OR	Previous Marital Status: Never Married OR
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Full name of father. O all Chifford Hammergley p. Residence of father (if deceased so state) Argensnille, Juliana Birthplace of father (if deceased so state) Birthplace of father (if deceased so state) Full name of mother Marine MC Cartney, B. Residence of mother (if deceased so state) Birthplace of father (if deceased so state) Full name of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (State or foreign country) Birthpl	If answer is "yes", it is required that this A	pplication be accompanied by satisfactory proof that y	u are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
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Full maiden name of mother Maris Paulline MClartrey Residence of mother (If deceased so state) R. # 2 Box 156, Danielle, M. Birthplace of mother (State or foreign country) Addiana tate of Indiana. MENDRICKS signed Paul Referred Correct. Signed Paul Referred Correct December (State or foreign country) Addiana State of Indiana. New Address 5870 Magdeline Drive IBO(s ubscribed and sworn to before me this 29 day of Dir. 19.79. Subscribed and sworn to before me this 29 day of Dir. 19.79. Subscribed and sworn to before me this 29 day of Dir. 19.79. Subscribed and sworn to before me this 29 day of Dir. 19.79. Subscribed and sworn to before me this 29 day of Dir. 19.79. Subscribed and sworn to before me this 29 day of Dir. 19.79. Subscribed and sworn to before me this 29 day of Dir. 19.79. Subscribed and sworn to before me this 29 day of Dir. 19.79. Subscribed and sworn to before me this 29 day of Dir. 19.79. Subscribed and sworn to before me this 29 day of Dir. 19.79. Subscribed and sworn to before me this 29 day of Dir. 19.79. Subscribed and sworn to before me this 29 day of Dir. 19.79. Subscribed and sworn to before me this 20 day of Dir. 19.79. Subscribed and sworn to before me this 20 day of Dir. 19.79. Subscribed and sworn to before me this 20 day of Dir. 19.79. Subscribed and sworn to before me this 20 day of Dir. 19.79. Subscribed and sworn to before me this 20 day of Dir. 19.79. Subscribed and sworn to before me this 20 day of Dir. 19.79. Subscribed and sworn to before me this 20 day of Dir. 19.79. Subscribed and sworn to before me this 20 day of Dir. 19.79. Subscribed and sworn to before me this 20 day of Dir. 19.79. Subscribed and sworn to before me this 20 day of Dir. 19.79. Subscribed and sworn to before me this 20 day of Dir. 19.79. Subscribed and sworn to before me this 20 day of Dir. 19.79. Subscribed and sworn to before me this 20 day of Dir. 19.79. Subscribed and sworn to before me this 20 day of Dir. 19.79. Subscribed and sworn to before me this 20 day of Dir. 19.79.	Residence of father (if deceased so state)	Bargersville, Indian	Residence of father (if deceased so state) K. Z Box 162, Danville, In
Residence of mother (if deceased so state) R , T_2 Box 156, Darinelle, T_2 . Birthplace of mother (State or foreign country) Decliance ate of Indiana. menty of signed Daul Reference of mother (if deceased so state) R , T_2 Box 162 Denville, T_2 Signed Daul Reference of mother (State or foreign country) Decliance New Address 57870 Magdeline Drive ISols abscribed and sworn to before me this 29 day of Deck. Method Reference of mother (State or foreign country) Decline Drive ISols Abscribed and sworn to before me this 29 day of Deck. Method Reference of Mother (State or foreign country) Decline Drive ISols Method Reference of mother (State or foreign country) Decline Drive ISols Abscribed and sworn to before me this 29 day of Deck. Method Reference of Mother (State or foreign country) Decline Drive ISols Method Reference of Mother (State or foreign country) Decline Drive ISols Magdeline Drive ISols Method Reference of Mother (State or foreign country) Decline Drive and correct. Signed Build Drive ISols Method Reference of Mother (State or foreign country) Decline Drive and correct. Signed Build Drive ISols New Address State Drive ISols New Address State Of Indiana, Consent of Parents, Parent OR GUARDIAN New Address Parent OR GUARDIAN	Birthplace of father (State or foreign country	Indiana	Birthplace of father (State or foreign country) Mahaffey, Tennsylvan
Residence of mother (if deceased so state) R. 2 Box 156, Darinelle, in. Birthplace of mother (State or foreign country) Induana tate of Indiana. bounty of	Full maiden name of mother Mar	is Pauline McCartner	9. Full maiden name of mother Joy Jean & Plunkett
Birthplace of mother (State or foreign country) <u>Judian</u> in this application is true and correct. Signed Daul Reference Drive Leop's New Address 5870 Magdeline Drive Leop's ubscribed and sworn to before me this 29 day of <u>lex</u> , 1977 <u>Jlen M. Harrey</u> Clerk <u>HENDRICKS</u> circuit Court ONSENT OF PARENTS, PARENT OR GUARDIAN Birthplace of mother (State or foreign country) <u>Judian</u> Birthplace of mother (State or foreign country) <u>Judian</u> Birthplace of mother (State or foreign country) <u>Judian</u> Birthplace of mother (State or foreign country) <u>Judian</u> State of Indiana, <u>I depose and state the information given</u> in this application is true and correct. Signed Daul Reference Drive Leop's Subscribed and sworn to before me this 29 day of <u>lex</u> , 1977 <u>Jlen M. Harrey</u> Clerk <u>HENDRICKS</u> Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN	Residence of mother (if decorated so state)	R. # 2 Box 15% Daving	1 Star Abrilla No. 110 L.
tate of Indiana. HENDRICKS ss: I depose and state the information given in this application is true and correct. Signed Daul Ropford Jammen James Signed Jammen James State of Indiana. New Address 5870 Magdeline Drive Looks New Address 5870 Magdeline Drive Looks Signed Look Magdeline Drive Looks Abscribed and sworn to before me this 29 day of Leck. 19.79. Jles M. Hendricks Clierek HENDRICks Circuit Court ONSENT OF PARENTS, PARENT OR GUARDIAN State of Indiana.		Lini, rowing	
HENDRICKS ss: in this application is true and correct. Signed Dawl Reference Diverted Divert			
Signed Paul Roford Farmment M New Address 5870 Magdeline Drive IPOIS ubscribed and sworn to before me this 29 day of Oct. 1979. Signed Filled and sworn to before me this 29 day of Oct. 1979. Subscribed and sworn to before me this 29 day of Oct. 19.79. Subscribed and sworn to before me this 29 day of Oct. 19.79. Subscribed and sworn to before me this 29 day of Oct. 19.79. Subscribed and sworn to before me this 29 day of Oct. 19.79. Subscribed and sworn to before me this 29 day of Oct. 19.79. Subscribed and sworn to before me this 29 day of Oct. 19.79. Subscribed and sworn to before me this 29 day of Oct. 19.79. Subscribed and sworn to before me this 29 day of Oct. 19.79. Subscribed and sworn to before me this 20 day of Oct.	HENDRICKS		HENDRICKS (ss: in this application is true and correct.
abscribed and sworn to before me this 29 day of Oct. 1979. Subscribed and sworn to before me this 29 day of Oct. 19.79. Su	.0	Ball and The	2 Nuli Ann Calvator
abscribed and sworn to before me this 29 day of Oct. 1979. Subscribed and sworn to before me this 29 day of Oct. 19.79. Su	Signed Tar	1 10 jour Jammerse M	Signe felle war for weller
Slen M. Harney Clerk HENDRICKS Circuit Court Slen M. Harney Clerk HENDRICKS Circuit Court ONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN Consent of parents, parent or guardian	New Address 5870	Magdeline Drive LEOple	New Address Old I lage all N. Salpes.
ONSENT OF PARENTS, PARENT OR GUARDIAN	ubscribed and sworn to before me this.	2.9 day of CCX.	19.7.9. Subscribed and sworn to before me this 29 day of Mct. 19.79.
	Alen M. Harne	HENDRICKS Circui	Court Allen M. Harney Clerk HENDRICKS Circuit Court
	ONSENT OF PARENTS PARENT OF	R GUARDIAN	CONSENT OF PARENTS, PARENT OF GUARDIAN
e, the parents, of this applicant hereby give consent for this marriage. If only one parent we, the parents, of this applicant hereby give consent for this marriage. If only one parent			
gns, state facts which render the consent of the other parent unnecessary signs, state facts which render the consent of the other parent unnecessary			

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County of HENDRICKS	ss:	County of	HENDRICKS		
Signed		Father	Signed		Father
Signed		Mother	Signed		Mother
Subscribed and sworn to before me th	isday of	, 19, Subscribe	d and sworn to before me this		, 19
		Clerk			Clerk
COMPLETE IF MARRIAGE	LICENSE ISSUED BY ORI	DER OF COURT. A marr	iage license having been	refused to the above name	d parties, the
HENDRICKS	County	Court by writ	tten order issued		and filed
n	authorizes and dire	cts the issuance of a marria	ge license to the above nam	ned parties.	
of Indiana dated the Gasel Geffe Be it further remembered the	ta Hammersli following magriage certificate		felie ann y	ohnston	
Be it further remembered the I,	et, day of ra Hammersli following magriage certificate na Aissler d 79 yel Repford Hams	was filed in my office, to was hereby cert of New mersley of Hes n of Hes	ify that on the 2 - Winchester ndricks ndericks	day of November , County of Hen County, State of Ing County, State of Ing	ler dricke diana

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Nema,	RRIAGE
	591
Form Prescribed By Indiana State Board of STATE O	FINDIANA
Health under Authority of IC 31132 Effective July 1 1977 HENDRIC	MARRIAGE LICENCE No. 517
HENDRIC	KSCounty
MALE Medical Examination Report Dated 10-22-79	10-29-79
Name of Physician peeph Kerlei h 10	Medical Examination Report Decision
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-Wh	Name of Physician Joseph Kerlin hand
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Whe shall be fined in any sum not exceeding five hundred dollars (\$500,000" MALE APPLICANT Name Go First J Middle	rever procures the issuance of a license to marry by any false statement, representation or pretense
Name Henne Wayne Johnston	Name First
Place & Birth (State or foreign county) 20 1957	Date of Birth Month Marie Schnston
Residence Address Street or R. R. City County Staty	Place of Birth (State or foreign country) 28 1961
Previous Marital Status: Never Married OR	Residence Address Strett or R. R. Gity County State
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divore Annulment D Date of birth verified by: Birth Certificate Judicial Decree
A Other (Specify) Althous Allense w/ ficture	* Other (Specify) Driver's License w/ picture
If answer is "yes", has the adjudication been removed? No D Yes D	The you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease? No□ Yes□ 3. Are you related to the female applicant closer than second cousin? No□ Yes□	If answer is "yes", has the adjudication been removed? No Ves 2. Are you afflicted with a transmissible disease? No Ves
4 Are you now under the influence of intoxicating liquor? No D Yes D	3. Are you related to the male applicant closer than second cousin? No □ Yes □ 4. Are you now under the influence of intoxicating liquor? No □ Yes □
6. List the full names of any dependent children.	 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children.
Alenn Wayne Johnston, Jr.	Alenn Wayne Johnston, Jv.
7 Are you required by any court order or orders to support the above dependent children?	7. Are you required by any court order or orders to support the above
dependent children? No VesX If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No Ves I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any cours order or orders issued for their support	compliance with any court order or orders issued for their support. 8. Full name of father Wintfard James White
Residence of father is deceased so state Rt 2 they 162 Danivelle, D.	Residence of father (if deceased so state) La Box 155 Danville, In.
Birthplace of father 1 State or foreign country Mahaffey, Pa.	Birthplace of father (State or foreign country) Missourie
9. Full maiden name of mother fly flan T Minhlett	9. Full maiden name of mother Martine ann Amith
Birthplace of mother (istate or foreign country) Danville, Indiana	Birthplace of mother (if deceased so state) A A METISS Wannue on Birthplace of mother (State or foreign country)
State of Indiana, County of HENDRICKS } #8: I depose and state the information given in this application is true and correct.	State of Indiana. HENDRICKS Ses: I depose and state the information given in this application is true and correct.
Some Dlans W. Johnston	Signed & Marting Marie Johnston
New Address	New Address 344 9 H & Mach St. Danville, In.
Subscribed and sworn to before me this 29 day of Act. 19.74. Hendricks	Subscribed and sworn to before me this 29 day of Act. 19.77 HENDRICKS Circuit Court
Ale M. Narrey Clerk Circuit Court	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other prices and the state stat	
	State of Indiana, HENDRICKS
State of Indiana. County of HENDRICKS	County ofFather
Signed	Mother
Signed	Signedday of
Subscribed and sworn to before me thisday of 19	the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUN	T. A marriage license having been refused to the above named partice, and filed ourt by written order issued
County	a marriage license to the
anthorized and	A CEVIER ALL UNDER ALL ALL ALL ALL ALL ALL ALL ALL ALL AL
RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage licent Nonemher	19.79, authorizing the joining together as husbana and who
RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage licen of Indiana dated the <u>lat</u> day of <u>Monember</u> <u>Glenn Wayne Johnston</u> Be it further remembered, the following marriage certificate was filed in my I, B. L. Lydick	office, to-wit: 3rd day of November
of Indiana dated the <u>Act</u> <u>aay</u> of <u>aay</u> of <u>aay</u> of <u>Glenn Wayne Johnston</u> Be it further remembered, the following marriage certificate was filed in my of <u>I</u> , <u>B</u> . <u>Lydick</u> one thousand nine hundred and <u>79</u> State of Indiana Groom <u>Glenn Wayne Johnston</u>	hereby certify that on the Hendricks Coatesville , County of Indiana
one thousand nine hundred and 79	Hendricks County, State of Indiana
Be it further remembered, the following marriage certification I. B. L. Lydick one thousand nine hundred and 79 State of Indiana, Groom Glenn Wayne Johnston and, Bride Martina Marie Johnston of were by me united in marriage as authorized by a marriage license issued for County. November, 19.	has the Clerk of the Circuit of
License Issued Jo	
were by me united in marriage as authorized by a marriage account. County. Dated this	79 B. E. Lydick Signed Clerk Treasurer Official Designation November 19 79 Clerk
Filed and recorded in accordance with the laws of the State of Indiana this	6 day of Harsslef HENDRICKS Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this	SignedOllro

Form Prescribed By STATE O	FINDIANA No. 518
Indiana State Board of Health under Authority APPLICATION FOR	MARRIAGE LICENSE File
of I.C. 31-1-3-2	10 22 22
Effective July 1, 1977	County Date of Application
MALE	FEMALE 4 110-72-79
Medical Examination Report Dated 10-22-79	Medical Examination Report Dated
Name of Physician Carry Loval	Name of Physician Marry Rovall
	oever, procures the issuance of a license to marry by any false statement, representation or pret
shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	oever, procures the issuance of a ficelise to marry by any fight
Name / First Middle	FEMALE APPLICANT
Name First Middle Ingt	Name Fifst Middle Griffish
Date of Birth Month Bay 19 Year	Date of Birth Month Day 2015
Place of Birth (State or foreign country)	Place of Birth (State of foreign country)
Residence Address Street or R. R. OCity County State	Residence Address / Street or B.R. (Fity County State
213 Maundale flfd and Ind	KK 4 DOX/109 Clayton Hend. She
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death D Divorce Annulment D	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Dirth Certificate Dudicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
Diher (Specify) Arwens Licence/ul pictupe	S Other (Specify) Anwers dicence of picture
1. Are you now or have you ever been adjudged to be of unsound mind? No 🖸 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No Py
If answer is "yes", has the adjudication been removed? No Ver	If answer is "yes", has the adjudication been removed? No D Y
2. Are you afflicted with a transmissible disease? No 🗳 Yes 🗆	2. Are you afflicted with a transmissible disease? No D X
3. Are you related to the female applicant closer than second cousin? No ☑ Yes □ 4. Are you now under the influence of intoxicating liquor? No ☑ Yes □	3. Are you related to the male applicant closer than second cousin? No ∅ y 4. Are you now under the influence of intoxicating liquor? No ℗ y
5. Are you now under the influence of a narcotic drug? No 🕑 Yes 🗆	4. Are you now under the influence of intoxicating liquor? No No Y No Y No Y
6. List the full names of any dependent children.	 List the full names of any dependent children.
Jodd Kyan Smith	
Tring Linn Smith	
- conte d'aprile Opriler	
7. Are you required by any court order or orders to support the above	
dependent children? No 🖸 Yes 🖻	7. Are you required by any court order or orders to support the above dependent children? No□ Y
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you a
compliance with any court order or orders issued for their support	compliance with any court order or orders issued for their support.
8. Full name of father 199 009 gel structure	8. Full name of father and a complete
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) White Bully NY.
. Full maiden name of mother	9. Full maiden name of mother allowing college
Residence of mother (if deceased so state) Plan. Incl.	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Whitespure Ky.
State of Indiana, HENDRICKS	State of Indiana,
County of	County of HENDRICKS } as: in this application is true and cor
Signed & Whalle South	Signed Ludy Suffit
New Address Planpingel In	New Address Plankield &
Subscribed and sworn to before me this. 29 day of CL 1979	DR R.V.
CLEN M Rander HENDRICKS	Subscribed and sworn to before me this A day of CCT, 19.
Gerk The With Clerk The Volices Circuit Court	College M. Marllegerk HENDRICKS Circuit C
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
gns, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one pa
and the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

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time in international international international international international

State of Indiana, County of HENDRICKS	State of Indiana, County of
Signed	Signed
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	day of
	URT. A marriage license having been refused to the above named parties, t
HENDRICKS County	Court by written order issued $3 - day wawb and filee of a marriage license to the above named parties.$
RETURN OF MARRIAGE LICEN	SE AND MARPIACE CERTIFICATE
me M Kemembered, there was filed in my office a marriage lic	cense issued by the clerk of the HENDRICKS
of Inaiana dated theday of	10 authorizing the initial
Be it further remembered the following marriage certificate and fild in	Judy L. Griffith
John C. Mowrer active states	324
The indusaria nine hunared and	
01	nenuricks
vere by me united in marriage as authorized by a marriage license issued fo	r that purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this 3rd day of November 19.	79
aug 07	Signed John C. Mowrer
Filed and recorded in accordance with the laws of the State of Indiana this	6 November 70
Filed and recorded in accordance with the laws of the State of Indiana this	6day of November , 19 79 Signed

orm Prescribed By diana State Board of STATE or	
APPLICATION FOR T	FINDIANA
ffective July 1 1967	MARRIAGE LICENSE
	County File 40
MALE Medical Examination Report Dated 10 - 23 - 79	10-29-79
Name of Physician Carl L. Keinla	FEMALE Date of Application Medical Examination D
LL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Who hall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT ame First Middle	Medical Examination Report Dated 10 - 23 - 79 Name of Physician
all be fined in any sum not exceeding five hundred dollars (\$500,000".	ever procures the issuance of a li
MALE APPLICANT	and the statement of a license to marry by any false statement, representation or pretense
ate of Birth Month Day Gandall	FEMALE APPLICANT Name First
June 28 Year	Date of Birth Barbara Middle In Last
are of Birth (Stalf or foreign country) 1947 Buchgove i	Place of Birth State or theign country 1946
Address Street or R. R. # City County & State	Residence Allange (1)
revious Marital Status Never Married & OR	4839 Oakurad Taail City Cougty State
at Marriage Ended By Death D Divorce D Annulment D	Previous Marital Status: Never Married OR
ate of birth verified by D Birth Certificate D Judicial Decree	Last Marriage Ended By: Death D Divorce M Annulaura D
* Other (Specity) Privers Lic. 4/ phato	Date of birth verified by: D Birth Certificate D Judicial Decree
	* Other (Specify) Drever's Lie w/ shat
Are you now of have you ever been adjudged to be of unsound mind? No Ves D If answer a 'yes' has the adjudication been removed? No D Yes D	1. Are you now or have you ever been adjudged to be of unsound mind?
Are you afflicted with a transmissible disease? No the Yes D	If answer is "yes", has the adjudication been removed?
Are you related to the female applicant closer than second cousin? No by Yes D	2. Are you afflicted with a transmissible disease? No P Yes No P Yes No P Yes
Are you now under the influence of intoxicating liquor? No Ves D	4. Are you now under the influence of intoxicating liquor?
List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug? No Yes D
	6. List the full names of any dependent children. Gracef John Mencek
	Fracy John Mincer
Are you required by any court order or orders to support the above	
dependent children" No 🗆 Yes 🗆	 Are you required by any court order or orders to support the above dependent children? No Yes D
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
Full name of father Richard W. Randall	compliance with any court-order or orders issued for their support 8. Full name of father Tagel B, New Scherer
Residence of father (if deceased so state) Deceased	Residence of father (if deceased so state) Knall Dt. Indely In.
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Jennessee
Full marden name of mother Margaret A. Chasman	9. Full maiden name of mother Jonas Virginia Langer
Residence of mother il deceased so states alcha live, B'Leera, Ar.	Residence of mother (if deceased so state) Deceased
1 1	1 hairs
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS as: I depose and state the information given in this application is true and correct.
HENDRICKS	
Signed & Vana & Harred	Signed & Darbara J. Thencer
Now Address 1839 Oakwood Trail Indyols	New Address 4899 Odtwood Ital
described and sworn to before me this 29 day of October 19.7.?	Subscribed and sworn to before me this 29 day of Octaber, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court	Glen M. Harvey Clerk HENDRICKS Circuit Court
	CONTRACTOR DARENT OF GUARDIAN
NSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent
, the parents, of this applicant hereby give consent for this marriage. If only one parent	we, the parents, of this approach network give the other parent unnecessary
ns. state facts which render the consent of the other parent unnecessary	signs, state facts which fender and
te of Indiana.	State of Indiana, HENDRICKS
HENDRICKS }***	County of
Signed	Signed
Signed	day of
scribed and sworn to before me thisday of	Subscribed and sworn to certain Clerk
Clerk	the shows named parties, the
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS	F. A marriage license having been refused to the above hance particular by written order issued
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER CO	art by written order issued
County	f a marriage license to the data
authorizes and directs the issuance of RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
RETURN OF MARRIAGE LICENSE Be It Remembered, there was filed in my office a marriage licens Indiana dated the day of	se issued of the solution of the joining together as husband and wife
Indiana dated the 2 day of Mort.	nd
an artificate was filed in my of	fice, to-wit: day of,
Indiana dated the	
o incusand nine hundred and	County, State of
e thousand nine hundred and	1-t murpose by the Clerk of the Circuit Court of
in the amarriage license issued for the	
ted this day of	Official Designation
	1 -100
ted this	Official Designation

594	
	No. 5-20
Form Prescribed by	FINDIANA
Health under Authority APPLICATION FOR I	MARRIAGE LICENSE File
of I.C. 31-1-3-2 Effective July 1, 1977 HENDRICH	KS County Date of Application
	Date of Appreciation
MALE	FEMALE Medical Examination Report Dated 10-9-79
Medical Examination Report Dated 10-9-79	A gola and mail
Name of Physician Carl L. Identien ma	Name of Physician Carl. J. Menhelen with
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement-Who	bever, procures the issuance of a license to marry by any false statement, representation or pretense
shall be fined in any sum not exceeding five nundred donars (\$500,007).	FEMALE APPLICANT
MALE APPLICANT Name First Middle / Last	Name First Middle Last
unother allen Hessler	Date of Birth Month Day Year
Date of Birth Month Day Year	Warch, 15 1760
Place of Birth (State or toreign obuntry)	Place of Birth (State or foreign country)
Residence Address Street or R. R. Cipy Opunty State	Residence Address Street or R. R. City County State
120 G. Main DE. Wanvelle In	- O.S. d. V ANNO PA
Previous Marital Status: Never Married COR	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death Divorce Annument
Date of birth verified by: 🖾 Birth Certificate 🗖 Judicial Decree	Date of birth vernied by Dirth octantia
Other (Specify)	Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Ves 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No 🖾 Yes 🗆 No 🗠 Yes 🗠 No 🗠 Yes 🗠
If answer is "yes", has the adjudication been removed? No Ves	If answer is "yes", has the adjudication been removed.
2. Are you afflicted with a transmissible disease? No 🗗 Yes 🗆	2. Are you afflicted with a transmissible disease.
3. Are you related to the female applicant closer than second cousin? No 🛛 Yes 🗆	3. Are you related to the male applicant closer than second coustin.
4. Are you now under the influence of intoxicating liquor? No □ Yes □	4. Are you now under the influence of intoxicating liquor? No □ Yes □ 5. Are you now under the influence of a narcotic drug? No □ Yes □
5. Are you now under the influence of a narcoste drag.	 Are you now under the influence of a hardon drug. List the full names of any dependent children.
6. List the full names of any dependent children.	0. List the run names of any dependent many
7. Are you required by any court order or orders to support the above dependent children? No Ves	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	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father James Bruce Hessler	8. Full name of father & dolie Carrolls Cop
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country)
Many Malary + Steph)	9. Full maiden name of mother Aurily and Wheeler
9. Full maiden name of mother 0 / 0000 10/0000 2000	1 marshi
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)SMOL.	Birthplace of mother (State or foreign country) Mana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of A AII 1/ De	County of
signed Twrothy Allen Hesser	Signed any f. A
New Address 180 E. MAIN AMO	New Address 120 E. Mart St
Subscribed and sworn to before me this 29th day of Oct 19.79	Subscribed and sworn to before me this 29th day of Oct , 19.79
Glen M. HAnney Clerk HENDRICKS Circuit Court	Glen m. Harvey Clerk HENDRICKS Circuit Court
Ureart Court	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
signs, state facto which fender the consent of the other parent uniccessary	

BUD BUJ KILK ZOB OR SUN XYN

tate of Indiana, ounty of		State of Indiana, HENDRICKS	} ss:	
Signed	Father	Signed		Father
Signed	Mother	Signed		Mother
ubscribed and sworn to before me this	19	Subscribed and sworn to before me	thisday of	, 19
	Clerk			Cler}
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER O HENDRICKS County n	Court	t by written order issued		
		and the second		
RETURN OF MARRIAGE Be It Remembered, there was filed in my office a marr	LICENSE J	AND MARRIAGE CERTIFIC	CATE HENDRICKS	Cinquit Cour
f Indiana dated the 2nd day of	mber	, 19.7.9., authori	zing the joining together	r as husband and wife
Be it further remembered, the following marriage certificate was file	ed in my offic	ce, to-wit:		
,				
me thousand nine hundred and	at.		, County of.	
State of Indiana, Groom				
	of		County, State of	
Ind, Bride	of		County, State of.	
ind, Bride vere by me united in marriage as <mark>authorized by a marriage license i</mark> County.	of		County, State of.	
ind, Bride vere by me united in marriage as authorized by a marriage license i	of issued for the	at purpose by the Clerk of the	County, State of. Circuit Court of	HENDRICKS
ind, Bride vere by me united in marriage as authorized by a marriage license i County.	of issued for the , 19	at purpose by the Clerk of the Signed	County, State of. Circuit Court of	HENDRICKS
ind, Bride vere by me united in marriage as authorized by a marriage license i County.	of issued for the , 19 Of	at purpose by the Clerk of the Signed	County, State of. Circuit Court of	HENDRICKS

	595
Form Prescribed By Indiana State Board of	
Health under Authority of 1C 31 1.3.2 Effective July 1. 1977	FINDIANA MARRIAGE LICENSE
MALE	KSCounty
Medical Examination Report Dated 10/25/29	FEMALE Date of Application
Name of Physician fillson for Haddy MD	Medical Examination Report Dated 10/25/29
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-Who shall be fined in any sum not exceeding five hundred dollars (\$500.00)". He who MALE APPLICANT Name First Mightle	pever procures the issuance of a license to mark here the
(arven) XII and Last	FEMALE
Date of Birth Month Ct. Day Year Place of Birth (State or foreign country) 1922	Name First Middle Add Last
Residence Address Street of R. R.	Place of Birth (State or foreign country) 19.38
R R #2 Bod 300 Clayton State	Residence Address Halla napolia In.
Lass Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR
Date of both verified by: Birth Certificate D Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate Dudicial Decree
P Other (Specify) Orthogicale of Paptism	D Other (Specify) # 639
If answer is "yes" has the adjudication been removed? No Tes INO Yes I	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease? No Pres D	2. Are you afflicted with a transmissible diage 2
Are you now under the influence of intoxicating liquor? No Yes No Yes No Yes	3. Are you related to the male applicant closer than second cousin?
5. Are you now under the influence of a marcotic drug? No P Yes D	4. Are you now under the influence of intoxicating liquor? No Yes D 5. Are you now under the influence of a narcotic drug? No Yes D
 Lust the full names of any dependent children. 	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 Ves D	7. Are you required by any court order or orders to support the above dependent children?
If answer in "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of tasher and alter, Harris	compliance with any court order on orders issued for their support. 8. Full name of father
Residence of father ist deceased so states algessed.	Residence of father (if deceased state) Indeplo. M.
Birthplace of father 1 State or foreign country, Kentucky	Birthplace of father (State or foreign country)
3 Full marten name of mother Mella, Mellins	9. Full maiden name of mother Cathe Watson
Resultance of mother (if decreased so state) Alcgased	Residence of mother (if deceased so state) Maple . bid
Birthplace of mother i State or Poreign country Kentucky	Birthplace of mother (State or foreign country)
State of Indiana. County of HENDRICKS as: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS }ss: I depose and state the information given in this application is true and correct.
Signedy marin Harris	Signed Mona Harres
New Address A2 BOX 300 CLAXION	New Address 2 97 300 Claybon
Subscribed and sworn to before me this A TIL day of UCLOOW, 1977	Subscribed and sworn to before me this & 120 day of HENDRICKS Circuit Court
Stun 11/ 74M/24 Clerk Incremented Circuit Court	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
The state facts which render the consent of the other parent under the state and the state of th	
	State of Indiana,
State of Indiana. County of HENDRICKS	State of Indiana, HENDRICKS } sa: County of
Signed	Signed
Signed	Signed
Subscribed and sworn to before me this day of 19	UR K
	T A marriage license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	T. A marriage license having been refused to the above hance provide and filed aurt by written order issuedand filed f a marriage license to the above named parties.
in authorizes and directs the issuance of	f a marriage license to the above the
inauthorizes and directs the issuance of RETURN OF MARRIAGE LICENSE Be It Remembered, there was filed in my office a marriage licen D no	se issued by the clerk of the
Be It Remembered, there was filed in my office a Mouemb	un 1979, authorizing the fatters
Roit in the state of the second and	Hendricks
Chowan W Banson	Hazelwood Tndiana
one thousand nine hundred and	of County, State of
I. Stevan W. Ranson one thousand nine hundred and 79 State of Indiana, Groom Marvin G. Harris and, Bride Nona Harris were by me united in marriage as authorized by a marriage license issued for the County. November 19.79	and has the Clerk of the Circuit Court of
icense issued for	there E .
County. 14 day of November 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	, Stevan "
	Official Designation
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation November 15 20 day of Glasself Clerk Signed Hen M. Glasself HENDRICKS Circuit Court
and recorded in accordance with the laws of the	Styles

MALE 10-29-79 Medical Examination Report Dated 10-29-79 Name of Physician Paul	FEMALE 10-29-19 Medical Examination Report Dated 10-29-19 Name of Physician Paul Stanky Sures Ma Dever.procures the issuance of a license to marry by any false statement, representation or pret FEMALE APPLICANT
Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977 APPLICATION FOR HENDRIC MALE Medical Examination Report Dated Name of Physician 10-29-79 Medical Examination Report Dated Male Stanley Sectors Mame of Physician 20-29-79 Medical Examination Report Dated Name of Physician 10-29-79 Medical Examination Report Dated Male Stanley Sectors ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500.00)". Male APPLICANT Name First Middle Middle Last Date of Birth Month Day Year Year Manuary Year Year Year Year	KS
Name of Physician Paul Stanley Seuris M. ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,000". MALE APPLICANT Name First Middle Last Date of Birth Month Day Year Jean Month Day Year	Medical Examination Report Dated Name of Physician <u>Aud Standy</u> <u>Suvers</u> <u>Ma</u> Dever procures the issuance of a license to marry by any false statement, representation or pret FEMALE APPLICANT
Name of Physician Paul Stanley Seuris M. ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,000)". MALE APPLICANT Name First Middle Last Date of Birth Month Day Year Jean Month Day Year	Medical Examination Report Dated Name of Physician <u>Aud Standy</u> Suvis, Ma pever procures the issuance of a license to marry by any false statement, representation or pret FEMALE APPLICANT
Shall be fined in any sum not exceeding five hundred dollars (5500,000). MALE APPLICANT Name First Middle Blast Ultraff - Blast Ultraff - Blast Jenner - Year	FEMALE APPLICANT
MALE APPLICANT Name First Middle Buddley Date of Birth Month Day Year 93 St	2
Date of Birth Month Day Year 1938	
Henniary 8 1938	Name Wietka Middle Lankam
	Date of Birth Month Day Year Mani m lin 22 1932
	Place of Birth (State or foreign construct)
Residence Address Street or R. R. City County State	Residence Address Street or R.R. City County State
Br # 312 Manuselle M.	A Not Don 346 Franking our
Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annument Divorce Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
due line (1. tu)	Annual having picture
Other (Specify) <u><i>autures una constantial putulo</i></u> Are you now or have you ever been adjudged to be of unsound mind? No \Box Yes \Box	Other (Specify) With a function of the second seco
1. Are you now or have you ever been adjudged to be of unsound mind? No □ Yes □ If answer is "yes", has the adjudication been removed? No □ Yes □	1. Are you now or have you ever been adjudged to be of discontantiation of the second state of the second
If answer is "yes", has the adjudication been removed: No - 1es - 2. Are you afflicted with a transmissible disease? No - Yes -	2. Are you afflicted with a transmissible disease? No 🖉 Y
3. Are you related to the female applicant closer than second cousin? No Yes	3. Are you related to the male applicant closer than second cousin? No Dry
4. Are you now under the influence of intoxicating liquor? No 🖉 Yes 🗆	4. Are you now under the influence of intoxicating indust.
 5. Are you now under the influence of a narcotic drug? No Yes 6. List the full names of apy dependent children. 	 5. Are you now under the influence of a narcotic drug? Noder Y 6. List the full names of any dependent children.
6. List the full names of any dependent children.	
- Arean proving	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No Yes	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you compliance with any court order or orders issued for their support.
compliance with any court order or orders issued for their supports 8. Full name of father Aana E. Bradley	8. Full name of father table B. Walls
Residence of father (if deceased sostate) Moromis, Oll.	Residence of father (if deceased so state) Al Clasel
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Caspy Co. Ty
makel R Aland	Radio Alt Illiller
9. Full maiden name of mother	9. Full maiden name of mother 10 per 10 provide the
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Checky Configuration I depose and state the information
State of Indiana, County of A HENDRICKS	County of HENDRICKS 88: in this application is true and co
Signed Serald I. Prachey	signed Dietho Lanhon.
New Address R. 1 Box 596 PLyiN Field, Ind	New Address R. J. Bay 596 plange
Subscribed and sworn to before me this 30 day of MCTAUR, 1979	Subscribed and sworn to before me this 30 day of OCTAULC, 19
Alen Marrie Clerk HENDRICKS Circuit Court	Alen 127. Barney Clerk HENDRICKS Circuit
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one p
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, HENDRICKS	State of Indiana, HENDRICKS }ss:
County of	County of
SignedFather	Signed
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COL	JRT. A marriage license having been refused to the above named parties.
	Court by written order issuedand
inauthorizes and directs the issuance	
	ISE AND MARRIAGE CERTIFICATE
	ense issued by the clerk of the
of Indiana dated the Jan day of Thelessul	19. 29, authorizing the joining together as husband and
Be it further remembered, the following marriage certificate was filed in my	
1, Charles Rabert Fine	hereby certify that on the 3 day of november
one thousand nine hundred and	at Eminence Country of Masson
State of Indiana, Groom Gerald & Gradley	of Margan County State of Indian
and, Bride Dulha Lanhem of	Mendricke County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for County.	or that purpose by the Clerk of the Circuit Court of
Dated this 3 day of november , 19	79. Simi Abarda Ol 1 91
	Official Designation Minister - Christian
Filed and recorded in accordance with the laws of the State of Indiana this.	

The start of the s

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form Prescribed By Indiana State Board of Health under Authority f 1C 31 132 Effective Judy 1, 1977 HENDRICK	MARRIACE LICENSE No. 523
HENDRICK	File_ 70
MALE Medical Examination Report Dated 10 - 25 - 79	County
Name of Physician Walter mc Mannis	FEMALE Date of Application Medical Examination D
LE QUESTIONS MUST BE ANSWERED, LC, 31-13-6 provide	Medical Examination Report Dated 10-25-79 Name of Physician 712-94
LL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Whow half be funct in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	ever procures the issuance of a license to marry be and the
ame First Middle	EPENALD
ate of Birth Month Day Batchelor	FEMALE APPLICANT Name First Mightle Loct
November lace of Bigth (State or foreign country) 25 1927	Date of Birth Month Day Meacham
esidence Address Street or R. R. City County State	Place of Bjrth (State of foreign country) 30 1955 Residue A
YOT A aren Det. Indels. In.	1015/2 State
ast Marriage Ended By: Death Divorce Annuiment D	Previous Marital Status: Never Married OR
the of birth verified by A Birth Certificate D Judicial Decree	Last Marriage Ended By: Death D Divorce Analyzet D
& Other Specity Driver's Lic. v/ phato	Date of birth verified by: A Birth Certificate D Judicial Decree
Are you now or have you ever been adjudged to be of unsound mind? No V Yes D	Other (Specify)
If answer is "yes", has the adjudication been removed? No U Yes U Are you afflicted with a transmissible disease?	1. Are you now or have you ever been adjudged to be of unsound mind? No ♥ Y If answer is "yes", has the adjudication been removed? No ♥ Y
Are you related to the female applicant closer than second cousin? No X Yes D	2. Are you afflicted with a transmissible disease? No 4 Y
Are you now under the influence of intexicating liquor? No X Yes	3. Are you related to the male applicant closer than second cousin? Not Y
Are you now under the influence of a narcotic drug? No Y Yes	4. Are you now under the influence of intoxicating liquor? No 🗡 Y
List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug? Not Y
	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 🗅	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	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you
compliance with any court order or orders issued for their support. Full name of tather Granville Batchelor	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) Declased	Residence of father (if deceased so state) RR 4, BU12. Kokomo, I
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Full maden name of mother Virginia Stanley	9. Full maiden name of mother Betty J. De Witt
Residence of mother (if deceased so state) Deceased	Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) In .	Birthplace of mother (State or foreign country)
tate of Indiana. HENDRICKS } =: I depose and state the information given in this application of true and correct.	State of Indiana, HENDRICKS County of HENDRICKS Bas: I depose and state the information of in this application is true and con
ounty of	Signed & Deanna & Meacham
Signed X all C. Patcher of Kokin	10 New Address / 5 03 & Plate It Ros
New Address 1503 S flatt 20 1010	Subscribed and sworn to before me this 30 day of Oct 19
and sworn to before me this way of the policy of	Subscribed and sworn to before the time the HENDRICKS Circuit (
Glen M. Hawley Clerk HENDRICKS Circuit Court	
ONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
Ne, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one p
igns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

HENDRICKS State of Indiana. County of ... 881 HENDRICKS Father County of Signed .. Father Mother Signed. Signed ... Mother . 19..... Subscribed and sworn to before me this... .day of .. Signed. Clerk 19...... .day of .. Subscribed and sworn to before me this. COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Clerk Circuit Court by written order issued 3 Day Waiver ...authorizes and directs the issuance of a marriage license to the above named parties. HENDRICKS County RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS in Clerk's Ofc. Circuit Court Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..., 19.7.9., authorizing the joining together as husband and wife of Indiana dated the <u>30</u> day of <u>October</u> <u>19.7.7.</u>, authorizing intercham Be it further remembered, the following marriage certificate was filed in my office, to-wit: <u>Be it further remembered, the following marriage certificate was filed in my office, to-wit:</u> <u>hereby certify that on the</u> <u>30</u> day of <u>0</u> hereby certify that on the 30 day of October , County of Hendricks of marion County, State of Indiana at Danville 1, Den m Harvey County, State of Indiana, 79 E. Batchelor one thousand nine hundred and and, Bride Deanna S. Meacham of Howard 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. 9. Signed Glen M. Harvey Official Designation Clerk Hendricks 3.1 day of October day of October , 19. 79. , 19 7 9 Dated this 30 Signed Llen M. Harvey HENDRICKS ...Clerk .Circuit Court

1		No 524
G	Form Prescribed By Indiana State Board of Health under Authority	INDIANA NO.
B	Health under Authority APPLICATION FOR M of I.C. 31-1-3-2 Effective July 1, 1977 HENDRICK	
G		
U	MALE Medical Examination Report Dated 10 - 26 - 79	FEMALE Medical Examination Report Dated 10 - 26 - 79
G	Name of Physician Thomas M. Walker	Name of Physician <u>Thomas</u> <u>M. Walker</u>
U	ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement-Whoe shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	
F	MALE APPLICANT	FEMALE APPLICANT Name First. Midale Last
L	Date of Birth Month Day Prear	Date of Birth Month Day Year 1957
F	Place of Birth (State or foreign country)	Place of Birth (State of foreign country)
L	Residence Address Street or RoR. City County State	Residence Address Street or R. R. City County State 2357 Narris Dr. Indels. M.
C	Previous Marital Status: Never Married OR	Previous Marital Status: Never Married 🖉 OR
3	Last Marriage Ended By: Death Divorce Annulment Divorce Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Divorce Judicial Decree
H	Other (Specify)	Other (Specify)
4	1. Are you now or have you ever been adjudged to be of unsound mind? No Y Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No 🖉 Yes
	If answer is "yes", has the adjudication been removed? No Ves 2. Are you afflicted with a transmissible disease? No Yes	If answer is "yes", has the adjudication been removed? 2. Are you afflicted with a transmissible disease? No Yes U
5	3. Are you related to the female applicant closer than second cousin? No Yes	3. Are you related to the male applicant closer than second cousin? No ₩ Yes □ 4. Are you now under the influence of intoxicating liquor? No ₩ Yes □
1	4. Are you now under the influence of intoxicating liquor? No ♥ Yes □ 5. Are you now under the influence of a narcotic drug? No ♥ Yes □	5. Are you now under the influence of a narcotic drug? No 🌹 Yes 🗆
S	6. List the full names of any dependent children.	6. List the full names of any dependent children.
K		
5		
L.	7. Are you required by any court order or orders to support the above dependent children? No □ Yes □	7. Are you required by any court order or orders to support the above No Yes dependent children?
1	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
M	8. Full name of father Jahn Wagoner	8. Full name of father Lep Right Brench
3	Residence of father (if deceased so state) & Dagballe, In.	Residence of father (if deceased so state) Jansal Ja, Judgels, In
Mc	Birthplace of father (State or foreign country) Inalana 9. Full maiden name of mother Marep Fulpaurri	Birthplace of father (State or foreign country) Indicance 9 Full maiden name of mother Charlatte ann alepande
2	9. Full malden name of mother (if deceased so state) Same	Residence of mother (if deceased so state) Washington, In.
IN	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
3	State of Indiana, HENDRICKS County of HENDRICKS Bas: I depose and state the information given in this application is true and correct.	State of Indiana, County of HENDRICKS B8: I depose and state the information given in this application is true and correct.
0	Signed X flickard Wagoner	Signed & Kincherly A. Durch
	New Address 2357 Norris Ar.	New Address 232 Norus & Dr. Frapes. Ind Subscribed and sworn to before me this 315t day of Oct. , 19.79.
P	Subscribed and sworn to before me this 3/2 day of 0(1) 19-4.	Subscribed and sworn to before me this with the day of HENDRICKS Circuit Court
13		CONTINUE OF DADENTES, DADENT OF CHARDIAN
0	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent
12	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
IR		
C		
IS	State of Indiana,	State of Indiana, HENDRICKS
C	County of	County of
IT	Signed Father	Signed
C	Signed	Subscribed and sworn to before me this
U	Clerk	Clerk
G	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU	RT. A marriage license having been refused to the above named parties, the
NUV.	HENDRICKS County Superior #2 in Clerk's Office authorizes and directs the issuance	Court by written order issued
Gir	PETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
W	Be It Remembered, there was filed in my office a marriage lic of Indiana dated the <u>3154</u> day of <u>OCTOLUN</u>	ense issued by the clerk of the HENDRICKS Circuit Court , 19, 9, authorizing the joining together as husband and wife
G	Rivhard Joseph Wagoner Be it further remembered, the following marriage certificate was filed in my	and Kimberly A. Bunch
A	Be it further remembered, the following marriage certificate was filed in my I,	hereby certify that on the 3rd day of November
Gr	one thousand nine hundred and 79 State of Indiana, Groom Richard Joseph Wagoner	hereby certify that on the 3rd day of November Indianapolis , County of Marion ,
UY	and, BrideKimberly A. Bunch	Hendricks County, State of Indiana
G	were by me united in marriage as authorized by a marriage license issued for County.	r that purpose by the Clerk of the Circuit Court of
L	Dated this 3rd day of November, 19	Signed Rev. Benjamin C. Gillilan, Jr.
0	and the second sec	Official Designation Minister
	Filed and recorded in accordance with the laws of the State of Indiana this.	6 day of November , 19 79 Signed Glen M. Harself Clerk HENDRICKS Circuit Court
	A service of the serv	HENDRICKS Circuit Court

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CO in of 1 Be i I, and State Unic Court Date Files

	599
Form Prescritted By	
Instana State Board of	F INDIANA
Healts under Authority of 19 31 1-52 Effective July 1 1977 HENDRIC	MARRIACE LIGHT No. 525
HENDRIC	KS File 40
MALE	County County
Medical Examination Report Dated 10-15-79	FEMALE Date of Application
Name of Physician Thomas Walks in he	Medical Examination
ALL QUESTIONS MUST BE ANSWERED, LC, 31:1-35 m	Medical Examination Report Dated 10-15-79 Name of Physician 194
shall be found in any sum not exceeding five hundrest dollars (\$500.007	ever procures the issuance of the
ALL QUENTIONS MUNT BE ANSWERED, LC. 31-1-3.6 prescribed "False statementWho shall be found on any sum not exceeding five hundred dollars (\$500 00)" MALE APPLICANT Name Pirat Middle	source of a license to marry by any false statement, representation or pretense
Pace of Birth Manth Wayne Ore 1	Name First
Place of Birth (State or Equipm gountry) 07 1958	Date of Birth Mature Dane Bast
Elgin, Delinois	Day Dave
Breaching and any Allange City County Staty	Indianapali 1151
Previous Marital Statue. Never Married & OR	L I Boy 2 U/ Greet or R. R. City , County State
Last Marriage Ended By Death D Divorge D Annulment D	Previous Marital Status: Never Married OR
Date of birth verifiest by Birth Certificate D Judicial Decree	Last Marriage Ended By: Death D Divorce Annulases D
& other Spector arine futing und ait	Date of birth verified by: D Birth Certificate D Judicial Decree
De Other Speertys Childrens Mallack w/ picture	A Other (Specify) Arise's License w/ picture
If knower in 'yes' has the adjudication been removed? No Yes D	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed?
Are you related to the female applicant closer than second cousin? Are you now under the influence of intexicating lique?	2. Are you afflicted with a transmissible disease? No Yes No Yes
Not Yes U	Are you now under the influence of intoxicating liquor? Not Yes
Are you now under the instance of a narrows drug? Nyd Yes Lot the full sames of any dependent shildren.	5. Are you now under the influence of a narcotic drug? NOS Yes
	6. List the full names of any dependent children.
7 Are you required by any court order or orders to support the above	
dependent shidren" No D Yes D	7. Are you required by any court order or orders to support the above dependent children? No Ves No
compliance with any court, order or orders, jamost for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full numeral human Wayne aller Jones	compliance with any court order or orders issued for their support. 8. Full name of father Sester Nam Booker
Resultation of faction of discussion moleanapolis, Indiana	Residence of father lif deceased so states Pittoboro Indiana
Birthplace of Pathor Bater or Proving quantry Incline	Birthplace of father (State or foreign country) Indiana
3. But marten name at mother Wanda Kay Pulonan	9. Full maiden name of mother Stella Jane Perkins
Roudence of mather it decoused so state Indiana palis, Indiana	Residence of mother (if deceased so state) Pittshoro, Indiana
Birth place of muther State or furrige manery Archiens	Birthplace of mother (State or foreign country) Indiana
State of Indiana, unaunous la I depose and state the information given	State of Indiana,] I denose and state the information given
County of HENDRICKS set in this application is true and correct.	
signes Dand Vayne Jones	signed Mary Jame Booker
Now Address 6125A ROBIN RUN INDPLS IN.	New Address 6123 H Robin RUN INDVIS 110.
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this
Clerk HENDRICKS Circuit Court	Clerk Clerk Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	we, the parents, of this applicant interest of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	

State of Indiana > 58: HENDRICKS State of Indiana. County of 88 HENDRICKS County ofFather Signed .. Father Mother Signed. Signed. Mother ...day of , 19..... Subscribed and sworn to before me this..... Signed. 19..... ...Clerk day of Subscribed and sworn to before me this Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued..... authorizes and directs the issuance of a marriage license to the above named parties. HENDRICKS County. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS tiana dated the 746 day of Nov. 19.79, authorizing the joining together as husband and wife Device Wayne Jones and Marine for the following marriage certificate was filed in my office, to-wit: further remembered, the following marriage certificate was filed in my office, to-wit: Sherman Esself at 19 and States at States a in.Circuit Court of Indiana dated the ... Be it further State of Indiana, Groom David Waiple Jones of Marion County, State of Indiana, and, Bride Mary Jane Bosker of Hendrids County, State of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS Signed Sherman Essek day of nove , 19. 7 9. , 19. 7.9 Official Designation..... Dated this. 9 Harvey HENDRICKSClerk 13 Filed and recorded in accordance with the laws of the State of Indiana this..... ...Circuit Court Signed.....

form Prescribed By STATE OF APPLICATION FOR MARKED STATE OF APPLICATION FOR AP	MARRIAGE LICENSE File 40	
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 Herlen	
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement-Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)".		precens
MALE APPLICANT	FEMALE APPLICANT	
Name First Middle Hilast	Name First Middle Stevense	on
Date of Birth Month Day Year	Date of Birth Donth Day Year	
Place of Birth (State or Greign country)	Place of Birth (State or foreign country)	
Indeanapoles In	Residence Address Street or R. R. City County	State .
217 1/2 n. Center Slainfield In.	21712 n. Center Claenfield	In
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married 🛱 OR	e line
Last Marriage Ended By: Death D Divorce Annulment D	Last Marriage Ended By: Death Divorce Annulment	
Date of birth verified by: X Birth Certificate D Judicial Decree	Date of birth verified by: D Birth Certificate D Judicial Decree	
Other (Specify)	Other (Specify)	2
Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unbound thinks.	o 🛱 Yes
If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆	If answer is "yes", has the adjudication been removed? No	o Yes
2. Are you afflicted with a transmissible disease? No 🖉 Yes 🗆	2. Are you afflicted with a transmissible disease? No	of Yes
Are you related to the female applicant closer than second cousin? No 🕅 Yes 🗆	3. Are you related to the male applicant closer than second cousin? No	o Yes
Are you now under the influence of intoxicating liquor? No 🕅 Yes 🗆	4. Are you now under the influence of intoxicating liquor? No	Yes
5. Are you now under the influence of a narcotic drug? No 🕅 Yes 🗆	. Are you now and t are intractice of a nation of a	• PY Yes
6. List the full names of any dependent children. <u>Semathey vern Seles</u>	6. List the full names of any dependent children.	
Maleena Lynn Geles		
7. Are you required by any court order or orders to support the above	 Are you required by any court order or orders to support the above 	
dependent children? No Ves	dependent children? No	o 🗆 Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that	at you are
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.	
3. Full name of father Jack Sules	8. Full name of father Um. D. Stevenson	
Residence of father (if deceased so state) Nanvelle, In.	Residence of father (if deceased so state), Preencastle, In	
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Indiana	
ylan Him	P. AR C. Busin	
Full maiden name of mother	9. Full maiden name of mother Auch S. Bround	
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Same	1
Birthplace of mother (State or foreign country) Indiana	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.	State of Indiana,	tion giv
Sounty of in this application is true and correct.	County of HENDRICKS	
Signed X ack C Dillo b.	Signa X Therania P. Storens	and
212 /2 math Canto. It	71-1/2 11 Pa to 14	·····
New Address 0 a / / 2 9 Torthe Center of	New Address 217 12 N Centre St-	
Subscribed and sworn to before me this 2/ day of 9900 , 1977	Subscribed and sworn to before me this 3/ day of	
Dun M. Harvey Clerk HENDRICKS Circuit Court	Slen M. Harrey Gerk HENDRICKS Cir	cuit Cou
	<u>v</u>	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN	
Ve, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only o	one pare
igns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary	
	the state part of the state of	

State of Indiana, State of Indiana, HENDRICKS HENDRICKS 88 : County of ... County of ... Signed. Father Signed. Father Signed. Mother Signed. Mother Subscribed and sworn to before me thisday of .. 19..... Subscribed and sworn to before me this... ...day of, 19...... Clerk 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 3 Day Warver HENDRICKS County. circuitand filed Clk's Ofc authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the .Circuit Court 7.9., authorizing the joining together as husband and wife of Indiana dated the certificate was filed in my office, to-wit: Jack a Stevenson Be it further Shillep dair Ι. hereby certify that on the.day of nov one thousand nine hundred and rame County of State of Indiana, Groom. ricks County, State of Indiana and, Bride. ks County, State of Indiana as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of. were by me united in marriage HENDRICKS County. ber 1979 Dated this. I. Badger Signed. Official Designation. Filed and recorded in accordance with the laws of the State of Indiana this 13 day of 19 79 en m Signed. Clerk HENDRICKS Circuit Court