

- 13 Acton, Gayle Lee
 18 Alexander, Sondra L.
 19 Atwood, Dean
 28 Acton, Gary Eugene
 28 Acton, Leigh Ann
 44 Anglin, Kristi Y.
 46 Autison, Alicia K.
 54 Albrecht, Lisa E.
 61 Allen, Leanne
 93 Albright, Brenda J.
 120 Allers, Thomas L.
 133 Adams, Gary L.
 133 Adams, Carolyn L.
 138 Agnew Barbara J.
 145 Anderson, Vicki L.
 151 Asher, Steve H.
 155 Armstrong, Dale Edward
 171 Anglin Robert B.
 207 Anderson Byron L.
 208 Anderson, Judith L.
 216 Aaron, Marge R.
 249 Anderson James Lee
 259 Arnold, Bradley W.
 262 Auberry, Ronald J.
 289 Abney, Patricia Maria
 305 Allanson, Charles E.
 407 Anderson, Jerry J.
 431 Aschbacher, Reid A.
 432 Able, Marianne Rita
 508 Anderson, Cheryl A.
 518 Arnold, Gary R.
 535 Abel, Randall J.
 539 Ault, William A.
 574 Anderson, Douglas E.
 576 Alexander, Sue P.
 578 Atwell, Timothy L.
 583 Adams, Joe P.
 624 Agnew, Shannon K.
 634 Arnett, Michael Robert
 638 Albright, Robin Lynn
 649 Atkins Theresa L.
 657 Anderson Judy L.
 660 Ashlock, Charles L.

B

FRONT

3 Bell, Earl David
 6 Beaman, Marcia Ann
 7 Butler, Denny Chris
 12 Bales, Jeffrey Allen
 14 Barron, Charles R.
 19 Baudoin, June D.
 20 Baker, Jeffrey L.
 21 Beuke, Hannelore
 22 Brown, Jody Ellen
 33 Becker, Kelly D.
 34 Belford, Margaret D.
 35 Black, Todd A.
 36 Brand, Penny A.
 43 Balph, Albert J.
 43 Bennett, Jacqueline Ann
 53 Baber, Pamela J.
 62 Bowling, Lisa Machelie
 65 Bailey, Karen Sue
 66 Bell, Tammy L.
 74 Ballinger, Gerald A.
 90 Baumark, John L.
 94 Bukrmeister, Cynthia Nail
 98 Burke, Melanie J.
 114 Bridges, Rebecca Marie
 115 Brown, Cheryl Lynn
 117 Brumett, Harold R.
 125 Ballard, Sue E.
 128 { Baker, James David
 128 { Best, Mary Rose
 145 Baumstark, Phillip A.
 146 Burrows, Teresa Jo
 150 Barcus, Wm. K.
 161 Bartley, Ronald E.
 173 Bishop Regina L.
 177 Becker, Charles A.
 185 Brandt, Christine Helga
 203 Dorch, Ronald Ray
 206 Brooks, Vicki Leigh
 230 Brown, Joyce Ann
 233 Byrd, Steven R.
 247 Burnett, Marlin
 249 Bowman, Melinda Joy
 251 Basts, Gorman J.
 254 Pearson Ronald L.
 256 Black Jeffrey D.
 259
 272 Brown, Teri L.
 278 Bare, Cynthia Lynn
 279 Blackford, Steve Wayne
 281 Blanton Nellie J.
 282 Berniger, Thomas K.

286 Datten, Franklin Eugene
 298 Buchanan, Lester P.
 302 Bailey, Terry L.
 301- Brown, Mary Kay
 306 Bicknell, Patricia A.
 309 Brown, Linda L.
 314 Baldwin, Timothy
 318 Barker, Barbara Sue
 319 Bayer, Jennifer Jane
 329 Berry, Christine Ellen
 331 Bingham, James W.
 347 Reason, Joseph
 356 Borge, Poling R.
 361 Birk, Janet E.
 366 Brooks, Beverly A.
 367 Bixley, Gilbert E., Jr.
 369 Bowen, Craig Henry
 377 Bowen, Carolyn M.
 382 Bonham, Terry Lee
 384 Brown, Patricia L.
 386 Blackburn, David Leon
 387 Bradley, Floyd
 381 Bell, Jeffrey E.
 390 Beauchamp, Faytha L.
 396 Bailey, Ronald E.
 409 Butler, Daniel La Val
 418 Bare, Barbara Ann
 419 Baker, Dwight H.
 423 Buffington, Mary L.
 429 Burnell, R. Marnell
 430 Bill, David L.
 435 Boyer, Jack W.
 438 Broad, Barbara Ann
 439 Barton, Ronald Fredrick
 441 Brown, Carl L., Jr.
 444 Bennett, Tracy Ann
 444 Butler, Douglas Craig
 443 Barker, Jerry D.
 469 Butler, Shirley Carol
 472 Beck, Patricia Y.
 480 Burnett, Sherry L.
 483 Baker, Candice Ann
 487 Brock, Mary E.
 491 Brown, Carolyn Cherie
 492 Barlow, Dwight R.
 509 Bryant, Gregory E.
 514 Beck, Nanette L.
 519 Beams, Mary J.
 521 Bogue, Timothy R.

Burton, Julian L.	527
Bennett, Daniel Paul	529
Baker, Timothy Jon	537
Brownell, Belinda D.	538
Barton, Donald W.	541
Brinkman, Jeffrey Wayne	548
Blocker, Laura Ellen	557
Bar, Joel K.	560
Billings, Donald J.	561
Bocham, Carrie Lynn	564
Burns, Duane E.	570
Beck, Sheryl D.	587
Brooks, Dawn C.	583
Burke, Rhonda	588
Beisinger, Shirley A.	595
Bowman, Robert D.	602
Barnette, James Robert	603
Brown, James B.	606
Brand, Melvin J.	615
Brock, Jenna L.	616
Berlin, Mervin L.	628
Bea, Paul L.	538
Bainaba, Janice Lee	538
Beaty, Laurie	641
Black, Linda Lee	643
Brown, Dennis L.	654

B
C

FRONT

1 Chaney, Wm. Ervington
 3 Clements, Lisa Ann
 10 Courtney, Kathie A.
 11 Clark, Michael Lee
 25 Cop, Rebecca Lynn
 25 Carriere, Nell Kobelt
 29 Calder, Judy E.
 40 Cornett, Roger E.
 40 Cornett, Pamela J.
 42 Colee, Cynthia Jean
 56
 58 Catt, John E.
 60 Cashion, Terry Alan
 67 Crawford, Donna K.
 76 Coffey, Susan Mae
 83 Craighead, Jessica D.
 84 Coombs, Etta Mary
 94 Coffey, Timothy Arnold
 98 Cline, Steven R.
 102 Cox, Jerry Edward
 106 Cowden, Shirley C.
 113 Cot, Sandra K.
 120 Cashman, Kathleen R.
 122 Chapman, Suzie Ann
 125 Chappell, Lloyd E.
 127 Cooper, Susan Annette
 155 Ciriaco, Nancy Jo
 165 Cardwell, Robin Glenn
 170 Caldwell, David L.
 183 Clark, Wallace B.
 181 Cavanagh, Patricia Anne
 188 Campbell, Raymond Joseph
 188 Crowell, Sandra Sue
 205 Carpenter, Casey Gerald
 210 Collins Ronald W.
 209 Coffman, Jr. Ernest Howard
 228 Christensen, Vickie Lynn
 230 Collin, Charles C.
 238 Cook, Ronald L.
 238 ~~Cook, Ronald~~
 273 Chase, Thomas G.
 283 Christopher, Deborah L.
 287 Cantrell, Dale W.
 307 Carroll, Sharon D.
 314 Collom, Marka Gay
 315 Culp, Jeffrey L.
 330 Cornwell, Christopher C.
 344 Corbett, Cindy L.
 346 Clayton, Wayne Randall
 353 Crouse, Ronald Eugene
 368 Cunningham, Robert Franklin
 368 Carlile, Loretta Lee
 383 Collier, Willard Eugene
 397 Caldwell, Kevin B.
 400 Cross, Sara A.
 405 Clark, Vincent J.

406 Cooper, Christopher W.
 409 Carriveau, Dail Anne
 415 Chesser, Sherice Ellen
 415 Carr, Mary Kay
 416 Cramer, Thad M. II
 405 Clark, Vincent J.
 415 Chesser, Sherice Ellen
 420 Craig, Karita D.
 422 Craig, Teresa Jo
 425 Clark, Cindy J.
 436 Chambers, Crystal D.
 447 Cox, Jeffrey Wayne
 451 Crawford, Julie Leann
 464 Caldwell, Calvin C.
 467 Cummings, John D.
 467 Conwell, Pamela L.
 477 Cottrill, Alexis A.
 480 Cranfill, David E.
 481 Cook, David L. } re marriage
 481 Cook, Sandra K. }
 485 Carlisle, Deborah L.
 503 Chelowski, Melann Ann
 508 Coburn, Donald R.
 507 Carroll, Phyllis J.
 512 Clarke, Gary G.
 512 Cook, Candice L.
 513 Colletter, Judy Kay
 525 Cunningham, Karen Sue
 528 Cocciolone, John P.
 535 Collier, Kristen K.
 539 Covert, Joyce M.
 543 Cook, Richard J.
 548 Clark, Lisa Ann
 558 Collom, Marka B.
 573 Carroll, Fred W.
 577 Constant, Charles L.
 611 Crump, Margaret
 618 Clearwaters, Ann M.
 624 Crockett, Charles A.
 635 Cramer, Thad M.
 639 Carter, Sharon Lynn
 651 Campbell, Donald R.
 656
 656 Callahan, Donald B.

B
C
D

FRONT

- 47 Dodson, Burl J.
- 47 Deland, Gladys K.
- 59 Dorris, Timothy Wayne
- 60 Doty, Linda J.
- 102 Davis, Sandra Joyce
- 115 Deatre, Michael Lee
- 129 Douglas, Steven W.
- 131 Douglass, Deborah K.
- 143 Doan, Nancy J.
- 147 Douglas Mary K.
- 149 Donica Karen L.
- 150 Davis, Peggy S.
- 175 Duwees, Larry Dean
- 198 Dalglish, David L.
- 209 De Golyer, Penny Rosell
- 213 Dugan, Velda L.
- 215 Dofe, Wilbur Lovern
- 221 Dugger, Connie Sue
- 229 Daywalt, Jimmy Kay
- 233 Davies, Teresa L.
- 246 Dale, Krista D.
- 255 Douglas, Richard E.
- 269 Duncan, Nancy A.
- 271 Doan, Robert L.
- 274 Davis, Nancy Jean
- 284 Douglas, Vigil R.
- 290 Dorn, Carmel
- 294 Dowell, Charles M.
- 295 Daugherty MaryAnn
- 297 Dale Jon C.
- 298 Disney, Ruth M.
- 301 Dose, Harvey Fred
- 305 Dowell, Karen L.
- 328 Dodson, Paul E.
- 332 DeWise William
- 341 Depper, Chester E. Jr.
- 350 Davis, Paul Raymond
- 355 Downing, Wayne Lee
- 364 Dobbins, Kathy J.
- 375 Donnell, Guiche L., Jr.
- 377 Davis, Gregory A.
- 388 Duncan, Faye Anne
- 389 Demma, Frank Michael
- 397 Dinamore, Sue A.
- 421 Daniels, Larry D.
- 473 Dempsey, James H., Jr.
- 478 Cocchi, Jay D.
- 479 Dodson, Jay D.
- 492 Davis, Allen A.
- 493 De Bard, Laura Jane
- 647 Dearkin, Meredith A.

- 537 Nayhuff, Carolyn Sue
- 549 Disney, Daniel
- 553 Decker, Rosalee
- 563 Daum, Rosalee
- 610 Davidson, Jesse R.
- 614 Darbo, Patsy C.
- 619 Dickerson, Linda
- 638 Drew, Michael Charles
- 653 Davidson, Daryl J.
- 620 Dodson, Donald

B
C
D
E

- 26 Ewick, Harold Arthur, Jr.
55 Este, Dennis
56 Eubank, Joseph M.
57 English, Paula L.
80 Edwards Mildred H.
82 Elliott Ernest E.
99 Eubank, Gary L.
103 Evans, Deborah Sue
229 Ellis, Jeffrey Allen
234 Edmiston Ron L.
243 Evans, Steven L.
251 Edwards, Maxine L.
253 Ehrhardt, Karen Lee
262 Evans, Nancy M.
320 Edward A. Eubank
361 Emminger, Gregory J.
384 Eads, Max L.
389 East, Jresa Ann
392 Edwards, Lawrence Paul
418 Englehart, Jeffrey
430 Eaton, Cheryl Lynn
455 Ellis, Raymond
482 Elliott, Susan M.
531 Engle, Debra K.
532 Edwards, Douglas W.
562 Eller, Dennis W.
574 Edens, Tommy
592 Embler, Lisa
637 Churman, Jeffrey Allen
646 Evans, Debra Kaye

FRONT

B
C
D
E
F

FRONT

- 10 Foster, Larry H.
 17 Farnsworth, Douglas A.
 22 Funk, John Walter
 45 Frankhouser, David E.
 63 Fay, Lorene F.
 64 Ford, Diana Lynn
 88 Flick, Denise A.
 107 Greiman, Kay D.
 124 Gleason, Ramona R.
 107 Glick, Mike E.
 126 Glick, Patricia A.
 131 Slater, Michael B.
 161 Followell, Judith L.
 164 Ferrando, Jane F.
 212 Farthing, Carla Sue
 214 Frazier Bobby K.
 214 Farrel Luella P.
 224 Jof, Joseph William
 239 Fisher, Stephen L.
 260 Franklin, Edna M.
 282 Fenwick, Evelyn F.
 288 Ferguson, Karen Paulanna
 326 Fair, Sandra K.
 326 Floyd, Velmon Lee
 337 Flynn, Robert P.
 317 Flynn, James H.
 317 Fucus, Ruth A.
 327 Jung, Robert D.
 344 Ferguson, Randall S.
 340 Farmer, Shellie Jo.
 383 Furphy, Van Donk
 392 Furek, Audrey
 371 Fowler, Pamela Kay
 395 Fonderhide, James D.
 410 French, Cheryl Elaine
 417 Faust, Gayle Ellen
 425 Freeman Kevin M.
 488 Flohn, Rodney Allen
 501 Flaherty, Betty Ann
 517 Floyd, Willion E.
 567 Funk, Omar Michael
 569 Fox, Deborah Ann
 371 Fowler, Pamela K.
 576 Furke, Doris M.
 586 Fleming, Kenneth M.
 637 Foster, Carla Jo.
 647 Flanagan, Patrick
 648 Fisher, Jay Carol

B
C
D
E
F
G

FRONT

- 9 Gipson, Robert F.
18 Harvey, Richard V.
28 Guess, Gary Eugene
31 Gilmore, Wanda Lou
42 Gregory, Michael Charles
46 Hill, Scott L.
50 Griswold, Michael L.
52 Garrett, Eva Marie
57 Guy, David A.
76 Hadley, Donald Wm
91 Hay, Naomi Ruth
100 George, William J.
113
132 Gibson, Jimmy Ray
143 Gill Michael E.
142 Gentry, Manuel S.
160 Grace, Barbara Ann
171 Guthrie, Debora S.
173 Guffy, Daniel Lee
184 Harner, Jell Janice
185 Gibson, Timothy Ray
198 Guilford, Sheryl L.
203 Hyzen, Rose Marie
215 Gully, Terri Jo
220 Gaskins, Olive Louise
224 Gilbreath, Linda J.
234 Giles, Tammy Lynne
242 Gray, Teresa Sue
247 Gate, Delinda D.
257 Galyan, Willard L.
244 Guinn, Melissa K.
265 Gregory, Mark S.
271 Greffith, Mary J.
272 Guillemette, Steve
339 Goetze, David Brigham
355 Goss, Norma Joan
371 Fowler, Pamela Kay
385 Grounds, Cennet C.
405 Gelligan, Shannon Kaye
431 Good, Deborah K.
453 Gregory, Lonnie
463 Greeson, Kelly L.
499 Greeson, Robert H., Jr.
504 Guernsey, Angela S.
519 Gadberrry, Donald R.
526 Gibson, Tina J.

- 514 Gilback, Thomas C.
516 Gilbreath, Stephen J.
516 Goodwin, Paulette J.
519 Gadberrry, Donald R.
545 Goss, Joseph
554 Gent, Ronald
546 Hoover, Jeffrey Scott
561 Garrigue, Linda S.
562 Gent, Linda C.
566 Gaddie, Marjorie Louise
575 Glass, Sherril M.
589 Gillespie, John R.
589 Graves, Frances E.
584 Goodnight, Kyle J.
598 Guth, Paula Jane
605 Grounds, Nancy K.
633 Graham, Michael Edward

B
C
D
E
F
G
H

FRONT

- 8 Howell, Roger W.
9 Humphrey, Deborah A.
16 Haldi, Charles Richard
24 Hardymon, Melissa Ann
26 Hedges, Marsha Kay
27 Howard, Albert
37 Hatcher, Oscar
51 Harlan, Gail D.
53 Hoffman, Daniel E.
62 Halder, Robert Lee
64 Hauff, John Francis
65 Hadley, David Lee
75 Haak, Richard A.
54 Hobble, Gregory James
78 Hacker, Harvey H.
80 Hamm, Robert
86 Hillenburg, Samuel C.
89 Harp, Donald C.
101 Hammel, Deborah Kay
109 Hix, Betty Ruth
111 Hitt, Sheila Kay
119 Hall Johnnie Dale
119 Holman, Wilma J.
137 Herline Joseph E.
141 Hoskins, Diana Louise
147 Heimanen, Charles L.
149 Hurley, Wendell Dee
176 Herron, Alan L.
180 Hix, David E., Jr.
182 Heyman, Rae Jean
184 Hordley, Andrew M.
190 Hall, Richard W.
200 Hardy, Beverly L.
201 Heald, Loren E.
201 Hardin, Helen M.
202
217 Hamis, Kurt Ronald
223 Herin, William Joe
225 Harvey, Jerry J.
225 Harvey, Diamna H.
237 Harnell, George L. Sr.
238 Hawley, Karen A.
242 Hatt, Terry R.
248 Hubbard, Charles Herbert
255 Hammond, Kimberley G.
258 Hatcher, James N. Jr.
263 Harding, Bonnie J.
273 Heller, Lorraine Marie
288 Hymig, Ricky Lee
291 Harper, Gregory D.
294 Hughes, Hollis K.
362 Hadley, Cheryl E.
309 Haas, Stephen H.
322 Haffey, Nancy S.
323 Hudson, Kathleen S.
324 Henson, Mark A.
324 Henington, Patti
331 Hiday, Julie D.
335 Hubbard, Jeffery Wayne
343 Hughey, Barbara J.
347 Hadley, Janet
348 Huey, Robert Lee
348 Harmon, Chris Ann
349 Hedges, Stephen Joseph
350 Harrell, Wanda Mae
357 Harrel, Robert Philip
374 Harrel, Robert Philip
374 Harrel, Robert Philip
374 Harrel, Robert Philip
380 Harrel, Robert Philip
382 Huff, Paula Jeanne
403 Haggard, Paula J.
411 Hand, Mark D.
414 Herdrick, Anne Martha
428 Hoopengartner, Harlan
428 Hoopengartner, Sandra
433 Hammu, Charles C., Jr.
437 Hower, Marjorie J.
453 Hazelwood, Diana
454 Hughes, Eugene J.
471 Hutchinson, Roberta J.
475 Hand, Maryn S.
476 Hall, Curtis Wayne
479 Hammel, Donna J.
484 Herestofle, Cynthia Ellen
495 Hazel, Kevin C.
509 Helms, Tamara J.
506 Hallatt, Thomas A.
515 Huber, Lorene
518 Hale, Kimberly J.
520 Hanson, Franklin E.
524 Harmless, William W.
524 Hill, Sharon K.
525 Hiller, Gary D.
529 Hubbard, Ruth Ann
538 Harris, Daniel C.
545 Huggett, Daniel H.
550 Hayes, Von W.
553 Hamilton, Michael Roy
560 Harper, Deborah L.
565 Haggard, Rosa Lynn
567 Harlan, Lou Ann
577 Hill, Linda G.
592 Hood, Jerry
596 Hostetter, Lori Sue

Head, John Joseph	597
Hill, Beverly Karen	599
Harriman, Shirley L.	604
Hughes, Vicki L.	606
Hale, Robert E.	609
Hask, Susan Ann	609
Hession, Bernadette	610
Humphrey, Thomas Allert	613
Haas, William J.	618
Horton, David Glenn	619
Hiday, Thomas E.	529
Holderfield, Randy J.	636
Hayden, Betty Jean	640
Herrin, Melody Lynn	642
Hewler James Jr.	658
Hiser, Kristine	620

B
C
D
E
F
G
H
I

FRONT

275 Ireland, Rebecca L.
304 Lee, Roger D.
351 Irving, Michael Ray
594 Inabnit, Rhonda Louise

B
C
D
E
F
G
H
I
J

FRONT

- 6 Jeffrey, Alfred Charles
- 33 Jones, Stephen W.
- 35 Johnson, Vickie L.
- 39 Johnson, Paula J.
- 48 Jackson, Terry Lynn
- 72 Johnson, Jeffrey R.
- 85 Jenkins, Gary Neil
- 99 Johnson, Barbara L.
- 95 Johnston, Timothy
- 121 Johnson, Barbara L.
- 123 Jones, Peggy E.
- 158 Johnson, Maurice L.
- 174 Jennings, Michael
- 195 Jones, Jon A.
- 167 Jobe, David W.
- 218 James Alan W.
- 219 Johnson Jr. Robert Owen
- 554 Jones Sheila J.
- 244 Jarris, Howard Leray
- 278 James, Martin E.
- 328 James, Mary H.
- 334 Jacobson, Donna Lee
- 341 Johnson, Arpa A.
- 342 Jones, Jo Ellen
- 400 Johnson, Kevin D.
- 408 Jensen, Mary Jane
- 437 Jimison, Lynn E.
- 447 Johnson, Teresa Lynn
- 469 Justiniano, Pedro Juan
- 470 Johnson, William W.
- 472 Jones, Randy Jay
- 485 Jones, Teresa Ann
- 499 Jobe, Kathryn C.
- 596 Jones, Larry Wayne
- 621 Johnson, Tamara
- 640 Johnston, Jonathan
- 642 Joyce, Joseph Wayne

B
C
D
E
F
G
H
I
J
K
L

FRONT

- 41 Lukenbill, Mark W.
- 48 Love, Lynn Thomas
- 52 Leo, Jack Clarkson
- 56 Lee Clier, Marcia A.
- 72 Lillpop, Karen Jean
- 84 Lawson, ^{Dr.} Fred C.
- 87 Lovelace, Lori Marie }
- 87 Lewis, Kenneth Duane }
- 93 Lowry, J. Keith
- 105 Land, Kathy J.
- 110 Lynch, Martha A.
- 116 Long, Michael E.
- 136 Legault, Lynn Ann
- 139 Lewis, Mike E.
- 151 Larmus, Cheryl Lee
- 156 La Rose, Arthur G.
- 159 Ledger, Janice K.
- 168 Luvellyn, Melissa J.
- 191 Larr, Michael J.
- 195 Lynch, Michele A.
- 202 Lester, Cindy L.
- 212 Luter, Charles Lee
- 217 Lyons, Elizabeth Ann
- 222 Land, Julia R.
- 227 Larison, Harvey C.
- 240 Love, Charles Ray
- 245 Lucas, Mark A.
- 248 Lamb, Mary Margaret
- 252 Lucas, Jerry Dale
- 258 Luichinger, Jeanette Marie
- 264 Lowry, Ladi M.
- 266 Lehman, Ronald L.
- 280 Lichtefield, Susan Lynn
- 336 Laycock, Julie Ann
- 353 Linn, Laura L.
- 358 Lawrence, Jay Lu Jan
- 360 Hogan, William K.
- 360 Hogan, Howell
- 370 Leffler, John D. II
- 394 Lewis, Richard Edward
- 413 Le Masters, Richard S.
- 413 Long, Martha Jane
- 434 Laney, Charles Stephen
- 446 Lewis, Lora K.
- 454 Lewis John R.
- 484 Linch, Robert A.
- 494 Lacy, Kristi Ann
- 549 Larrins, Betty L.
- 551 Lambert, Joan L.
- 565 Lane, Ronald Edward
- 572 Laughrey, Kathi D.

- 579 Lathan, Timothy R.
- 594 Lynch, Patrick Michael
- 595 Land, Marvint
- 603 Land, Debra Jean
- 607 Linton, Cheryl Lynn
- 608 Lamb, Ron L.
- 611 Lynn, Junior Bud
- 612 Lear, Clara
- 622 Lentz, Cynthia Jo
- 635 Lambert, Wanda K.

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

FRONT

13 Mayo, Wayne
32 Mayo, Sharon
44 Mynatt, Ernest D.
49 Markel, Patricia Ann
50 Mason, Carolyn A.
77 Miller, Judson Hillbert
77 Miller, Carol Eileen
88 Martin, Stephen M.
92 Meyer, Nella Diane
108 Mock, David O.
71 Miller, Paul R.
118 Monday, Evelyn D.
124 Maners, James D.
139 Mabbitt Barbara J.
148 Master Sandra E.
178 Moore, Kimberly A.
179 Myers, Vincent Paul Joseph
192 Mowery, Gregory Wark
199 Manning Steven Lee
204 Mitchell, Robert Steven
221 Murray, David W.
232 Myers, Eddie A.
246 Moore, Jerry W.
250 Moore Edward C.
260 Miller, Vernon M.
264 Mahan, James D.
274 Miller, Kevin S.
296 Meza, Donald H.
315 Montagano
316 Moody, Ellen D.
339 Marianos, Linda Diane
354 Miquis, Stephanie Jean
362 Males, O. Eugene
365 Melow, Barbara K.
375 Muirguiz, Martha R.
376 Muter, Leonard H.
383 Mackintosh, Judith A.
399 Morpheu, Ray Lynn
393 Melson, Darryl
417 Massa, Richard Lee
419 Miller, Kimberly J.
443 Mayer, Charles Edward
449 Masterson, Cynthia S.
450 Mahay, Marsha K.
458 Madore, Suzanne Irene
460 Mease, Carol A.
461 Mann, Darrel H.
461 Mitchell, Nina B.
466 Myers, Robin Carole
473 Muncie, Deanna L.
482 Mitman, Matthias
490 Marks, Roberta E.
497 Mutchler, David E.
497 Miller, Deborah E.

496 Morris, Lora L.
500 Mijon, David L.
507 Maddox, James S.
527 Mayhew, Marcella J.
530 Mauter, Louise L.
533 Massey, Rieky Carl
541 Mabbitt, Cheryl C.
553 Meyer, Mary Ann
563 Miller, Rosalie Lucy Emerson
575 Maxwell, Howard W.
578 Merriman, Deborah Jean
581 Marley, W. Shanon
585 Means, John S.
585 Means, Wanda J.) Re-Marriage
586 Morten, Lerino C.
588 Moran, Donald J.
602 Morris, Susan K.
614 Mitchell, Ora Nelson
617 Maxwell, Anastasia
623 Morgan, James A.
626 Mitchner, Curt Todd
646 May, Bruce Chas
652 Marsh, Charles E.
652 Minton, Debra E.
660 Mitchell, Breanna J.

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

- 34 Mc Kinzie, Terry L.
- 59 Mc George, Vicki
- 137 Mc Williams, Beckie A.
- 179 Mc Donald, Cheryl D.
- 211 McAllister, Larry L.
- 220 McDaniel, Larry H.
- 237 Mc Bernard, Betty R.
- 257 Mc Daniel, Helene L.
- 266 McCarty, Marcia J.
- 306 McCallum, Robert W.
- 345 Mc Millan, Ronald E. Jr.
- 390 Mc Clung, Robert L.
- 391 Mc Lawren, Constance J.
- 399 Mc Elyea, Jerry Randall
- 423 Mc Laughlin, Henri
- 458 Mc Kenna, John Kirk
- 464 Mc Hiffer, Deborah
- 499 Mc Daniel, William D.
- 547 Mc Guinness, Edward D.
- 630 Mc Kinney, Peggy
- 649 McKinzie, Richard W.
- 345 Mc Miller, Ronald

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

- 1 Nichols, Charlene
- 38 Nichols, Kay Ellen
- 79 Need, Polly Ann
- 96 Nuetzmann, Elizabeth Eloise
- 97 Nusbaum, Harry E.
- 168 Northrup, Jonathan Peter
- 181 Neff, Donald Gregory
- 193 Northern, Lawrence } re-marriage
- 193 Northern, Pamela }
- 197 Nelson, Charles L.
- 206 Neely, David Wayne
- 244 Nichols, Francis A.
- 297 Neely, Francis A.
- 304 Neal, Judith K.
- 333 Newson, Cynthia J.
- 356 Nuetzmann, Roxanne
- 380 Nink, Brian Lee
- 403 Norris, Jeffery
- 414 Newell, Hartsel Lane
- 424 Newlin, Patricia E.
- 412 Namy, Beth E.
- 650 Rose Leland E.
- 658 Norcutt, Goldie S.

- 138 O'Rear, Gerald W.
153 Odom, Richard D.
154 O'Brien, Richard Allen
158 Oliphant, Mable
172 Overton, Cheryl A.
297 Osburn Lucinda M.
325 Owens, Jerry Ray
366 Otter, Billy
388 Owens, Charles E.
440 Olmstead, Helen
474 Crozco, Virginia Karen Kristen
479 Overfelt, Darren Wayne
621 O'Brien, Stephen
593 O'Connor, James Thomas

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

- 41 Cendergrast, Andrea J.
- 58 Cercifield, Teresa M.
- 66 Cruden, Christopher R.
- 70 Price, Juanita M.
- 96 Patterson, Charles William
- 118 Lips, Louis L.
- 121 Poland, Milbern E.
- 127 Poland, Donald J.
- 132 Parker, Allie Lynn
- 154 Purcell, Donald L.
- 162 Pasy, Judith Kay
- 182 Pettipiece, Bryan A.
- 189 Pidigo, Barbara Ann
- 191 Payne, Janet Corcoran
- 194 Portwood, Herman E.
- 196 Perrigo, Wallace
- 197 Plock, Georgeanna E.
- 200 Pickett, Paul D.
- 204 Patterson, Kathryn Jane
- 211 Plummer, Judy A.
- 223 Powell, Cheryl Lynn
- 227 Pfister, Mildred M.
- 276 Pough, Kathryn M.
- 277 Price John L.
- 293 Pritchett, Simon D.
- 318 Price, Joseph P. Jr.
- 320 Phillips, Joyce D.
- 321 Phillips, Joyce D.
- 322 Pryor, Harry D.
- 325 Potts, Sandra Lynn
- 333 Pousley, Lee W.
- 334 Pa, Thaddeus M.
- 336 Pichon, George Steven
- 358 Pope, Wm Brent
- 359 Pugh, Samuel L.
- 378 Pope, Odette
- 379 Purrigo, Mark Allen
- 422 Polley, Franklin L.
- 435 Powell, Rose
- 448 Pickeral, Thomas
- 450 Potter, Bryan
- 462 Prock, Kimberly Dawn
- 470 Padgett, Darlene H.
- 493 Pratt, Robert W.
- 510 Plumb, Thomas Arthur
- 522 Patterson, Richard A.
- 528 Peck, Vicki A.
- 540 Patta, Namara Gay
- 556 Patterson, Novella B.
- 590 Parrault, John E.
- 593 Payer, Constance Lynn
- 604 Pryor, Carl D.
- 613 ~~600~~ Payton, Angela

623 Payne, Dawn J.
646 Peters, William J.
655 Paul, Jay B.

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5 Quinn, Wm. Anthony
269 Quillen, Glen Timothy
308 Quinn, Annie S.

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- 11 Ragdale, Ruth Evangeline
- 21 Ross, Rubin D.
- 24 Reed, Bradley Eugene
- 69 Rushon, James R.
- 70 Redman, David W.
- 81 Riddle, Marcie J.
- 82 Ratliff, Katherine S.
- 85 Rosebloom, Kim L.
- 97 Reidelberger, Lana K.
- 103 Rayal, Freddie R.
- 104 Rose, Peggy Jo
- 106 Runyon, Debby K.
- 110 Ruse, David L.
- 112 Roberts, Kevin Ray
- 124 Roth, Michael C.
- 130 Rinehart, Thomas K.
- 130 Rinehart, Carol Suzanne
- 140 Rainey, Deborah L.
- 153 Radcliff, Julie A.
- 159 Russell, Stephen E.
- 172 Rose, David A.
- 186 Russell Arthur C.
- 190 Robertson Pam. S.
- 199 Russell, Denise Kathleen
- 207 Bauer Lucky Lynn
- 218 Rivers, Gail L.
- 228 Robinson, Kenneth Lee
- 235 Reitzel Barrett A.
- 243 Russell, Laura Lee
- 261 Rutledge, John W. Jr.
- 265 Roberts, Lisa Gail
- 281 Robinson, Dawn Michelle
- 280 Rose, Ronald Delano
- 285 Russell, Diana S.
- 287 Roland, Linda S.
- 313 Rudy, Laura J.
- 320 Roe, Lisa Lynn
- 327 Rinehart, Mary J.
- 261 Rutledge John Jr
- 261 Robinson Dawn Michelle
- 327 Rinehart, Mary J.
- 337 Ruse, Jeff K.
- 343 Randall, Dana J.
- 352 Ridner, Vicki Lynn
- 359 Runyon, Julieann
- 363 Robinson, Melinda G.
- 369 Rhodes, Charlotte Marie
- 373 Risch, Evelyn C.
- 387 Rorer, Hilda F.
- 416 Robinson, Sharon Ann
- 412 Riggs, Brian Lee
- 426 Russell, Michael Allen
- 446 Russell Dennis K.
- 443 Rinker, Donald J.

- 448 Rotal, Sharon
- 452 Roberson, Janet L.
- 465 Ray, Albert, Jr.
- 466 Reynolds, Robert R.
- 485 Rausch, Charles Gregory
- 486 Rose, Richard J.
- 505 Rowling, Lisa L.
- 506 Randolph, Martha L.
- 511 Ricker, Wonda Lene
- 530 Michael E. Roud
- 531 Richards, Gary R.
- 542 Roell, Kathleen M.
- 551 Rorer, David K.
- 570 Ratliff, Doreen K.
- 581 Rickett, Blaine
- 584 Russell, Sherese Jane
- 615 Robson, William W.
- 617 Russell, Johnny
- 625 Riddell, Perry L.
- 629 Ricci, Lena J.
- 631 Rudd, Mark Allen
- 632 Robinson, Rhonda Lynn
- 636 Renna, Bonnie D.
- 639 Riderman, Billy Joe

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- 4 Sauer, Mary C.
- 8 Shugars, Karen D.
- 14 Stanbrough, Mary Lisa
- 16 Swindler, Sara Elizabeth
- 20 Swift, Linda J.
- 23 Skull, Clara Lea
- 37 Smith, Diana M.
- 39 Shipman, Robert B.
- 51 Spiegel, Althea S.
- 61 Steuerwald, Brian L.
- 63 Scobe, James M.
- 68 Sergeant, Pamela J.
- 79 Smith, Douglas R.
- 89 Segu, Laura A.
- 92 Scott, Delwyn Awa
- 95 Strauss, Anita J.
- 100 ~~William~~ St. Clair, William W
- 109 Smith, Michael Deane
- 100 ~~St. Clair, David~~
- 111 Soms, Brian Ken
- 112 Sides, Cynthia M.
- 114 Stegemiller, Ronald Leroy
- 71 Shields, Jewell C.
- 123 Sieg, William E. Jr.
- 136 Schanwecker, Ronnie Gene
- 140 Schaefer, David A.
- 144 Scott, Kenneth S.
- 146 Smith, Charles Edward
- 147 Shugars Thomas B.
- 152 Smith, Elizabeth Sue
- 157 Shearer Ronald.
- 162 Stevenson, Mark Allan
- 160 Stale, Jerry L.
- 164 Stewart, Glenn A.
- 165 Strade, Debra Lynn
- 166 Sides, Kimberly Annette
- 175 ~~Sublett, Denise~~
- 175 Spencer, Verona Marie
- 176 Swanson, Tommy L.
- 177 Stewart, Glenda E.
- 183 Scott Sandra K.
- 189 Shields, Hugh Allen
- 192 Sharp, Terry Lynn
- 194 Stafford, Lisa M.
- 196 Schneider, Jo Ann
- 167 Sublett, Denise J.
- 205 Scott, Karen Gail
- 208 Stewart, Gerald R.
- 210 Shannon, Rita S.
- 232 Sharpe, M. Stuart Martin
- 235 Sproles Rita J.
- 236 Swain, Timothy H.
- 236 Swisher, Nanette Kay

- 231 ~~Smith, David L~~
- re-~~married~~ Smith, Rachael A.
- 240 Sizer, Carolyn Anne
- 250 Sexton Mary B.
- 253 Starkuy, Michael Dennis
- 259 Smith, Roberta June
- 267 ~~244~~ Slover, Brenda S.
- 276 Sebastian, Emmett T.
- 279 Smith, Carrie Lynn
- 283 Stokes, Jerry
- 289 Shultz, Robert Wayne Jr.
- 292 Shields, Shirley Suzanne
- 292 Snoot, Melvin Charles
- 296 Simmonds, Dona S.
- 219 Stewart, David Wayne
- 310 ~~312~~ Stewart, David Wayne
- 312 Smith, Phillip A.
- 313 Sewier, Jeffrey A.
- 316 Scott, Harold E.
- 319 Smith, John Wayne
- 323 Suniga, Henry Jr.
- 337 Schuster, Susan
- 338 Sublett, Mark Kevin
- 338 Starbuck, Jeri Jo
- 349 Schuh, Lucy Marie
- 342 Searey, Charles D.
- 370 Spurdock, Peggy S.
- 371 Stone, Gordon Lynn
- 372 Smith, Kimberly A.
- 373 Siddons, Carter L.
- 374 Solomon, Jennifer Renee
- 385 Schueller, Mark J.
- 381 Settles, Sharon M.
- 394 Smith, Elizabeth Ann
- 393 Shanklin, ~~Marvin~~ E.
- 401 Scott, Debra A.
- 406 Sheffler, Vicki Marie
- 407 Stant, Donna A.
- 411 Smiley, Jina M.
- 424 Simpkins, Terry Lee
- 429 Shپرد, Elmer W.
- 432 Schenck, Charles H.
- 433 Steens, Rita K.
- 434 Somers, Elizabeth Ann
- 427 Siddons, Sandra Kay
- 436 Savoldi, Walter A.
- 438 Stern, John H.
- 440 Scotten John D.
- 439 Scott, Wendy Lynn
- 441 Sullivan, Janice M.
- 445 Seay, Belira Jean

Salasie, Joseph P.
Stultz, Karen J.
Smith, Forrest M.
Strass, Thomas J.
Strout, Jimmy Jay
Sutte, David Byron
Smith, Beth Lynn
Sparks, John C.
Schreier, Robert A.
Smith, Clyde W.
Schollast, Julia
Smith, Beth Ann
Stanley, Rusty L.
Sturm, Daniel G.
Sears, Charles V.
Seville, Alan R.
Smith, Danny J.
Stultz, Rita J.
Stinnett, William Lee
Smith, Ricky
Smith, Lori A.
Spuzlock, Lynda J.
Schallert, Diane L.
Schulte, Jerry Lee
Stonerock, Sherri Denise
Smith, Jeffrey A.
Sublett, Lee G.
Shoulders, Kim
Stanner, Roberta D.
Smith, Orlean M.
Stanley Mark N.
Smiley, David John
Shockley, James E.
(Smith, Sherry E.)
(Ronald C. Smith)
Selig, Robert Lenard
Shoemaker, Harvey Raymond
Spencer, Rosemary
Skinner, Debra L.
Stanley, James
Stanley, Darlene
Schoenfeld, Cheryl D.
Sellmeyer, Michael J.
Shelton, Kristie L.
Sisk, Douglas C.
Stassin, Tina Kay
Scott, Delia Darlene
Shank, William Scott
Schulz, Mark R.
Settles, Mechelle L.
Spence, Thomas Glen

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Stewart, Jeffrey L.
Secrest, Angela Dawn
Shuts, Michelle L.
Stansbury, Teresa Ann
Storm, Danny D.
Stanley, Daniel R.
S. Kinna, James Allen
Schmidt Susan
Spencer, Kathy J.
Stewart Gerald R.
Solieralski, Bernadette
Smper, Ronald Ray

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- 2 Grester, Scott Andrew
- 23 Taylor, Charles Edward
- 29 Thompson, Albert Keith
- 49 Gosh, Steven D.
- 55 Taylor, Cynthia Ann
- 74 Taylor, Candace, L.
- 81 Taylor, Joseph W.
- 86 Trusty, Tara L.
- 108 Tuttle Lisa A
- 122 Thompson, Kent William
- 134 Taylor, Robert R.
- 144 Turley, Virginia L.
- 154 Tinsley, Deborah
- 156 Tugardm, Nikola
- 180 Tompkins, Ropanne
- 186 Taylor Christina M.
- 167
- 213 Traine, Clyde V.
- 226 Taylor, Robert F.
- 247 ~~Thompson, John F.~~
Tupkins, John F.
- 268 Trent, Linda Sue
- 290 Taylor, Steven
- 295 Trent Jerry W.
- 307 Thompson, William A.
- 311 Thompson, Harold Edward
- 330 Toney, Barbara S.
- 335 Tomasik, Sheila Rene
- 332 Truax, Penny
- 345 Tyler, Debra L.
- 365 Tomasik, Ronald C.
- 364 Sandy, Christopher L.
- 376 Thompson, Eileen O
- 379 Tucker, Rebecca Ann
- 386 Todd, Vida Ruth
- 395 Tanksley, Jane E.
- 420 Thompson, James R.
- 421 Trissell, Elizabeth Ann
- 469 Tubering, Russell Earl
- 476 Tetrick, Yolanda Sue
- 487 Toller, Thomas A.
- 490 Turner, David W
- 500 Trischler, Denise M.
- 502 Thompson, Holly A.
- 555 Thomas, Dallen
- 556 Tolson, Brad C.
- 599 Turner, Norman David
- 622
- 627 Terry Donald C. }
- 627 Tabor Deborah L. }
- 633 Turner, Cindy Lou

- 650 Troughton Madeline A.
- 653 Troxell Doris F.
- 659 Teskey, Leslie Jay
- 345 Tyler, Debra L.

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- 25 Uell, Robert Carlisle
273 Udonick, Rudolph Wm.
286 Underwood, Bonnie Marlene
442 Urey, Kathryn J.
544 Underwood, Bonita L.
572 Uble, Donald D.

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- 2 Venable, Elizabeth Ann
- 101 Voils, Daniel Wayne
- 226 Vanguard, Daniel
- 239 Van Hook, Julie F.
- 285 Via, Sam R. III
- 219 Van Hook, Amelia Mary
- 310 Van Hook, Amelia Mary
- 312 Van Hook, Janet Lynn
- 474³¹² Vicars, Jerry Wayne
- 483 Vibert, Steven Lee
- 489 Voty, Mary E
- 503 Van Hay, Jimmie A.
- 598 Vician, Michael David

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1 Walls, Linda Lou
12 Weaver, Dawn Anne
15 Wilson, Anthony W.
15 Worrell, Debra K.
17 Wright, Penny J.
27 Williams, Barbara Sue
31 Wise, Paul Steven
32 Wallace, Henry
36 Western, Rodney V.
38 Whitaker, Scott Dewayne
45 Wallen, Guina Laric
67 Wolf, Michael J.
69 Wise Francis E.
73 Webber, John R.
73 Webber, Judith A.
78 Walker, John
83 Weeks, Richard D.
91 Wood, Stevie D.
105 Williams Ronald E.
117 Winkler, Lillian S.
129 Walters Rebecca A.
135 Wilson, James D.
135 Wing Sandra S.
141 Woorden, Raymond Edgar
163 Watt, Johnna M.
166 Widner, Dennis Roy
169 Wolfe, Jerry Ray
169 Winings, Donna J.
178 Weber, David D.
181 Williams, Pamela Jo
187 Wright, Raymond Bruce
202 Ward, James H.
214 Wood William R.
219 Wymire, Julie Ann
226 Vangundey, Daniel S.
232 Wellman, Pamela J.
245 Weber, Michelle Diane
252 Wilson, Lora Christie
256 Wetkins, Bonnie M.
263 Weston, Felix
267 Whaley Edward J.
284 Wilson, Margaret L.
291 Whitie, Janie J.
216 Wood, Vern R.
290 Weaver, Nancy D.
302 Whitaker, Linda F.
303 Wiegand, Evelyn J.
308 Wilson, James
311 Walter, Carol Blana
320 Ward, John Dean

Walls, William Mark 340
Wilbur, Evelyn Loune 346
Western, Jerry L. 350
Wynne, Patrick Joseph 354
Walton, Keith M. 372
Williams, Ronald E. 378
Walker, Thomas E. 391
Wall, Sally 398
Waggon, Thomas J. 401
(Watts, Harry W.) 402
(Waffin, Irma J.) 402
Wells, Jerry L. 404
Wilson, Roxie Lee 408
Wilkinson, Jay Lewis 410
Wilson, Beth Ann 426
Washburn, Bryan W. 427
Wallace, Dudley Wayne 451
Weonon Diane L. 456
Wampler, Jennifer W. 463
Wilson, Deborah K. 465
Wiram, Peggy Diane 478
Weinbrecht, Danny Jay 491
Washington, Shirlane B. 498
Walters, Curtis A. 501
Wood, Robert D. 504
Willie, Bruce D. 505
Ware, Julie Frances 510
Williams, Penny L. 520
Walls, Donald 523
Wilson, Geneva L. 523
Wampler, James L. 526
Walker, Gary A. 529
Woodward, Thomas Ralph 539
Wilson, Kimberly D. 559
Wilson, La Donna 559
Whitlow, Nancy Jane 571
Wills, Kenneth H. Jr. 582
Walker, Wendy Sue 591
Ward, Duane Phillip 600
Whitaker, Gene Alan 607
Waggoner, Richard E. 612
Walton, David 630
Winters, Michael Bryan 632
Wade, Kathy Lynne 634
Walman, Tamara A. 645
White Robert L. 653
Williams, Sammy J. 656

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90 Young, Anita L.

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170 Yelley, Mae Louise

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277 Young, Cindy M.

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536 Younggreen, Robert J.

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STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 527

File

County

Date of Application
10-31-79

MALE

Medical Examination Report Dated 10-30-79
Name of Physician Thomas H. Black

FEMALE

Medical Examination Report Dated 10-30-79
Name of Physician Thomas H. Black

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

MALE APPLICANT

Name First William Middle Ervington Last Chaney
Date of Birth Month Oct Day 16 Year 1958
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. City Putnam County Putnam State Indiana
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

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

8. Full name of father William Elmer Chaney
Residence of father (if deceased so state) Greencastle, Indiana
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Grace Dean Rogers
Residence of mother (if deceased so state) Greencastle, Indiana
Birthplace of mother (State or foreign country) Indiana

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

Signed William E. Chaney

New Address Clayton, Indiana

Subscribed and sworn to before me this 31st day of Oct., 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Linda Middle Lou Last Walls
Date of Birth Month May Day 17 Year 1959
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. City Clayton County Putnam State Indiana
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

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

8. Full name of father William Kenneth Walls
Residence of father (if deceased so state) Clayton, Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Glenda Lucille Wood
Residence of mother (if deceased so state) Clayton, Indiana
Birthplace of mother (State or foreign country) Indiana

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

Signed Linda Walls

New Address Clayton, Indiana

Subscribed and sworn to before me this 31st day of Oct., 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior #2 Court by written order issued 30 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 31st day of Oct., 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John O. McIntyre

hereby certify that on the 2nd day of November, 1979, at Clayton, Hendricks County, State of Indiana, Groom William Ervington Chaney and Linda Lou Walls

and, Bride Linda Lou Walls of Hendricks County, State of Indiana

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

Dated this 2nd day of November, 1979.

Signed John O. McIntyre

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of November, 1979.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 528

File
Date of Application 11-1-79

County

MALE
Medical Examination Report Dated 10-26-79
Name of Physician Nelson Don Gaddy

FEMALE
Medical Examination Report Dated 10-26-79
Name of Physician Nelson Don Gaddy

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Scott Middle Andrew Last Trester
Date of Birth Month 8 Day 8 Year 1960
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. City County State
RR #1 Box 221A North Salem, Hend, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Divorced license w/picture

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

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

8. Full name of father Glen Frank Trester
Residence of father (if deceased so state) RR #1 Box 221A, North Salem, Ind.
Birthplace of father (State or foreign country) Wisconsin
9. Full maiden name of mother Sandra Jo Smith
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Ohio

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

Signed Scott Andrew Trester

New Address 2113 Wanessa Dr. Indpls, In

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

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Hendricks Circuit Court of Indiana dated the 8 day of Nov, 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ and Elizabeth Ann Venable
I, Charles M. Bidle

one thousand nine hundred and 79 hereby certify that on the 17th day of November

State of Indiana, Groom Scott Andrew Trester at 2:30 P.M.

and, Bride Elizabeth Ann Venable of Hendricks County of Hendricks

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

Dated this 17th day of November 79

Signed Charles M. Bidle

Official Designation Minister

Signed Glen M. Harvey, 19 79

Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of December

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 529
File _____
Date of Application 10-1-79

County _____

MALE
Medical Examination Report Dated 10-29-79
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 10-29-79
Name of Physician James Black M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Michael E. Keesling
Date of Birth July 24 1961
Place of Birth (State or foreign country) Anderson, Ind.
Residence Address 39 Maple Park Row
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

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

Signed Michael E. Keesling
New Address 5716 Port Lillian Apt A
Subscribed and sworn to before me this 1st day of Nov., 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

FEMALE APPLICANT

Name Mary C. Sauer
Date of Birth Nov 4 1960
Place of Birth (State or foreign country) Beech Grove, Ind.
Residence Address 3012 Falcon Dr. Indpls Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

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

Signed Mary Charles Sauer
New Address 5716 Port Lillian Apt A
Subscribed and sworn to before me this 1st day of Nov., 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court of Indiana dated the _____ day of _____, 1979, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William A. Pappano hereby certify that on the 10 day of November,
one thousand nine hundred and 79 at Indianapolis County of Marion
State of Indiana, Groom Michael E. Keesling of Hendricks County, State of Indiana
and, Bride Mary C. Sauer of Marion County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County. _____
Dated this 10 day of November, 1979

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1979
Signed William A. Pappano
Official Designation Catholic Priest
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 531

File 41

County

11-2-79
Date of Application

MALE
Medical Examination Report Dated 10-30-79
Name of Physician M.D. Scanahorn

FEMALE
Medical Examination Report Dated 10-30-79
Name of Physician M.D. Scanahorn

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

MALE APPLICANT

Name First Middle Last
William Anthony Quinn
Date of Birth Month Day Year
Nov 27 1953
Place of Birth (State or foreign country)
San Rafael, California
Residence Address Street or R. R. City County State
1007 Valley View Dr. Apt 4, Plainfield, Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Divorce license w/picture

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

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

8. Full name of father Harold Everett Quinn
Residence of father (if deceased so state) Caturburg, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Joann Elizabeth Cornell
Residence of mother (if deceased so state) Caturburg, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed William A. Quinn
New Address 1007 Valley View Dr. Apt 4
Subscribed and sworn to before me this 2 day of Nov, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Signed
New Address
Subscribed and sworn to before me this day of 19

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

Signed
New Address
Subscribed and sworn to before me this day of 19

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

Signed
New Address
Subscribed and sworn to before me this day of 19

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

Signed
New Address
Subscribed and sworn to before me this day of 19

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

Signed
New Address
Subscribed and sworn to before me this day of 19

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

Signed
New Address
Subscribed and sworn to before me this day of 19

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

Signed
New Address
Subscribed and sworn to before me this day of 19

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

Signed
New Address
Subscribed and sworn to before me this day of 19

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

Signed
New Address
Subscribed and sworn to before me this day of 19

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

Signed
New Address
Subscribed and sworn to before me this day of 19

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

Signed
New Address
Subscribed and sworn to before me this day of 19

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

Signed
New Address
Subscribed and sworn to before me this day of 19

FEMALE APPLICANT

Name First Middle Last
Marian Laurie King
Date of Birth Month Day Year
Sept 17 1955
Place of Birth (State or foreign country)
Indpls, Indiana
Residence Address Street or R. R. City County State
15 Northgren Pkwy, Brownsburg, Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Divorce license w/picture

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

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

8. Full name of father Robert Earl King
Residence of father (if deceased so state) Brownsburg, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Rita Maria Moriarty
Residence of mother (if deceased so state) Brownsburg, Ind.
Birthplace of mother (State or foreign country) Mass.

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

Signed Marian J. King
New Address 1007 Valley View Dr. Apt 4
Subscribed and sworn to before me this 2 day of Nov, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Signed
New Address
Subscribed and sworn to before me this day of 19

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

Signed
New Address
Subscribed and sworn to before me this day of 19

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

Signed
New Address
Subscribed and sworn to before me this day of 19

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

Signed
New Address
Subscribed and sworn to before me this day of 19

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

Signed
New Address
Subscribed and sworn to before me this day of 19

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

Signed
New Address
Subscribed and sworn to before me this day of 19

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

Signed
New Address
Subscribed and sworn to before me this day of 19

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

Signed
New Address
Subscribed and sworn to before me this day of 19

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

Signed
New Address
Subscribed and sworn to before me this day of 19

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

Signed
New Address
Subscribed and sworn to before me this day of 19

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

Signed
New Address
Subscribed and sworn to before me this day of 19

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

Signed
New Address
Subscribed and sworn to before me this day of 19

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2nd day of Nov, 1979, authorizing the joining together as husband and wife

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

I, Rev. Joseph G. Eck, Jr. hereby certify that on the 3 day of November, one thousand nine hundred and 79, at Indianapolis, County of Marion, State of Indiana, Groom William Anthony King of Hendricks County, State of Indiana, and, Bride Marian Laurie King of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 3rd day of November, 1979.

Signed Rev. Joseph G. Eck, Jr.
Official Designation Assistant Pastor

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of Nov, 1979.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 532

File
Nov. 2, 1979
Date of Application

MALE
Medical Examination Report Dated 10-14-79
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 10-14-79
Name of Physician David Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."
MALE APPLICANT
Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) DD 214
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

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

8. Full name of father: Cons Jeffrey
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Italy
9. Full maiden name of mother: Angeline MacRie (?)
Residence of mother (if deceased so state): deceased
Birthplace of mother (State or foreign country): Ohio

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

Signed: [Signature]
New Address: 211 William Dr.
Subscribed and sworn to before me this 2 day of Nov. 1979.
Shen M. Harvey Clerk HENDRICKS Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6th day of Nov. 1979, authorizing the joining together as husband and wife of Alfred Charles Jeffrey and Marcia Ann Beaman.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mawrer, hereby certify that on the 17 day of November 1979, at Danville, Marion County, State of Indiana, Groom Alfred Charles Jeffrey of Marion County, State of Indiana, and, Bride Marcia Ann Beaman of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 17 day of November, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of Nov. 1979.
Signed: John C. Mawrer
Official Designation: Judge
Signed: Shen M. Harvey Clerk HENDRICKS Circuit Court

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

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

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

8. Full name of father: Donald E. Hazilgrove
Residence of father (if deceased so state): Danville, In.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Alice Marie Knoop
Residence of mother (if deceased so state): Danville, In.
Birthplace of mother (State or foreign country): Ind.

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

Signed: Marcia Beaman
New Address: 211 William Dr.
Subscribed and sworn to before me this 2 day of Nov. 1979.
Shen M. Harvey Clerk HENDRICKS Circuit Court

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

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

532
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10-14-79
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Indiana
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Circuit Court
1979
Clerk
Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 533
File
November 2, 1979
Date of Application

County

MALE
Medical Examination Report Dated 10-26-79
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated 10-26-79
Name of Physician Thomas M. Walker

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

MALE APPLICANT

Name First Middle Last
Denny Chris Butler
Date of Birth Month Day Year
October 1 1960
Place of Birth (State or foreign country)
York Pa
Residence Address Street or R. R. City County State
630 Maple Ct Brownsburg Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify):
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Jc William Butler Jr.
Residence of father (if deceased so state): York Pa.
Birthplace of father (State or foreign country): West Virginia
9. Full maiden name of mother: Marlene Elizabeth Wolford
Residence of mother (if deceased so state): Brownsburg Ind.
Birthplace of mother (State or foreign country): West Virginia
State of Indiana. HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Denny Chris Butler
New Address: 630 Maple Court
Subscribed and sworn to before me this 2 day of November, 1979
Shirley M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Charlene Nicholas
Date of Birth Month Day Year
September 30 1963
Place of Birth (State or foreign country)
Indianapolis Marion Ind
Residence Address Street or R. R. City County State
426 Owen Ave Plainfield Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify):
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Harold F. Nicholas
Residence of father (if deceased so state): Plainfield Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Geraldine F. Stinson
Residence of mother (if deceased so state): Plainfield Ind.
Birthplace of mother (State or foreign country): Virginia
State of Indiana. HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Charlene Nicholas
New Address: 630 Maple Court
Subscribed and sworn to before me this 2 day of November, 1979
Shirley M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
Hendricks County Court by written order issued 3 day November 4 1979 and filed in
Clerk Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 2 day of November, 1979, authorizing the joining together as husband and wife
Denny Chris Butler and Charlene Nicholas
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, J. Kincaid Smith hereby certify that on the 17 day of November
one thousand nine hundred and 79 at Brownsburg, County of Hendricks
State of Indiana, Groom Denny Chris Butler of Hendricks County, State of Indiana
and, Bride Charlene Nicholas of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County. Dated this 17th day of November, 1979
Signed J. Kincaid Smith
Official Designation Pastor, Christ Ev. Lutheran Church
Filed and recorded in accordance with the laws of the State of Indiana this 20 day of _____, 19____
Signed Shirley M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 554
File 11-2-79
Date of Application

MALE
Medical Examination Report Dated 10-30-79
Name of Physician Joseph C. Keelin

FEMALE
Medical Examination Report Dated 10-30-79
Name of Physician Joseph C. Keelin

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

MALE APPLICANT

Name Roger W. Howell
Date of Birth June 30 1957
Place of Birth (State or foreign country) Indiana
Residence Address 402 S. Kentucky, Danville, Hend, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father Robert Raymond Howell
Residence of father (if deceased so state) RR #1 Box 111 B Pittsburg, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lilah Mae Van Meter
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Roger W. Howell
New Address 402 S. Kentucky St.
Subscribed and sworn to before me this 2nd day of Nov., 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ County _____ State of Indiana dated the _____ day of _____, 19____, authorizing the joining together as husband and wife of _____ and _____.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____, hereby certify that on the _____ day of _____, 19____, at _____, _____ County, State of _____, _____ County, State of _____, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____.
Dated this _____ day of _____, 19____.

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

Signed J. Stanley Howell
Official Designation Minister
Subscribed and sworn to before me this 15 day of November, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 535

File 11-2-79
Date of Application

MALE

Medical Examination Report Dated 10-26-79
Name of Physician David Haggard

FEMALE

Medical Examination Report Dated 10-26-79
Name of Physician David Haggard

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

MALE APPLICANT

Name Robert F. Gipson
Date of Birth 9 Month Day 1953 Year
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address 232 N. Carr Blvd. Hend. Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

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

8. Full name of father Charles R. Gipson
Residence of father (if deceased so state) Indpls. Ind.
Birthplace of father (State or foreign country) Indpls. Ind.
9. Full maiden name of mother Shirley R. Siretaw
Residence of mother (if deceased so state) Indpls. Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed X Robert F. Gipson
New Address 616 Hanley Plainfield
Subscribed and sworn to before me this 2 day of November, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

FEMALE APPLICANT

Name Deborah A. Humphrey
Date of Birth 2 Month Day 1954 Year
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address 616 Hanley Rd. Hend. Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

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

8. Full name of father Beary Leroy Sydel
Residence of father (if deceased so state) Indpls. Ind.
Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Jacqueline Ann Ramsey
Residence of mother (if deceased so state) Indpls. Ind.
Birthplace of mother (State or foreign country) Bloomington Ind.

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

Signed X Deborah A. Humphrey
New Address 616 Hanley St. Plainfield
Subscribed and sworn to before me this 2 day of November, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2 day of Nov., 1979, authorizing the joining together as husband and wife

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

I, Buddy Fehrman, hereby certify that on the 3 day of Nov., 1979, at Plainfield, County of Hendricks, State of Indiana, Groom Robert F. Gipson of Hendricks County, State of Indiana, and, Bride Deborah A. Humphrey of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2 day of Nov., 1979.

Signed Buddy Fehrman
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 13 day of Nov., 1979.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 536
File 11-5-79
Date of Application

MALE
Medical Examination Report Dated 11-5-79
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 11-5-79
Name of Physician David Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT
Name Larry Foster
Date of Birth 6/24/1959
Place of Birth (State or foreign country) Ind.
Residence Address 228 Melody Lane Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Drivers License up picture

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

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

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

8. Full name of father Cere Lee Foster
Residence of father (if deceased so state) Ind.
Birthplace of father (State or foreign country) Dexter Miss.

9. Full maiden name of mother Anna Marie Kelly
Residence of mother (if deceased so state) Ind.
Birthplace of mother (State or foreign country) Terre Haute Ind.

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

Signed X Larry G. Foster
New Address 3236 G. 7 Point Rd Apt. 13

Subscribed and sworn to before me this 5 day of November 1979
Blen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT
Name Kathie A. Courtney
Date of Birth 11/2/1960
Place of Birth (State or foreign country) Ind.
Residence Address 4631 Melody Lane Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Drivers License up picture

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

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

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

8. Full name of father Richard Lee Courtney
Residence of father (if deceased so state) Ind.
Birthplace of father (State or foreign country) Salem Ill.

9. Full maiden name of mother Judith Ann McIntosh
Residence of mother (if deceased so state) Ind.
Birthplace of mother (State or foreign country) Salem Ill.

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

Signed X Kathie A. Courtney
New Address 3236 Six Points Rd

Subscribed and sworn to before me this 5 day of November 1979
Blen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the _____ day of _____, 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
_____ and _____
_____ one thousand nine hundred and _____ hereby certify that on the _____ day of _____, 1979, at _____, County of _____, State of _____, Groom _____ and _____ of _____ County, State of _____, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____, Indiana.

Dated this _____ day of _____, 1979.

Signed _____
Official Designation _____
Signed _____, 1979.
Clerk _____
Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 537
File November 6, 1979
Date of Application

MALE
Medical Examination Report Dated 11-1-79
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 11-1-79
Name of Physician Eric Clark

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

MALE APPLICANT
Name Michael Lee Clark
Date of Birth August 19, 1957
Place of Birth (State or foreign country) Indianapolis
Residence Address 365 Martin Rd. Plainfield, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hugh Wilbur Clark
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Margaret Ann Warrnath
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Illinois
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of

Signed Michael Lee Clark
New Address 129 Eastern Ave. Plainfield
Subscribed and sworn to before me this 6 day of November, 1979
Glen M. Hermy Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

FEMALE APPLICANT
Name Ruth Evangeline Ragsdale
Date of Birth March 16, 1956
Place of Birth (State or foreign country) Indianapolis
Residence Address 129 Eastern Ave. Plainfield, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul Wesley Ragsdale
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Worthy Frances Benefield
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Illinois
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of

Signed Ruth Evangeline Ragsdale
New Address 129 Eastern Ave. Plainfield
Subscribed and sworn to before me this 6 day of November, 1979
Glen M. Hermy Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 13 day of Nov., 1979, authorizing the joining together as husband and wife of Michael Lee Clark and Ruth Evangeline Ragsdale
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. John P. Ragsdale hereby certify that on the 18 day of November, 1979, at Center Friends Church, County of Hendricks, State of Indiana, Groom Nucgaek Kee Clark of Hendricks County, State of Indiana, and, Bride Ruth Evangeline Ragsdale of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 18th day of November, 1979.

Signed Rev. John P. Ragsdale Minister
Official Designation _____
November 21, 1979
Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed Glen M. Hermy Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 538
File Nov. 6, 1979
Date of Application

MALE
Medical Examination Report Dated Nov. 3, 1979
Name of Physician M. C. Scameroon

FEMALE
Medical Examination Report Dated Nov. 3, 1979
Name of Physician M. C. Scameroon MD.

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

MALE APPLICANT

Name Jeffrey Allen Bales
Date of Birth Aug 8 1960
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address R #5 Danville, In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
113-60-067442

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

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

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

8. Full name of father Clarence Ronald Bales
Residence of father (if deceased so state) Danville, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Ann Swain
Residence of mother (if deceased so state) Danville, In.
Birthplace of mother (State or foreign country) Indiana

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

Signed Jeffrey A. Bales
New Address General Del. Pittsboro

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

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

Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 13 day of Nov., 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Jeffrey Allen Bales and Dawn Anne Weaver
I, Sherman Essick, hereby certify that on the 23 day of November, 1979, at Pittsboro, County of Hendricks, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 23 day of November, 1979.

one thousand nine hundred and _____

State of Indiana, Groom Jeffrey Allen Bales and, Bride Dawn Anne Weaver

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

Signed Sherman Essick Official Designation Minister
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 539
File 11-6-79
Date of Application

County

MALE
Medical Examination Report Dated 11-3-79
Name of Physician Carl Heinlein

FEMALE
Medical Examination Report Dated 11-3-79
Name of Physician Carl Heinlein

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

MALE APPLICANT

Name Wayne Mayo
Date of Birth 6 2 1961
Place of Birth (State or foreign country) Clayton Ind.
Residence Address RR 1 Box 409 Clayton Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

8. Full name of father James Edward Mayo Jr
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Amelia Reel
Residence of mother (if deceased so state) Clayton Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed X Wayne Mayo

New Address RR 1 Box 409 Clayton

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Gayle Acton
Date of Birth 11 6 1959
Place of Birth (State or foreign country) Ind.
Residence Address RR 1 Box 409 Clayton Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

8. Full name of father Wayne J. Acton
Residence of father (if deceased so state) Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Loretta M. Taylor
Residence of mother (if deceased so state) Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed X Gayle Acton

New Address RR 1 Box 409

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6 day of Nov, 1979, authorizing the joining together as husband and wife of Wayne Mayo and Gayle Lee Acton.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Wilson Adkins hereby certify that on the 8 day of Nov,
one thousand nine hundred and 79 at 337 Ellis St., County of Hendricks,
State of Indiana, Groom Wayne Mayo of Hendricks County, State of Indiana,
and, Bride Gayle Acton of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 6 day of Nov, 1979.

Signed Rev. Wilson Adkins

Official Designation Preacher

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of Nov, 1979.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 540
File Mar 7, 1979
Date of Application

MALE
Medical Examination Report Dated 10-29-79
Name of Physician Ward B. Haggard

FEMALE
Medical Examination Report Dated 10-29-79
Name of Physician Ward B. Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

FEMALE APPLICANT

MALE APPLICANT
Name Charles R. Barron
Date of Birth November 26, 1959
Place of Birth (State or foreign country) Indiana
Residence Address 1831 Paul Rd. P.O. Box 100
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Clarence Barron
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Winnie Lee Jenkins
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Charles R. Barron
New Address Endersley Ave Apt 7, Evansville, Ind.
Subscribed and sworn to before me this 7 day of November, 1979
John M. Harney Clerk HENDRICKS Circuit Court

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

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

Clerk

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

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

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1979
Signed _____ Official Designation _____
Signed _____ Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 540
File
Date of Application Mar 7, 1979

MALE
Medical Examination Report Dated 10-29-79
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 10-29-79
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT
Name Charles R. Barron
Date of Birth December 26, 1959
Place of Birth (State or foreign country) Indpls. Marion IN
Residence Address 1831 Paul Rd. P.O. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

FEMALE APPLICANT
Name Mary Lisa Stanbrough
Date of Birth July 8, 1962
Place of Birth (State or foreign country) Iowa City Iowa
Residence Address 1831 Paul Rd. P.O. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

7. Are you required by any court order or orders to support dependent children?
If answer is "yes", it is required that this Application be in compliance with any court order or orders issued for support.
8. Full name of father Charles R. Barron
Residence of father (if deceased so state)
Birthplace of father (State or foreign country)
9. Full maiden name of mother Winnie
Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)
State of Indiana, HENDRICKS } ss:
County of

Signed Charles R. Barron
New Address
Subscribed and sworn to before me this
Allen M. Murray

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent and sign, state facts which render the consent of the other parent

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

Subscribed and sworn to before me this day

COMPLETE, IF MARRIAGE LICENSE ISSUED
in Hendricks County
auth

Be It Remembered, there was filed

of Indiana dated the day

Be it further remembered, the following marriage

1, John C. Mouser

one thousand nine hundred and

State of Indiana, Groom

and, Bride Mary Lisa Stanbrough

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

County, State of Ind.

Dated this 10 day of November, 1981

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

Signed John C. Mouser

Official Designation Judge Sept. 8

Signed day of September, 1981

Signed Mary Jane Russell

HENDRICKS

Circuit Court

10-29-79
We give our consent for our
daughter, Mary Lisa Stanbrough,
to marry Charles Robert Barron.

Fred S. Stanbrough

Marjorie Stanbrough

William Barker

My Comm Exp 6-1-80

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 541
File 41
Date of Application 11-9-79

MALE
Medical Examination Report Dated 11-9-79
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated 11-9-79
Name of Physician M. O. Scamahorn

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

MALE APPLICANT

Name Anthony W. Wilson
Date of Birth February 2, 1956
Place of Birth (State or foreign country) Greencastle, Ind.
Residence Address RR3 Box 271 Danville, Ind.

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

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

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

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

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

8. Full name of father James L. Wilson
Residence of father (if deceased so state) RR3 Box 259, Danville, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Pauline Elizabeth Freeman
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed X Anthony W. Wilson

New Address Morrisons Trailer Park W-10 Danville Ind.

Subscribed and sworn to before me this 9 day of Nov., 1979

Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Debra K. Warrell
Date of Birth January 4, 1961
Place of Birth (State or foreign country) Grand Rapids, Michigan
Residence Address RR3 Box 271 Danville, Ind.

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

☐ Other (Specify) _____

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

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

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

8. Full name of father Conrad Claude Warrell
Residence of father (if deceased so state) Danville, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joan Lois Shay
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Michigan

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

Signed X Debra K. Warrell

New Address Morrisons Trailer Park W-10 Danville

Subscribed and sworn to before me this 9 day of Nov., 1979

Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14 day of November, 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mowrer hereby certify that on the 17 day of November, 1979, at Danville, County of Hendricks, State of Indiana, Groom Anthony W. Wilson and, Bride Debra K. Warrell of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17 day of November, 1979.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of November, 1979.

Signed Ellen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

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

No. 542
File 11-9-79
41
Date of Application

MALE
Medical Examination Report Dated 11-9-79
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 11-9-79
Name of Physician David B. Haggard

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

MALE APPLICANT
Name Charles Richard Haldi
Date of Birth January 10 1951
Place of Birth Gettysburg Pennsylvania
Residence Address 1218 Covaleade Dr. Youngstown Ohio
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers Lic w/ photo
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Richard Haldi, Sr.
Residence of father (if deceased so state) Above Youngstown, Ohio
Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Dominica Grace Inserra
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Pennsylvania
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed X Charles Richard Haldi
New Address 7494 Elmwood Dr. Lisbon Ohio 44132
Subscribed and sworn to before me this 9 day of Nov, 1979
Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

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

FEMALE APPLICANT
Name Sara Elizabeth Swindler
Date of Birth December 4 1952
Place of Birth Clayton Indiana
Residence Address 261 N. Center Clainfield In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers Lic w/ photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Henry Harrison Swindler
Residence of father (if deceased so state) Same Clainfield, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Irene Hayden
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed X Sara Elizabeth Swindler
New Address 7494 Elmwood Dr. Lisbon Ohio 44132
Subscribed and sworn to before me this 9 day of Nov, 1979
Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 13th day of Nov, 1979, authorizing the joining together as husband and wife of Charles Richard Haldi and Sara Elizabeth Swindler.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James L. Shaneyfelt, hereby certify that on the 23 day of Nov, 1979, at Clainfield Bible Church County of Hendricks and, Bride Sara Elizabeth Swindler of Orange County, State of North Carolina were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 23 day of Nov, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of Nov, 1979.
Signed James L. Shaneyfelt
Official Designation Ordained Minister
Signed Ellen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 543

File

County

11-9-79
Date of Application

MALE

Medical Examination Report Dated 11-6-79

Name of Physician David B. Haggard M.D.

FEMALE

Medical Examination Report Dated 11-6-79

Name of Physician David B. Haggard

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

MALE APPLICANT

Name First Middle Last
Douglas A. Fransworth
Date of Birth Month Day Year
1 25 1961
Place of Birth (State or foreign country)
Indianapolis, Ind.
Residence Address Street or R. R. City County State
610 Locust Lane Brownsburg
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/ picture

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

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

8. Full name of father Arthur L. Fransworth
Residence of father (if deceased so state) Brownsburg, Ind.
Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Georgia Smith
Residence of mother (if deceased so state) Brownsburg, Ind.
Birthplace of mother (State or foreign country) Penn.

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

Signed Douglas A. Fransworth

New Address 610 Locust Lane

Subscribed and sworn to before me this 9th day of November, 1979.

Glen M. Harvey Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1979.

Clerk

FEMALE APPLICANT

Name First Middle Last
Penny J. Wright
Date of Birth Month Day Year
July 5 1963
Place of Birth (State or foreign country)
Puncetox, Ind.
Residence Address Street or R. R. City County State
610 Locust Ln. Brownsburg
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) #63-272609

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

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

8. Full name of father Robert Wright
Residence of father (if deceased so state) Cloverdale, Ind.
Birthplace of father (State or foreign country) Paide Co. Ind.
9. Full maiden name of mother Mary Jane Steele
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Clinton, Ind.

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

Signed Penny Wright

New Address 610 Locust Lane

Subscribed and sworn to before me this 9th day of November, 1979.

Glen M. Harvey Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:
County of

Signed Robert Wright Father

Signed Mother

Subscribed and sworn to before me this 9th day of November, 1979.

Glen M. Harvey Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 14th day of Nov., 1979, authorizing the joining together as husband and wife Douglas A. Fransworth and Penny J. Wright

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jewel E. Dewees hereby certify that on the 16 day of November

one thousand nine hundred and 79 at Belleville U.M. Church County of Hendricks State of Indiana, Groom Douglas A. Fransworth of Hendricks County, State of Indiana and, Bride Penny J. Wright of Hendricks County, State of Indiana

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

Dated this 16th day of November, 1979.

Signed Jewel E. Dewees

Official Designated United Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of November, 1979.

Signed Glen M. Harvey Clerk

Hendricks Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

No. 544

File

11-13-79
Date of Application

County

MALE
Medical Examination Report Dated Nov. 6, 1979
Name of Physician Adrian M. Olick

FEMALE
Medical Examination Report Dated 11-6-79
Name of Physician Adrian M. Olick

False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Richard V. Garvey Jr.
Date of Birth Oct 18 1941
Place of Birth (State or foreign country) Louisville Ky.
Residence Address 10209 Wanessa Dr. Indpls. In.

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

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

Joyce M. Garvey 13 1/2
Margaret E. 12
Cathleen R. 10 1/2

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

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

8. Full name of father Richard V. Garvey Sr.
Residence of father (if deceased so state) Louisville Ky.
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Evelyn L. Huggins
Residence of mother (if deceased so state) Louisville, Ky.
Birthplace of mother (State or foreign country) Ill.

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

Signed Richard V. Garvey Jr.
New Address 10209 WANESSA DR

Subscribed and sworn to before me this 13 day of Nov., 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be it Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19 day of November, 1979, authorizing the joining together as husband and wife of Richard V. Garvey, Jr. and Sondra L. Alexander.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Harold D. Sears, hereby certify that on the 24 day of November, one thousand nine hundred and 79, State of Indiana, Groom Richard V. Garvey, Jr. of Cumberland County, State of Indiana and, Bride Sondra L. Alexander of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 24 day of November, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of November, 1979.
Signed Harold D. Sears Minister of the Gospel
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Sondra L. Alexander
Date of Birth July 12 1955
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 10209 Wanessa Dr. Indpls. In.

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

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

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

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

8. Full name of father Jess H. Alexander Jr.
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Joyce Lee Jones
Residence of mother (if deceased so state) Cumberland, In.
Birthplace of mother (State or foreign country) Kentucky

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

Signed Sondra L. Alexander
New Address 10209 WANESSA DR

Subscribed and sworn to before me this 13 day of Nov., 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 545

File
Date of Application Nov 13, 1979

County

MALE

Medical Examination Report Dated 11-5-79

Name of Physician James Black

FEMALE

Medical Examination Report Dated 11-5-79

Name of Physician James Black

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

MALE APPLICANT

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

☒ Other (Specify) Dr. License

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

Nancy Atwood

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

8. Full name of father: Shearl Atwood
Residence of father (if deceased so state): Danville, In.
Birthplace of father (State or foreign country): Kentucky

9. Full maiden name of mother: Barbara Willis
Residence of mother (if deceased so state): Danville, In.
Birthplace of mother (State or foreign country): Ohio

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

Signed: Dean Atwood
New Address: 1024 S. 5th

Subscribed and sworn to before me this 13 day of Nov., 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:
County of: HENDRICKS
Signed: Father
Signed: Mother

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

FEMALE APPLICANT

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

☒ Other (Specify) Dr. License

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

Caron Goding

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

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

9. Full maiden name of mother: Melba Lunn
Residence of mother (if deceased so state): Plainfield, In.
Birthplace of mother (State or foreign country): Ind.

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

Signed: June Boudoin
New Address: 1024 S. 5th

Subscribed and sworn to before me this 13 day of Nov., 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:
County of: HENDRICKS
Signed: Father
Signed: Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17th day of November, 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James D. Wilson hereby certify that on the 17 day of November

one thousand nine hundred and 79 at Plainfield County of Hendricks

State of Indiana, Groom: Dean Atwood of Marion County, State of Indiana

and, Bride: June Boudoin of Hendricks County, State of Indiana

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

Dated this 17 day of November, 1979.

Signed: James D. Wilson

Official Designation: Minister, Society of Friends

20 day of November, 1979

Signed: Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 546

File 11-14-79
Date of Application

MALE
Medical Examination Report Dated 11-12-79
Name of Physician O. Kourany

FEMALE
Medical Examination Report Dated 11-12-79
Name of Physician O. Kourany

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

MALE APPLICANT

Name Jeffrey L. Baker
Date of Birth 12/19/51
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address 4906 S. Six Points Rd. Indpls. Ind.

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

☒ Other (Specify) Drivers License w/ picture

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

6. List the full names of any dependent children.
Elizabeth Maureen Baker

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

8. Full name of father Jack Clayton Baker
Residence of father (if deceased so state) Unknown
Birthplace of father (State or foreign country) Unknown

9. Full maiden name of mother Jane Elizabeth Morgan
Residence of mother (if deceased so state) Indpls. Ind.
Birthplace of mother (State or foreign country) Fishers Indiana

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

Signed X Jeffrey L. Baker
New Address 4906 S. Six Points Rd.
Subscribed and sworn to before me this 14 day of November 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Signed X Linda Swift
New Address 4906 S. Six Points Rd.
Subscribed and sworn to before me this 14 day of November 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Signed X Linda Swift
New Address 4906 S. Six Points Rd.
Subscribed and sworn to before me this 14 day of November 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Signed X Linda Swift
New Address 4906 S. Six Points Rd.
Subscribed and sworn to before me this 14 day of November 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Signed X Linda Swift
New Address 4906 S. Six Points Rd.
Subscribed and sworn to before me this 14 day of November 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Signed X Linda Swift
New Address 4906 S. Six Points Rd.
Subscribed and sworn to before me this 14 day of November 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Signed X Linda Swift
New Address 4906 S. Six Points Rd.
Subscribed and sworn to before me this 14 day of November 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Signed X Linda Swift
New Address 4906 S. Six Points Rd.
Subscribed and sworn to before me this 14 day of November 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Signed X Linda Swift
New Address 4906 S. Six Points Rd.
Subscribed and sworn to before me this 14 day of November 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Signed X Linda Swift
New Address 4906 S. Six Points Rd.
Subscribed and sworn to before me this 14 day of November 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Signed X Linda Swift
New Address 4906 S. Six Points Rd.
Subscribed and sworn to before me this 14 day of November 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Signed X Linda Swift
New Address 4906 S. Six Points Rd.
Subscribed and sworn to before me this 14 day of November 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Signed X Linda Swift
New Address 4906 S. Six Points Rd.
Subscribed and sworn to before me this 14 day of November 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Linda J. Swift
Date of Birth 12/19/51
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address 4906 S. Six Points Rd. Indpls. Ind.

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

☒ Other (Specify) Drivers License w/ picture

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

6. List the full names of any dependent children.
Jennifer Lorene Swift
Brian Christopher Swift

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

8. Full name of father Kenneth Reldor Chappell
Residence of father (if deceased so state) Seminole Florida
Birthplace of father (State or foreign country) Indpls. Ind.

9. Full maiden name of mother Hazel Lorene Caudel
Residence of mother (if deceased so state) Seminole Florida
Birthplace of mother (State or foreign country) New Albany Ind.

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

Signed X Linda Swift
New Address 4906 S. Six Points Rd.
Subscribed and sworn to before me this 14 day of November 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Signed X Linda Swift
New Address 4906 S. Six Points Rd.
Subscribed and sworn to before me this 14 day of November 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Signed X Linda Swift
New Address 4906 S. Six Points Rd.
Subscribed and sworn to before me this 14 day of November 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Signed X Linda Swift
New Address 4906 S. Six Points Rd.
Subscribed and sworn to before me this 14 day of November 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Signed X Linda Swift
New Address 4906 S. Six Points Rd.
Subscribed and sworn to before me this 14 day of November 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Signed X Linda Swift
New Address 4906 S. Six Points Rd.
Subscribed and sworn to before me this 14 day of November 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Signed X Linda Swift
New Address 4906 S. Six Points Rd.
Subscribed and sworn to before me this 14 day of November 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Signed X Linda Swift
New Address 4906 S. Six Points Rd.
Subscribed and sworn to before me this 14 day of November 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Signed X Linda Swift
New Address 4906 S. Six Points Rd.
Subscribed and sworn to before me this 14 day of November 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Signed X Linda Swift
New Address 4906 S. Six Points Rd.
Subscribed and sworn to before me this 14 day of November 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Signed X Linda Swift
New Address 4906 S. Six Points Rd.
Subscribed and sworn to before me this 14 day of November 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Signed X Linda Swift
New Address 4906 S. Six Points Rd.
Subscribed and sworn to before me this 14 day of November 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Signed X Linda Swift
New Address 4906 S. Six Points Rd.
Subscribed and sworn to before me this 14 day of November 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 14 day of November 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 1, Jeffrey L. Baker and Linda J. Swift

one thousand nine hundred and 79 hereby certify that on the 14 day of November

State of Indiana, Groom Jeffrey L. Baker at Danville, County of Hendricks

and, Bride Linda J. Swift of Hendricks County, State of Indiana

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

Dated this 14 day of November 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of November 1979.

Signed John C. Maurer
Official Designation Judge
16 day of November 1979
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 547
File
Nov. 15, 1979
Date of Application

MALE
Medical Examination Report Dated 11-14-79
Name of Physician Wm Edwards Md.

FEMALE
Medical Examination Report Dated 11-14-79
Name of Physician Wm Edwards Md.

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

MALE APPLICANT

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

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

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

8. Full name of father: Ed Ross
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Maudie King
Residence of mother (if deceased so state): Starnes, Ky.
Birthplace of mother (State or foreign country): Kentucky

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

Signed Rubin D Ross

New Address 1166 AVON RD PLAINFIELD

Subscribed and sworn to before me this 15 day of November 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

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

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

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

8. Full name of father: Fritz Gottlieb Heinrich Buke
Residence of father (if deceased so state): deceased Jurgensmeier
Birthplace of father (State or foreign country): Minden Germany
9. Full maiden name of mother: Augusta Brewe
Residence of mother (if deceased so state): Wappital, Germany
Birthplace of mother (State or foreign country): deceased

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

Signed Hannelore Buke

New Address 1166 Avon Rd. Plainfield Ind.

Subscribed and sworn to before me this 15 day of November 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 20 day of Nov., 1979, authorizing the joining together as husband and wife Rubin D. Ross and Hannelore Buke

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

I, George H. Hoog hereby certify that on the 24 day of November one thousand nine hundred and 79 at Brownsburg, County of Hendricks State of Indiana, Groom Rubin D. Ross of Hendricks County, State of Indiana and, Bride Hannelore Buke of Hendricks County, State of Indiana

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

Dated this 24 day of November, 1979

Signed George H. Hoog

Official Designation Lutheran Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of November, 1979

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

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

No. 548

File 11-15-79
Date of Application

MALE
Medical Examination Report Dated _____
Name of Physician _____

FEMALE
Medical Examination Report Dated _____
Name of Physician _____

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

MALE APPLICANT

Name John Walter Funk
Date of Birth June 1933
Place of Birth (State or foreign country) Indiana
Residence Address 10225 Lake of Lanterns N.W., Indpls, Hend, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father Russell Funk
Residence of father (if deceased so state) 3816 4th St., Indpls, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Floa Lenora Oberholzer
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed John W. Funk
New Address 10225 Lake of Lanterns N.W.
Subscribed and sworn to before me this 15th day of Nov., 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

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

Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 19th day of November, 1979, authorizing the joining together as husband and wife of John Walter Funk and Jody Ellen Brown.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
Jerry R. Nash

one thousand nine hundred and 79 hereby certify that on the 24 day of November,
State of Indiana, Groom John Walter Funk at Brownsburg County of Hendricks
and, Bride Jody Ellen Brown of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 24 day of November, 1979.

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

FEMALE APPLICANT

Name Jody Ellen Brown
Date of Birth Feb. 21 1956
Place of Birth (State or foreign country) Mass.
Residence Address 10225 Lake of Lanterns N.W., Indpls, Hend, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father Brice Samuel Olden
Residence of father (if deceased so state) 3362 Rosser Blvd., N.W., Indpls, Ind.
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Margaret Alice Wissen
Residence of mother (if deceased so state) 117 E. Main, Mooresville, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Jody Ellen Brown
New Address 10225 Lake of Lanterns N.W.
Subscribed and sworn to before me this 15th day of Nov., 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

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

Clerk

Be Married
STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 549

File Nov. 16, 1979
Date of Application

MALE

Medical Examination Report Dated Nov. 12, 1979
Name of Physician Alice Minter, M.D.

FEMALE

Medical Examination Report Dated Nov. 12, 1979
Name of Physician Alice Minter, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

FEMALE APPLICANT

Name First Middle Last
Charles Edward Taylor
Date of Birth Month Day Year
Nov. 10 1919
Place of Birth (State or foreign country)
Ind.
Residence Address Street or R. R. City County State
9880 W. 10th Ind. Hendricks Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Name First Middle Last
Clara Lea Shull
Date of Birth Month Day Year
Sept 18 1922
Place of Birth (State or foreign country)
Ind.
Residence Address Street or R. R. City County State
9880 W. 10th Ind. Hendricks Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

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

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

8. Full name of father Frank S. Taylor
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Cutanks
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Ky

8. Full name of father Fred Shull
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Garnett G. Foster
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Ind.

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

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

Signed Charles E. Taylor
New Address 9880 W. 10th 24-1

Signed Clara Lea Shull
New Address 9880 W. 10th St. 24-1

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

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks ss:

State of Indiana, Hendricks ss:

Signed _____ Father

Signed _____ Father

Signed _____ Mother

Signed _____ Mother

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 20 day of Nov., 1979, authorizing the joining together as husband and wife Charles Edward Taylor and Clara Lea Shull

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Kenneth E. Veters hereby certify that on the 28th day of November

one thousand nine hundred and 79 at 9880 W. 10th ST., County of Hendricks, State of Indiana, Groom Charles Edward Taylor of Hendricks County, State of Indiana

and, Bride Clara Lea Shull of Hendricks County, State of Indiana

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

Dated this 28th day of November, 1979. Signed Rev. Kenneth E. Veters
Official Designation Pastor Shiloh United Methodist
3rd day of December, 1979

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 550

File 41

11-16-79

Date of Application

County

MALE
Medical Examination Report Dated 11-14-79
Name of Physician Thomas J. Moretto

FEMALE
Medical Examination Report Dated 11-14-79
Name of Physician Thomas J. Moretto

Whoever procures the issuance of a license to marry by any false statement, representa-

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Middle Last
Bradley Eugene Reed
Date of Birth Month Day Year
Sept. 8 1954
Place of Birth (State or foreign country) Fairfield, Wayne Co., Illinois
Residence Address Street or R. R. City County State
30 S. Green Brownsburg, Ind.

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

☒ Other (Specify) Driver's Lic w/ photo

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

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

8. Full name of father: Harold Eugene Reed
Residence of father (if deceased so state): Indianapolis, Ind.
Birthplace of father (State or foreign country): Illinois
9. Full maiden name of mother: Shirley Mae Cop
Residence of mother (if deceased so state): Cottage Hill, Illinois
Birthplace of mother (State or foreign country): Illinois

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

Signed X Bradley Eugene Reed
New Address: 30 S. Green St.

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:
County of

Signed _____ Father
Signed _____ Mother

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

Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Hendricks Circuit Court of Indiana dated the 21 day of November, 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ Robert J. Gilday _____

one thousand nine hundred and 79 hereby certify that on the 1st day of December
State of Indiana, Groom: Bradley E. Reed at St. Malachy Church, County of Hendricks
and, Bride: Melissa A. Hardyman of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana
Dated this 1st day of December, 1979

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of December, 1979
Signed _____ Robert J. Gilday
Official Designation: Associate Pastor
Signed _____ Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Melissa Ann Hardyman
Date of Birth Month Day Year
October 9 1955
Place of Birth (State or foreign country) Lafayette, Tippecanoe Co., Ind.
Residence Address Street or R. R. City County State
30 S. Green Brownsburg, Ind.

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

☒ Other (Specify) Driver's Lic w/ photo

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

Jennifer Louise Hardyman

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

8. Full name of father: Mansel Matthew Dechard
Residence of father (if deceased so state): Brownsburg, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Barbara Ann Passnacht
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Indiana

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

Signed X Melissa Ann Hardyman
New Address: 30 S. Green St.

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:
County of

Signed _____ Father
Signed _____ Mother

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

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 551

File

County

11-16-79
Date of Application

MALE

Medical Examination Report Dated 11-14-79

Name of Physician Larry D. Howell

FEMALE

Medical Examination Report Dated 11-14-79

Name of Physician Larry D. Howell

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

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

MALE APPLICANT

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

☒ Other (Specify) Driver's license

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

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

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

8. Full name of father John Robert Carlisle

Residence of father (if deceased so state) RR 1, Dugger, Ind.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Inno Elizabeth Hale

Residence of mother (if deceased so state) RR 1, Dugger, Ind.

Birthplace of mother (State or foreign country) Indiana

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

Signed Will Robert Carlisle

New Address 2338 2nd St. Plainfield, Ind.

Subscribed and sworn to before me this 16th day of Nov., 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

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

☒ Other (Specify) Driver's license

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

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

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

8. Full name of father Harold Lawrence Cox

Residence of father (if deceased so state) RR 1 Box 397, Claydonale, Ind.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Edna Inda Eckert

Residence of mother (if deceased so state) RR #1 Box 397 Claydonale, Ind.

Birthplace of mother (State or foreign country) Indiana

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

Signed Rebecca Lynn Cox

New Address 2338 2nd St. Plainfield, Ind.

Subscribed and sworn to before me this 16th day of Nov., 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 16th day of Nov., 1979, authorizing the joining together as husband and wife

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

I, Duane E. Mass hereby certify that on the 17 day of Nov., 1979,

one thousand nine hundred and 79 at Mooresville, County of Morgan,

State of Indiana, Groom Will Robert Carlisle of Hendricks County, State of Indiana,

and, Bride Rebecca Lynn Cox of Hendricks County, State of Indiana,

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

Dated this 17 day of Nov., 1979.

Signed Duane E. Mass

Official Designation Minister

19 day of Nov., 1979.

Signed Glen M. Harvey Clerk

HENDRICKS

Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 552
File _____
Date of Application 11-16-79

County _____

MALE
Medical Examination Report Dated 11-10-79
Name of Physician David R. L. Deaton

FEMALE
Medical Examination Report Dated 11-10-79
Name of Physician David R. L. Deaton

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Harold First Arthur Middle Ewick Last Jr.
Date of Birth Dec. Month 19 Day 1951 Year
Place of Birth (State or foreign country) Indiana
Residence Address 10 Box 435, Brownsburg, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father Harold A. Ewick
Residence of father (if deceased so state) Plainfield, Indiana
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Ruth E. Bogeman
Residence of mother (if deceased so state) 410 S. Grant St., Brownsburg, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Harold A. Ewick Jr.
New Address 536 Sunnybrook Dr. Brownsburg
Subscribed and sworn to before me this 16th day of Nov., 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

FEMALE APPLICANT

Name Marsha First Kay Middle Hedges Last
Date of Birth Nov. Month 18 Day 1942 Year
Place of Birth (State or foreign country) Indiana
Residence Address 536 Sunnybrook Dr., Brownsburg, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father Raymond L. Blankenship
Residence of father (if deceased so state) 5045 Elaine St., Indpls, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruby Myers
Residence of mother (if deceased so state) 1536 N. Almy, Indpls, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Marsha Kay Hedges
New Address 536 Sunnybrook Drive Brownsburg
Subscribed and sworn to before me this 16th day of Nov., 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 21st day of Nov., 1979, authorizing the joining together as husband and wife of Harold Arthur Ewick, Jr. and Marsha Kay Hedges.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
Carl D. Ewick
one thousand nine hundred and 79 hereby certify that on the 24th day of November
State of Indiana, Groom Harold Arthur Ewick, Jr. at Homeplace Hamilton County of Hamilton
and, Bride Marsha Kay HEDGES of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 24th day of November, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of December, 1979.
Signed Carl D. Ewick
Official Designation United Methodist Minister
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 553

File

County

Nov. 16, 1979
Date of Application

MALE

Medical Examination Report Dated 11-15-79

Name of Physician Joseph C. Heslin

FEMALE

Medical Examination Report Dated 11-15-79

Name of Physician Joseph C. Heslin MD.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, represents-

MALE APPLICANT

Name Albert Howard
Date of Birth 9 3 1941
Place of Birth (State or foreign country) Lepington Kentucky
Residence Address 447 S. Tenn. St. Danville
Previous Marital Status: Never Married ☐ OR 1 time
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Kentucky Drivers License

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

Smothery Wayne
Michael Wayne

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

8. Full name of father John Floyd Howard
Residence of father (if deceased so state) Lepington, Ky.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Christine Hall
Residence of mother (if deceased so state) Lepington Ky.
Birthplace of mother (State or foreign country) Kentucky

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

Signed Albert Howard
New Address 52 1/2 S Tenn. St. Danville

Subscribed and sworn to before me this 16 day of Nov., 1979.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

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

FEMALE APPLICANT

Name Barbara Sue Williams
Date of Birth 2 13 1948
Place of Birth (State or foreign country) Kingsport Tenn.
Residence Address 52 1/2 S. Tenn. St. Danville
Previous Marital Status: Never Married ☐ OR 1 time
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

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

Elizabeth Ann

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

8. Full name of father James Clinton Slomp
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Florence Edna Hall
Residence of mother (if deceased so state) Church Hill, Tenn
Birthplace of mother (State or foreign country) Kentucky

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

Signed Barbara Sue Williams
New Address 52 1/2 S. Tenn. St.

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16 day of Nov., 1979, authorizing the joining together as husband and wife Albert Howard and Barbara Sue Williams

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

I, Chadwick A. Roach hereby certify that on the 17 day of November, 1979, at Danville, County of Hendricks, State of Indiana, Groom Albert Wayne Howard of Fayette County, State of Kentucky and, Bride Barbara Sue Williams of Hawkins County, State of Tennessee

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. 17 day of November, 1979
Dated this _____ day of _____, 19____.

Signed Chanwich A. Roach

Official Designation Pastor Danville Church of God
21 day of November, 1979

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

Signed Glen M. Harvett Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 554
File _____
Date of Application 11-16-79

MALE
Medical Examination Report Dated 11-12-79
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 11-12-79
Name of Physician William Edwards

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

MALE APPLICANT

Name Gary Eugene Guess
Date of Birth Sept 23 1960
Place of Birth (State or foreign country) Indiana
Residence Address 3607 S. Clarks Creek Rd, Indpls, Hend, Ind.
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold Eugene Guess
Residence of father (if deceased so state) 3607 S. Clarks Creek Road, Indpls, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Sue Ferguson
Residence of mother (if deceased so state) same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Gary E Guess
New Address 3607 S. Clarks Creek Rd
Subscribed and sworn to before me this 16th day of Nov, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 20 day of Nov, 1979 authorizing the joining together as husband and wife of Gary Eugene Guess and Leigh Ann Acton.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Dewey A. Thackston hereby certify that on the 24th day of November, 1979 at Plainfield, County of Hendricks, State of Indiana, Groom Gary Eugene Guess and, Bride Leigh Ann Acton of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 24th day of November, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1979.
Signed Dewey A. Thackston Official Designation Minister of the Gospel
4th day of December, 1979.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Leigh Ann Acton
Date of Birth June 12 1961
Place of Birth (State or foreign country) Indiana
Residence Address 4041 Box 677, Plainfield, Hend, Ind.
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Lee Acton
Residence of father (if deceased so state) 4041 Box 677, Plainfield, Ind 46168
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Sue Janssen
Residence of mother (if deceased so state) same
Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Leigh A Acton
New Address 3607 S. Clarks Creek Rd INDS, IN
Subscribed and sworn to before me this 16th day of Nov, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 555
File
Date of Application Nov. 16, 1979

MALE
Medical Examination Report Dated 11-16-79
Name of Physician Dr. R. L. Veach MD.

FEMALE
Medical Examination Report Dated Nov. 6, 1979
Name of Physician Dr. S. A. Benjamin MD.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT
Name Albert Keith Thompson
Date of Birth Sept 28 1957
Place of Birth Greencastle, Ind.
Residence Address R.R. #1 North Salem, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

FEMALE APPLICANT
Name Judy E. Calder
Date of Birth May 13 1959
Place of Birth Crawfordsville, Ind.
Residence Address R.R. #1 Linton, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

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

8. Full name of father Richard Allen Thompson
Residence of father (if deceased so state) North Salem, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Claude Maudie Wilson
Residence of mother (if deceased so state) North Salem
Birthplace of mother (State or foreign country) Indiana

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

Signed Albert Keith Thompson
New Address Roachdale, Indiana

Subscribed and sworn to before me this 16th day of November, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

8. Full name of father Robert Lee Calder
Residence of father (if deceased so state) Linton, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Betty Elene Hudson
Residence of mother (if deceased so state) Linton, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Judy E. Calder
New Address Roachdale, Ind.

Subscribed and sworn to before me this 16th day of November, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

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

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 23 day of November, 1979, authorizing the joining together as husband and wife of Albert Keith Thompson and Judy E. Calder

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Lawrence E. Dettner hereby certify that on the 24 day of November, 1979, at North Salem, County of Hendricks, one thousand nine hundred and 79 at _____, County, State of Indiana, State of Indiana, Groom Albert Keith Thompson of Hendricks County, State of Indiana, and, Bride Judy E. Calder of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 24 day of November, 1979.
Signed Rev. Lawrence E. Dettner
Minister
Official Designation 26 day of November, 1979.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 55

File

County

Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated

Name of Physician

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

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State

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

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

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

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

8. Full name of father

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

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

Signed

New Address

Subscribed and sworn to before me this day of 19

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana,

County of

HENDRICKS

Signed

Father

Signed

Mother

Subscribed and sworn to before me this day of 19

Clerk

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

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

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

I, one thousand nine hundred and hereby certify that on the day of State of Indiana, Groom at County of

and, Bride of County, State of

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

Dated this day of 19

Filed and recorded in accordance with the laws of the State of Indiana this Signed Official Designation day of 19

Signed Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 556

File
11-19-79
Date of Application

MALE

Medical Examination Report Dated Nov. 16, 1979
Name of Physician Larry D. Lovall

FEMALE

Medical Examination Report Dated Nov. 16, 1979
Name of Physician Larry D. Lovall

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Paul Steven Wise
Date of Birth 6 4 1945
Place of Birth (State or foreign country) Greencastle, In.
Residence Address R.R. #6 Box 133 Danville, In.
Previous Marital Status: Never Married ☐ OR ☒ 1 time
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/ picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Paul Corie 9
Cheryl Diane 11

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

8. Full name of father Paul Wise
Residence of father (if deceased so state) Danville, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Christine Hea
Residence of mother (if deceased so state) Danville, In.
Birthplace of mother (State or foreign country) Indiana

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

Signed Paul Wise

New Address R.R. #6 Box 133 Danville, In.

Subscribed and sworn to before me this 19th day of November, 1979

Glen M. Harvey Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name Wanda Lou Gilmore
Date of Birth 12 12 1952
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address P.O. Box 256 Clayton
Previous Marital Status: Never Married ☐ OR ☒ 1 time
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/ picture

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

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

8. Full name of father Wilbur Parks
Residence of father (if deceased so state) Plainfield, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marjorie Elizabeth Keltner
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Indiana

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

Signed Wanda Lou Gilmore

New Address R.R. #6 Box 133 Danville, In.

Subscribed and sworn to before me this 19th day of November, 1979

Glen M. Harvey Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 23 day of November, 1979, authorizing the joining together as husband and wife Paul Steven Wise and Wanda Lou Gilmore

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

I, Frank W. Rodgers hereby certify that on the 24 day of November, one thousand nine hundred and 79 at Amo, County of Hendricks, State of Indiana, Groom Paul Steven Wise of Hendricks County, State of Indiana and, Bride Wanda Lou Gilmore of Hendricks County, State of Indiana

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

Dated this 24 day of November, 1979

Signed Frank W. Rodgers

Official Designation Minister, 1st Baptist Church, Amo 27 November 1979

Signed Glen M. Harvey Clerk Hendricks Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 557
File _____
Date of Application 11-19-79

MALE
Medical Examination Report Dated Nov. 13, 1979
Name of Physician Larry D. Lovall

FEMALE
Medical Examination Report Dated Nov. 13, 1979
Name of Physician Larry D. Lovall M.D.

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

MALE APPLICANT

Name Henry Wallace
Date of Birth 4 1952
Place of Birth (State or foreign country) Memphis, Tenn.
Residence Address 3247 Gladstone, Indpls.
Previous Marital Status: Never Married ☐ OR 2 times
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/ picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.
Christy 7
Stephena 11
Shawn 13

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

8. Full name of father George Wallace
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Worothy Blasington
Residence of mother (if deceased so state) Indianapolis, Ind.
Birthplace of mother (State or foreign country) Tenn.

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

Signed Henry Wallace
New Address 334 Kain St.

Subscribed and sworn to before me this 19 day of November 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 26 day of November, 1979, authorizing the joining together as husband and wife of Henry Wallace and Sharon Mayo.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Larry McMahan,
one thousand nine hundred and 79 hereby certify that on the 15th day of December,
State of Indiana, Groom Henry Wallace at Plainfield, County of Hendricks,
and, Bride Sharon Mayo of Marion, County of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana.
Dated this 15th day of December, 1979.
Signed Larry McMahan
Official Designation Espiscopal Priest
day of December, 1979
Signed _____ Clerk
HENDRICKS Circuit Court

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

FEMALE APPLICANT

Name Sharon Mayo
Date of Birth 4 1947
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 334 Kain, Plainfield, Ind.
Previous Marital Status: Never Married ☐ OR 1 time
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license w/ picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.
Lindsay 11
Gregory 9

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

8. Full name of father German D. Spencer
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Florence E. Mc Kinney
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Sharon Mayo
New Address 334 Kain, Plainfield

Subscribed and sworn to before me this 19th day of November 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 558
File 11-19-79
Date of Application

MALE
Medical Examination Report Dated 11-15-79
Name of Physician James Black

FEMALE
Medical Examination Report Dated 11-15-79
Name of Physician James Black

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

MALE APPLICANT
Name Stephen W. Jones
Date of Birth 9 9 1961
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Rt 1 Box 281 B. B. Bug Rd Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter H. Jones
Residence of father (if deceased so state) B. Bug Ind
Birthplace of father (State or foreign country) Cincinnati, Ohio
9. Full maiden name of mother Margaret L. Brown
Residence of mother (if deceased so state) B. Bug Ind
Birthplace of mother (State or foreign country) Cincinnati, Ohio
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed X Steve Jones
New Address 28 Mariana Ct
Subscribed and sworn to before me this 19 day of Nov, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT
Name Kelly D. Becker
Date of Birth 17 17 1963
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 88 Mariana Ct. B. Bug Rd. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert J. Becker
Residence of father (if deceased so state) B. Bug Ind
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jolene Ann Bruce
Residence of mother (if deceased so state) B. Bug Ind
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed X Kelly Becker
New Address 28 Mariana Ct
Subscribed and sworn to before me this 19 day of Nov, 19 79
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Clerks Office County Superior Court by written order issued 7 days waver & of age requ and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19 day of November, 19 79, authorizing the joining together as husband and wife of Stephen W. Jones and Kelly D. Becker
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clifford L. Carmichael hereby certify that on the 1st day of December, one thousand nine hundred and 79 at Brownsburg, County of Hendricks, State of Indiana, Groom Stephen W. Jones of Hendricks County, State of Indiana and, Bride Kelly Dawn Becker of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 19th day of November, 19 79.

Signed Clifford L. Carmichael
Official Designation United Methodist Minister
Filed and recorded in accordance with the laws of the State of Indiana this 4th day of December, 19 79
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 539

File

11-19-79
Date of Application

County

MALE
Medical Examination Report Dated 11-5-79
Name of Physician James Black

FEMALE
Medical Examination Report Dated 11-5-79
Name of Physician James Black

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

MALE APPLICANT

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

☐ Other (Specify)

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

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

8. Full name of father Isaac L. McKinzie
Residence of father (if deceased so state) North Salem Ind
Birthplace of father (State or foreign country) North Salem
9. Full maiden name of mother Juanita L. Stuart
Residence of mother (if deceased so state) North Salem Ind
Birthplace of mother (State or foreign country) Indiana

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

Signed X Terry L. McKinzie
New Address 110 Franklin St Brownsville

Subscribed and sworn to before me this day of 19
Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:

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

FEMALE APPLICANT

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

☐ Other (Specify)

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

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

8. Full name of father William J. Belford
Residence of father (if deceased so state) Lizton Ind
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Lou Harcom
Residence of mother (if deceased so state) Lizton Ind
Birthplace of mother (State or foreign country) Indiana

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

Signed X Margaret D. Belford
New Address 110 Franklin St

Subscribed and sworn to before me this day of 19
Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:

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

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 19 day of November 1979, authorizing the joining together as husband and wife of Terry L. McKinzie and Margaret D. Belford. Be it further remembered, the following marriage certificate was filed in my office, to-wit: one thousand nine hundred and 79 hereby certify that on the 21st day of November, State of Indiana, Groom Terry L. McKinzie at Lizton of Hendricks County, State of Indiana and, Bride Margaret D. Belford of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County. Dated this 19th day of November 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of November 1979

Signed Rev. Raymond L. Rader
Official Designation Pastor, 1st Baptist Ch. Lizton
November 19 79
Signed Glen M. Harvey
Clerk Hendricks Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 560
File _____
County _____
Date of Application 11-21-79

MALE
Medical Examination Report Dated David B. Haggard
Name of Physician 11-9-79

FEMALE
Medical Examination Report Dated 11-9-79
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Todd Black
Date of Birth Dec 30 1961
Place of Birth (State or foreign country) Indianapolis, In
Residence Address R.R. #6 Box 100 Brownsburg, In
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father: Harrell D. Black
Residence of father (if deceased so state): Brownsburg, In
Birthplace of father (State or foreign country): Indiana
- Full maiden name of mother: Lynette A. Wickey
Residence of mother (if deceased so state): Brownsburg, In
Birthplace of mother (State or foreign country): Ill.

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

Signed Todd A. Black

New Address _____

Subscribed and sworn to before me this 21st day of November, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

FEMALE APPLICANT

Name Vickie Johnson
Date of Birth Oct 6 1963
Place of Birth (State or foreign country) Warrick, In
Residence Address R.R. #1 Box 422 Plainfield, In
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father: William L. Johnson
Residence of father (if deceased so state): Plainfield, In
Birthplace of father (State or foreign country): Indiana
- Full maiden name of mother: Betty Lou Woods
Residence of mother (if deceased so state): Plainfield, In
Birthplace of mother (State or foreign country): Indiana

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

Signed Vickie L. Johnson

New Address Brownsburg, In

Subscribed and sworn to before me this 21st day of November, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

Signed William L. Johnson Father

Signed Betty Lou Johnson Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court

of Indiana dated the 21st day of Nov, 1979, authorizing the joining together as husband and wife

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

I, Donald S. Wallace hereby certify that on the 24 day of November,

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

State of Indiana, Groom Todd A. Black of Hendricks County, State of Indiana,
and, Bride Vickie L. Johnson of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21 day of Nov, 1979. Signed Donald S. Wallace

Official Designation Pastor, Calvary Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of Nov, 1979. Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

ENSE No. 559
File 11-19-79
Date of Application 11-5-79
James Black
Insurance of a license to marry by any false statement
FEMALE APPLICANT
Name: [illegible]
Middle: [illegible]
Last: [illegible]
Date of Birth: [illegible]
Place of Birth: [illegible]
Residence Address: [illegible]
Previous Marital Status: [illegible]
Last Marriage Ended By: [illegible]
Date of birth verified by: [illegible]
Other (Specify): [illegible]
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
I depose and state the information given in this application is true and correct.
Margarita D. Belford
Franklin
day of
Clerk HENDRICKS
R GUARDIAN
I give consent for this marriage. If only one parent
ent of the other parent unnecessary.
} ss:
day of
refused to the above named parties, the
and filed
d parties.
HENDRICKS Circuit Court
joining together as husband and wife
November
County of Hendricks
State of Indiana
Court of
Rader
1st Baptist Ch. - Lizton
November 1979
Circuit Court

Prescribed By
Indiana State Board of
Health under Authority
Chap. 128, Ind. Acts 1965
(Sec. 1077)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 560
File 11-21-79
Date of Application

MALE
Medical Examination Report Dated 11-9-79
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 11-9-79
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 128, Indiana Acts 1965 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name: First: Todd Middle: Black Last: Black
Date of Birth: Month: 10 Day: 30 Year: 1961
Place of Birth (State or foreign country): Indianapolis, Ind.
Residence Address: R.R. #6 Box 100 Crownsburg, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify):
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

FEMALE APPLICANT
Name: First: Vickie Middle: Johnson Last: Johnson
Date of Birth: Month: 10 Day: 6 Year: 1963
Place of Birth (State or foreign country): [illegible]
Residence Address: R.R. #1 Box 432 Plainfield, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify):
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

Darrell D. Black and Elizabeth A. Black, as parents of Todd A. Black, hereby give their permission for Todd A. Black to marry Vickie Johnson.

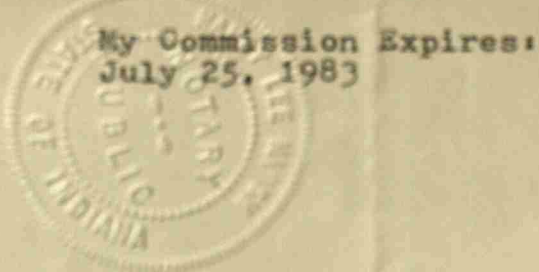
Darrell D. Black
Darrell D. Black

Elizabeth A. Black
Elizabeth A. Black

STATE OF INDIANA
COUNTY OF HENDRICKS

Before me the undersigned, a Notary Public in and for the County of Hendricks, State of Indiana, personally appeared Darrell D. Black and Elizabeth A. Black, and acknowledged the execution of the foregoing instrument this 20th day of November, 1979.

Nancy Lee Marsh
Nancy Lee Marsh



HENDRICKS Circuit Court
joining together as husband and wife
November
County of Hendricks
State of Indiana
Court of
Rader
1st Baptist Ch. - Lizton
November 1979
Circuit Court

Notation given
and correct.
11-21-79
Circuit Court
one parent
Father
Mother
11-21-79
Circuit Court
parties, the
and filed
Circuit Court
and wife
Circuit Court
Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

No. 561

File

Nov. 21, 1979
Date of Application

MALE
Medical Examination Report Dated 11/13/79
Name of Physician Maria B. Zaggard, M.D.

FEMALE
Medical Examination Report Dated 11/13/79
Name of Physician Maria B. Zaggard M.D.

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

MALE APPLICANT

Name Rodney Western
Date of Birth 11/18/59
Place of Birth (State or foreign country) Indiana
Residence Address 11080 W. Washington #34
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

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

8. Full name of father: Felix Western
Residence of father (if deceased so state): Plainfield, Ind.
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Patricia L. Ross
Residence of mother (if deceased so state): Clay City, Ind.
Birthplace of mother (State or foreign country): Indiana

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

Signed: Rodney Western

New Address: 11080 W. Washington St.

Subscribed and sworn to before me this 21 day of November, 1979
Elen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1979
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21 day of November, 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Rodney Western and Penny R. Brand

I, Jewell E. Dewees, hereby certify that on the 24 day of Nov. 1979, at Belleville, Ind. County of Hendricks, State of Indiana, Groom: Rodney Western and, Bride: Penny R. Brand of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 29 day of Nov., 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of Nov., 1979.

Signed: Jewell E. Dewees
Official Designation: H. M. Minister
Signed: Elen M. Harney Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 562

File

County

11-21-79
Date of Application

MALE

Medical Examination Report Dated 11-12-79

Name of Physician John Elliot Jr. M.D.

FEMALE

Medical Examination Report Dated 11-14-79

Name of Physician Thomas Vieira M.D.

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

MALE APPLICANT

Name First Oscar Middle Watcher Last
Date of Birth Month August Day 27 Year 1954
Place of Birth (State or foreign country) London
Residence Address Street or R. R. 705 W. Lincoln St. City Danville County Hendricks State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers license (picture)

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

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

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

8. Full name of father John J. Hatcher

Residence of father (if deceased so state) Sh. Cloud Fla.

Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Marybelle House

Residence of mother (if deceased so state) 705 W. Lincoln

Birthplace of mother (State or foreign country) London Ky. Danville Ind.

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

County of

Signed Oscar Hatcher

New Address RR6 Box Danville Ind.

Subscribed and sworn to before me this 21 day of November, 1979

Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Diana Middle Smith Last
Date of Birth Month November Day 25 Year 1961
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. RR#1 Box 21 City Centerville County Hendricks State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers license (picture)

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

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

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

8. Full name of father Jesse A. Smith

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

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Janet Lucille Eggers

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

Birthplace of mother (State or foreign country) Indiana

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

County of

Signed Diana M. Smith

New Address RR6 Danville, IN 46122

Subscribed and sworn to before me this 21 day of November, 1979

Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 25 day of November, 1979, authorizing the joining together as husband and wife

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

I, Rev. Timothy M. Schroeder, hereby certify that on the 30 day of Nov.

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

State of Indiana, Groom Oscar Hatcher, of Hendricks County, State of Indiana,

and, Bride Diana Marie Smith, of Hendricks County, State of Indiana,

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

Dated this 30 day of Nov., 1979.

Signed Rev. Timothy M. Schroeder

Official Designation Pastor / Minister

4 day of Dec., 1979.

Signed Ellen M. Harvey Clerk

HENDRICKS Circuit Court

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 563

File 11-26-79
Date of Application

MALE
Medical Examination Report Dated 11-21-79
Name of Physician J. E. Naggety

FEMALE
Medical Examination Report Dated 11-21-79
Name of Physician J. E. Naggety

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

MALE APPLICANT

Name Scott Dewayne Whitaker
Date of Birth April 7 1961
Place of Birth Putnam Co. Indiana
Residence Address 1810 Madison Village Dr. apt 734, Indianapolis
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Divorced license w/picture

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

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

8. Full name of father Clyde Whitaker Jr.
Residence of father (if deceased so state) Clarendale, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruth Alice Fox
Residence of mother (if deceased so state) Clarendale, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Scott Dewayne Whitaker

New Address 1810 Madison Village Dr. apt 734, Indianapolis

Subscribed and sworn to before me this 26 day of Nov 1979

Elen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30 day of Nov 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Scott Dewayne Whitaker and Kay Ellen Nochols
I, Dennis R. Fulton

one thousand nine hundred and 79 hereby certify that on the 1st day of December State of Indiana, Groom Scott Dewayne Whitaker at Indianapolis County of Marion

and, Bride Kay Ellen Nochols of Putnam County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana

Dated this 1st day of December 1979

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of December 1979

Signed Dennis A. Fulton
Official Designation Christian Minister

Signed Elen M. Harvey
HENDRICKS Clerk Circuit Court

FEMALE APPLICANT

Name Kay Ellen Nichols
Date of Birth Aug 30 1959
Place of Birth Marion Co. Indiana
Residence Address RR 2 Box 129, Coatesville, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

8. Full name of father Gary Lee Nichols
Residence of father (if deceased so state) Coatesville, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Ellen Church
Residence of mother (if deceased so state) Coatesville, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Kay Ellen Nichols

New Address

Subscribed and sworn to before me this 26 day of Nov 1979

Elen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 564

File

11-26-79
Date of Application

MALE

Medical Examination Report Dated 11-19-79

Name of Physician Charles James

FEMALE

Medical Examination Report Dated 11-19-79

Name of Physician Charles James

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Robert Shipman
Date of Birth 11/13/1961
Place of Birth (State or foreign country) South Bend, Ind.
Residence Address RR 2 Box 104A B. burg Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

8. Full name of father William R. Brown

Residence of father (if deceased so state) B. burg Ind.

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

9. Full maiden name of mother Mary Ann Louise Ross

Residence of mother (if deceased so state) B. burg Ind.

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

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

Signed X Robert Shipman

New Address RR 2 Box 104A B. burg

Subscribed and sworn to before me this 26 day of Nov, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

FEMALE APPLICANT

Name Paula Johnson
Date of Birth 11/13/1961
Place of Birth (State or foreign country) South Bend, Ind.
Residence Address RR 2 Box 104A B. burg Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

8. Full name of father Paul L. Johnson

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

Birthplace of father (State or foreign country) Ohio

9. Full maiden name of mother Lakona Phyllis Harrington

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

Birthplace of mother (State or foreign country) Indiana

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

Signed X Paula Johnson

New Address RR 2 Box 104A B. burg

Subscribed and sworn to before me this 26 day of Nov, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court

of Indiana dated the 26th day of November, 1979, authorizing the joining together as husband and wife

Robert B. Shipman and Paula J. Johnson

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

I, Wayne Defoe hereby certify that on the 1st day of December

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

State of Indiana, Groom Robert B. Shipman of Hendricks County, State of Indiana

and, Bride Paula J. Johnson of Hendricks County, State of Indiana

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

County.

Dated this 26th day of November, 1979

Signed Wayne Defoe

Official Designation Asst. Pastor

4th day of December, 1979

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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

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

Be Married
STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 565

File
Date of Application 11-26-79

MALE
Medical Examination Report Dated 11-20-79
Name of Physician Herbert Hill

FEMALE
Medical Examination Report Dated 11-20-79
Name of Physician Herbert Hill

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

MALE APPLICANT
Name Roger E. Cornett
Date of Birth Aug 12 1948
Place of Birth (State or foreign country) Ohio
Residence Address 1883 Avon Rd. Plainfield Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Cornett
Residence of father (if deceased so state) Logansport, Ind.
Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Marie Lane
Residence of mother (if deceased so state) Logansport, Ind.
Birthplace of mother (State or foreign country) Ohio
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Roger E. Cornett
New Address 1883 Avon Rd.
Subscribed and sworn to before me this 26 day of Nov. 1979.
Alex M. Harney Clerk HENDRICKS Circuit Court

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

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

FEMALE APPLICANT
Name Pamela J. Cornett
Date of Birth Aug 9 1951
Place of Birth (State or foreign country) Ind.
Residence Address 1883 Avon Rd. Plainfield Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edward Heichelbuch
Residence of father (if deceased so state) Bedford, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Alma F. Fuhrman
Residence of mother (if deceased so state) Bedford, Ind.
Birthplace of mother (State or foreign country) Ind.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Pamela J. Cornett
New Address 1883 Avon Rd.
Subscribed and sworn to before me this 26 day of Nov. 1979.
Alex M. Harney Clerk HENDRICKS Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 3rd day of Dec. 1979.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. William P. Hendricks
one thousand nine hundred and 79 hereby certify that on the 9th day of December
State of Indiana, Groom Roger E. Cornett at Washington Twnp. County of Hendricks
and, Bride Pamela J. Cornett of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 3rd day of December, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of December, 1979.
Signed Rev. William P. Hendricks
Official Designation Minister
Signed Alex M. Harney Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 566
File November 23, 1979
Date of Application

MALE
Medical Examination Report Dated 11-26-79
Name of Physician Larry N. Lovaas, M.D.

FEMALE
Medical Examination Report Dated 11-19-79
Name of Physician Larry N. Lovaas, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Mark W. Lukenbill
Date of Birth October 7 1956
Place of Birth (State or foreign country) Putnam Ind
Residence Address 16 N. Jefferson Brownsburg Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) driver's license picture

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

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

8. Full name of father William Oret Lukenbill
Residence of father (if deceased so state) Brownsburg, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margaret Tricia Sutherland
Residence of mother (if deceased so state) Brownsburg, Ind.
Birthplace of mother (State or foreign country) New York State

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

Signed Mark W. Lukenbill

New Address 16 N. Jefferson

Subscribed and sworn to before me this 27 day of Nov, 1979
Glen M. Hurley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Andrea Jo Pendergrast
Date of Birth September 2 1960
Place of Birth (State or foreign country) Lebanon
Residence Address 16 N. Jefferson Brownsburg Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) _____

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

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

8. Full name of father Gene Howard Pendergrast
Residence of father (if deceased so state) Brownsburg, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Ashburg
Residence of mother (if deceased so state) Brownsburg, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Andrea Pendergrast

New Address 16 N. Jefferson

Subscribed and sworn to before me this 27 day of November, 1979
Glen M. Hurley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 1st day of December

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glen Jackson hereby certify that on the 1st day of December

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

State of Indiana, Groom Mark W. Lukenbill of Hendricks County, State of Indiana
and, Bride Andrea J. Pendergrast of Hendricks County, State of Indiana

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

Dated this 1st day of December, 1979

Signed Glen Jackson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of December, 1979

Signed Glen M. Hurley Clerk
HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

No. 567

File 11-28-79
Date of Application

MALE
Medical Examination Report Dated 11-27-79
Name of Physician Thomas W. Walker

FEMALE
Medical Examination Report Dated 11-27-79
Name of Physician Thomas W. Walker

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

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

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

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

8. Full name of father: Sam Nash Gregory
Residence of father (if deceased so state): Brownsburg, Ind.
Birthplace of father (State or foreign country): Kentucky

9. Full maiden name of mother: Wester Root
Residence of mother (if deceased so state): Brownsburg, Ind.
Birthplace of mother (State or foreign country): Indiana

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

Signed: Michael Charles Gregory
New Address: 214 N. Jefferson St. Brownsburg

Subscribed and sworn to before me this 28th day of Nov., 1979
Glen M. Harvey Clerk **HENDRICKS** Circuit Court

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

State of Indiana, **HENDRICKS** ss:
County of _____

Signed: _____ Father
Signed: _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ **HENDRICKS** Circuit Court of Indiana dated the 28th day of November, 1979, authorizing the joining together as husband and wife of **Michael Charles Gregory** and **Cynthia Jean Colee**.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, **Jerry R. Nash**,
one thousand nine hundred and 79 hereby certify that on the 1st day of December, State of Indiana, Groom **Michael Charles Gregory** at **Brownsburg**, County of **Hendricks**, and, Bride **Cynthia Jean Colee** of **Hendricks** County, State of **Indiana** County, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of **HENDRICKS** County, State of **Indiana**.
Dated this 1st day of December, 1979.

Signed **Jerry R. Nash**
Official Designation **Minister**
Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of December, 1979.
Signed **Glen M. Harvey** Clerk **HENDRICKS** Circuit Court

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

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

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

8. Full name of father: Charles E. Colee
Residence of father (if deceased so state): Brownsburg, Ind.
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Lois A. Gilman
Residence of mother (if deceased so state): Brownsburg, Ind.
Birthplace of mother (State or foreign country): Indiana

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

Signed: Cynthia Jean Colee
New Address: 214 N. Jefferson St. Brownsburg

Subscribed and sworn to before me this 28th day of Nov., 1979
Glen M. Harvey Clerk **HENDRICKS** Circuit Court

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

State of Indiana, **HENDRICKS** ss:
County of _____

Signed: _____ Father
Signed: _____ Mother

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 568
File 11-28-79
Date of Application

County

MALE

Medical Examination Report Dated 11-13-79
Name of Physician Patrick Foley

FEMALE

Medical Examination Report Dated 11-12-79
Name of Physician Patrick Foley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

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

MALE APPLICANT

Name Albert G. Ralph
Date of Birth 5 23 1939
Place of Birth (State or foreign country) Jersey City, New Jersey
Residence Address 111 Pin Oak Brownburg Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License & picture

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

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

8. Full name of father Walter E. Ralph
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Jersey City New Jersey
9. Full maiden name of mother Grace Williams
Residence of mother (if deceased so state) Indph Ind
Birthplace of mother (State or foreign country) Patterson New Jersey

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

Signed X Albert G. Ralph

New Address 111 Pin Oak St. Brownburg Ind.

Subscribed and sworn to before me this 28 day of November, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Jacqueline Ann Bennett
Date of Birth 4 18 1944
Place of Birth (State or foreign country) Kokomo Ind.
Residence Address 111 Pin Oak Brownburg Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License & picture

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

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

8. Full name of father Everett E. Rault
Residence of father (if deceased so state) Tampa Fla.
Birthplace of father (State or foreign country) Fort Wayne Ind.
9. Full maiden name of mother Jean E. Burrows
Residence of mother (if deceased so state) Kokomo Ind.
Birthplace of mother (State or foreign country) Kokomo Ind.

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

Signed X Jacqueline A. Bennett

New Address 111 Pin Oak St. Brownburg Ind.

Subscribed and sworn to before me this 28 day of November, 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4th day of Dec., 1979, authorizing the joining together as husband and wife

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

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

Dated this _____ day of _____, 19____

Signed _____

Official Designation _____ day of _____, 19____

Signed _____

HENDRICKS

Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 569
File 11-29-79
Date of Application

County

MALE
Medical Examination Report Dated 11-28-79
Name of Physician Michael L. Nuly

FEMALE
Medical Examination Report Dated 11-28-79
Name of Physician Michael L. Nuly

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

MALE APPLICANT

Name Ernest D. Mynatt
Date of Birth December 2, 1943
Place of Birth (State or foreign country) Bedford Lawrence, Ind.
Residence Address 106 S. Center St. Danville, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father Quentin Dale Mynatt
Residence of father (if deceased so state) Alabama
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ada Irene Sprules
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Kentucky

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

Signed Ernest D. Mynatt
New Address 202 N. Cross Danville
Subscribed and sworn to before me this 29 day of November, 1979
Allen M. Sprung Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

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

Clerk

FEMALE APPLICANT

Name Kristi Y. Anglin
Date of Birth May 11, 1954
Place of Birth (State or foreign country) Colorado
Residence Address 202 N. Cross Danville, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father Robert Edgar Anglin
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Oklahoma
9. Full maiden name of mother Edna Lynette Strou
Residence of mother (if deceased so state) Nashville, Tenn.
Birthplace of mother (State or foreign country) Beckley W. Va.

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

Signed Kristi Y. Anglin
New Address 202 N. Cross Danville
Subscribed and sworn to before me this 29 day of November, 1979
Allen M. Sprung Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

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

Clerk

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

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

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Jerry G. VanLue hereby certify that on the 1st day of December, 1979,
one thousand nine hundred and 79 at Danville, County of Hendricks,
State of Indiana, Groom Ernest D. Mynatt of Hendricks County, State of Indiana
and, Bride Kristi Y. Anglin of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.

Dated this 1st day of December, 1979
Signed Rev. Jerry G. VanLue
Official Designation Minister
4th day of December, 1979
Signed Allen M. Sprung Clerk HENDRICKS Circuit Court

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

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 570
File _____
County _____
Date of Application 12-3-79

MALE

Medical Examination Report Dated 11-24-79
Name of Physician Larry Lowell

FEMALE

Medical Examination Report Dated 11-14-79
Name of Physician Larry Lowell

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

MALE APPLICANT

Name David E. Frankhouser
Date of Birth 2 28 1933
Place of Birth (State or foreign country) Shillington Pennsylvania
Residence Address 4857 Hawthorne Way Pld Hend Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

8. Full name of father John B. Frankhouser
Residence of father (if deceased so state) Redding, Pa.
Birthplace of father (State or foreign country) Terre Hill Pa.
9. Full maiden name of mother Kathryn Marie Jegley
Residence of mother (if deceased so state) Redding, Pa.
Birthplace of mother (State or foreign country) Redding Pa.

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

Signed _____

New Address 4857 Hawthorne Way
Plainfield, IN 46168

Subscribed and sworn to before me this 3 day of Dec., 1979

Glen M. Harvey Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Guina Marie Wallen
Date of Birth 10 22 1944
Place of Birth (State or foreign country) La Ventrouze ORNE FRANCE
Residence Address 4857 Hawthorne Way Pld Hend Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Naturalization Certificate

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

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

8. Full name of father Ilya GARIC
Residence of father (if deceased so state) L'AIGLE FRANCE
Birthplace of father (State or foreign country) YUGOSLAVIA
9. Full maiden name of mother GOEDELIVE DE GROOTE
Residence of mother (if deceased so state) L'AIGLE FRANCE
Birthplace of mother (State or foreign country) FRANCE

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

Signed _____

New Address 4857 Hawthorne Way
Plainfield, IN 46168

Subscribed and sworn to before me this 3 day of Dec., 1979

Glen M. Harvey Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1979, authorizing the joining together as husband and wife of Indiana dated the 7th day of Dec.

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

I, Rev. Russell T. Harrison hereby certify that on the 8 day of December, 1979, at Indianapolis, County of HENDRICKS, one thousand nine hundred and 79

State of Indiana, Groom David E. Frankhouser of Hendricks County, State of Indiana, and, Bride Guina Marie Wallen of Hendricks County, State of Indiana,

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

Dated this 8 day of December, 1979.

Signed _____

Official Designation Clergyman _____, 1979

Signed Glen M. Harvey Clerk

HENDRICKS

Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 571
File 12-3-79
Date of Application

County

MALE
Medical Examination Report Dated 12-1-79
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 12-1-79
Name of Physician David Haggard

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

MALE APPLICANT

Name Scott G. Gill
Date of Birth 3 1960
Place of Birth (State or foreign country) Ind.
Residence Address 72 Port Sylva Apt B, Indianapolis
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver License

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

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

8. Full name of father Charles G. Gill
Residence of father (if deceased so state) Deceased

Birthplace of father (State or foreign country) Marion Co.

9. Full maiden name of mother Martha L. Bengt
Residence of mother (if deceased so state) Salem Ind.

Birthplace of mother (State or foreign country)

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

Signed Scott G. Gill
New Address 72 Port Sylva Apt B

Subscribed and sworn to before me this 3 day of Dec, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

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

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

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. William P. Hendricks

one thousand nine hundred and 79 hereby certify that on the 7th day of December

State of Indiana, Groom Scott G. Gill at Washington Twnshp, County of HENDRICKS,
and, Bride Alicia Kaye Autison of Marion County, State of Indiana

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

Dated this 7th day of December, 1979.

Signed Rev. William P. Hendricks
Official Designation Minister, Avon Christian Church
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 571
File B-3-79
Date of Application

MALE
Medical Examination Report Dated 12-1-79
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 12-1-79
Name of Physician David Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT
Name Scott Gill
Date of Birth 3 1960
Place of Birth (State or foreign country) Ind.
Residence Address 1201 S. Sylvia Ave. S. Ind. Marion Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver License picture
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

FEMALE APPLICANT
Name Alina K Autison
Date of Birth 3 1962
Place of Birth (State or foreign country) Ind.
Residence Address 223 801222 Danville Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required to be a resident of this State?
If answer is "yes", has the requirement been removed?
8. Full name of
Residence of
Birthplace of
9. Full maiden name
Residence of
Birthplace of
State of Indiana
County of

7. Are you required to be a resident of this State?
If answer is "yes", has the requirement been removed?

I, Leticia M. Autison, hereby give my consent for
my Daughter, Alina Kaye Autison
marry Scott Gill.

Subscribed and sworn to before me this 29 day of Nov.
19 79.

Subscribed and sworn to before me this 29 day of Nov.
19 79.

CONSENT OF
We, the parents,
signs, state facts

Glen M. Harvey
Notary Public

State of Indiana,
County of HENDRICKS ss:
Signed _____ Father

State of Indiana,
County of HENDRICKS ss:
Signed _____ Father

Subscribed and sworn to before me this 29 day of Nov.
19 79.

I, Robert R. Autison, hereby give my consent for
my Daughter, Alina Kaye Autison
marry Scott Gill.

of Indiana
Be it further
I, _____
one thousand
State of In
and, Bride
were by me
County.
Dated this

Subscribed and sworn to before me this 29 day of Nov.
19 79.

Robert R. Autison
Notary Public
Clerk

Filed and

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 572

File Dec. 3, 1979
Date of Application

County

MALE

Medical Examination Report Dated 11-30-79

Name of Physician Wm. Krul

FEMALE

Medical Examination Report Dated 11-30-79

Name of Physician Wm. Krul

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

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

☒ Other (Specify) Dr. License

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

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

8. Full name of father: W. A. Dodson
Residence of father (if deceased so state) Manila, Ark.
Birthplace of father (State or foreign country) Ark.
9. Full maiden name of mother: E. Caroline Hurley
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Ark.

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

Signed Burl J. Dodson

New Address

Subscribed and sworn to before me this 3 day of Dec., 1979.

R10636 PLAINFIELD HENDRICKS
Clerk Glen M. Harvey

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

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

☐ Other (Specify) Dr. License

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

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

8. Full name of father: Wm R. Sullivan
Residence of father (if deceased so state) Phoenix Ariz.
Birthplace of father (State or foreign country) Mo.
9. Full maiden name of mother: Gladys Aly
Residence of mother (if deceased so state) Phoenix, Ariz.
Birthplace of mother (State or foreign country) Mo.

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

Signed Gladys K. DeLand

New Address R1 Bay 636 Plainfield

Subscribed and sworn to before me this 3 day of Dec., 1979.

Glen M. Harvey HENDRICKS
Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the of Indiana dated the 7th day of Dec., 1979, authorizing the joining together as husband and wife

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

I, Jewell Reed hereby certify that on the 7 day of December, 1979, at Clayton, County of HENDRICKS,

one thousand nine hundred and 79, at Clayton, County of HENDRICKS, State of Indiana, Groom: Burl J. Dodson of HENDRICKS County, State of Indiana,

and, Bride: Gladys Kathleen DeLand of Morgan County, State of Indiana,

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

Dated this 7 day of December, 1979.

Signed Jewell Reed

Official Designation minister

10 day of December, 1979

Signed Glen M. Harvey

HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

No. 573
File 12-3-79
Date of Application

MALE
Medical Examination Report Dated 11-13-79
Name of Physician MD Samahorn

FEMALE
Medical Examination Report Dated 11-13-79
Name of Physician MD Samahorn

Whoever procures the issuance of a license to marry by any false statement, representa-

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Lynn Thomas Love
Date of Birth 3 8 1959
Place of Birth (State or foreign country) Lebanon Ind
Residence Address PO Box 158 Pittsboro Hendricks Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father Thomas Homer Love
Residence of father (if deceased so state) Pittsboro Ind
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jane Evelyn Broyles
Residence of mother (if deceased so state) Pittsboro Ind
Birthplace of mother (State or foreign country) Indiana

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

Signed Lynn T. Love

New Address PO Box 118, Linton, IN 46149

Subscribed and sworn to before me this 3 day of Dec, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Terry Lynn Jackson
Date of Birth 6 20 1958
Place of Birth (State or foreign country) Lebanon Ind
Residence Address PO Box 80 Pittsboro Hendricks Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father Charles Keith Jackson
Residence of father (if deceased so state) Pittsboro Ind
Birthplace of father (State or foreign country) Jameson Ind
9. Full maiden name of mother Phyllis Jean Norman
Residence of mother (if deceased so state) Pittsboro Ind
Birthplace of mother (State or foreign country) Linton Ind

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

Signed Terry L. Jackson

New Address PO Box 118, Linton, IN 46149

Subscribed and sworn to before me this 3 day of Dec, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be it Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 19 day of Dec, 1979, authorizing the joining together as husband and wife

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

one thousand nine hundred and 79 hereby certify that on the 15 day of December
State of Indiana, Groom Lynn Thomas Love at Pittsboro County of Hendricks
and, Bride Terry Lynn Jackson of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 15th day of December, 1979.

Signed Dallas Viehe

Official Designation Minister
27 day of December, 1979

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 574
File 41
Date of Application 12-4-79

County

MALE

Medical Examination Report Dated 12-3-79

Name of Physician Wm. Edwards

FEMALE

Medical Examination Report Dated 12-3-79

Name of Physician Wm. Edwards

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

MALE APPLICANT

Name Steven D. Tath
Date of Birth December 10 1956
Place of Birth (State or foreign country)

Residence Address R 3 Box 316A Clayton Ind.
City Clayton County Ind. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

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

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

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

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

8. Full name of father Paul J. Tath, Jr.

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

Birthplace of father (State or foreign country) Hungary

9. Full maiden name of mother Mary Joyce Simpson

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Georgia

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

Signed Steven D. Tath

New Address R.R. 3 Box 316A Clayton

Subscribed and sworn to before me this 4 day of Dec, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Patricia Ann Markel
Date of Birth September 6 1961
Place of Birth (State or foreign country)

Residence Address R 3 Box 316A Clayton Ind.
City Clayton County Ind. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

8. Full name of father Gerald Emerson Markel

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

Birthplace of father (State or foreign country) W. Virginia

9. Full maiden name of mother Effie Mae Johnson

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Ohio

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

Signed Patricia A. Markel

New Address R.R. 3 Box 316A Clayton

Subscribed and sworn to before me this 4th day of Dec, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7 day of Dec, 1979, authorizing the joining together as husband and wife

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

I, Charles S. Burnside hereby certify that on the 8 day of December, 1979, at Brownsville, County of Hendricks, State of Indiana, Groom Steven D. Tath of Hendricks County, State of Indiana, and, Bride Patricia Ann Markel of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 8 day of Dec, 1979.

Signed Charles S. Burnside

Official Designation Minister 12 day of Dec, 1979

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 575

File

12-5-79
Date of Application

County

MALE
Medical Examination Report Dated

11-15-79

Name of Physician

Carl Neunlein

FEMALE

Medical Examination Report Dated

11-15-79

Name of Physician

Carl Neunlein

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

MALE APPLICANT

Name Michael Griswold
Date of Birth 12 1954
Place of Birth (State or foreign country) Indpls Ind
Residence Address 7545 S. Raven Indpls 7 Marion Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

Michele Lynn Griswold
Shawn Michael Griswold

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

8. Full name of father Earl Griswold
Residence of father (if deceased so state) Indpls Ind.
Birthplace of father (State or foreign country) Danville Ind.

9. Full maiden name of mother Norma Mae Moore
Residence of mother (if deceased so state) Indpls Ind
Birthplace of mother (State or foreign country) Indpls Ind

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

Signed

New Address

1306 Avon Rd Plainfield Ind 46168

Subscribed and sworn to before me this 5 day of December 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed

Father

Signed

Mother

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

Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court
of Indiana dated the 11 day of Dec, 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Maurice Bratcher

one thousand nine hundred and 79 hereby certify that on the 14th day of December
State of Indiana, Groom Michael L. Griswold at Plainfield County of Hendricks

and, Bride Carolyn A. Mason of Marion County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____

Dated this 14th day of December, 1979

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

Signed Rev. Maurice Bratcher
Official Designation Elder Church of the Nazarene
17 day of December, 1979

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 576
File 41
Dec. 6, 1979
Date of Application

County

MALE

Medical Examination Report Dated 11-28-79

Name of Physician

FEMALE

Medical Examination Report Dated 11-28-79

Name of Physician

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

MALE APPLICANT

Name Paul D. Harlan
Date of Birth January 28, 1952
Place of Birth (State or foreign country) Indianapolis
Residence Address 244 Walnut Lane City Brownsville, Ind. State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

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

8. Full name of father John C. Harlan
Residence of father (if deceased so state) Linton, Ind.
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Imogene Cohn
Residence of mother (if deceased so state) Linton, Ind.
Birthplace of mother (State or foreign country) Kentucky

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

Signed Paul D. Harlan

New Address 244 Walnut Lane Brownsville

Subscribed and sworn to before me this 6 day of Dec, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Althea Spiegel
Date of Birth May 21, 1957
Place of Birth (State or foreign country) Columbus
Residence Address 5826 East Irving St City Indianapolis State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

Chad Evan Spiegel

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

8. Full name of father Dewey Junior Wood
Residence of father (if deceased so state) Marion Co. Indiana
Birthplace of father (State or foreign country) Virginia

9. Full maiden name of mother Clara Ora Green
Residence of mother (if deceased so state) Indianapolis, Ind.
Birthplace of mother (State or foreign country) Kentucky

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

Signed Althea Spiegel

New Address 244 Walnut Lane

Subscribed and sworn to before me this 6 day of Dec, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court

of Indiana dated the 13th day of December, 1979, authorizing the joining together as husband and wife

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

I, L. Ray Lynn hereby certify that on the 15 day of December,

one thousand nine hundred and 79 at Indianapolis, County of Marion,

State of Indiana, Groom Paul D. Harlan of Hendricks County, State of Indiana,

and, Bride Althea Spiegel of Hendricks County, State of Indiana,

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

County, Dated this 15 day of December, 1979.

Signed L. Ray Lynn

Official Designation Minister _____, 1979.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

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

No. 577
File Dec 7 1979
Date of Application

MALE
Medical Examination Report Dated 12-5-79
Name of Physician Rosendo H. Sarsin MD.

FEMALE
Medical Examination Report Dated 12-5-79
Name of Physician Rosendo H. Sarsin MD.

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

MALE APPLICANT

Name Jack Clarkson Leo
Date of Birth May 5 1950
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address RR #1 Box 105 Apt #9 Warrick, In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
Sina 9

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

8. Full name of father Jack Leo
Residence of father (if deceased so state) Indianapolis, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Eva Clarkson
Residence of mother (if deceased so state) Indianapolis, In.
Birthplace of mother (State or foreign country) Indiana

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

Signed Jack Clarkson
New Address _____

Subscribed and sworn to before me this 7th day of Dec, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 12th day of December, 1979, authorizing the joining together as husband and wife of Jack Clarkson Leo and Eva Marie Garrett.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Andy Arnett, _____ hereby certify that on the 15 day of December, one thousand nine hundred and 79, at Bridgport, County of Marion, State of Indiana, Groom Jack Clarkson Leo of Hendricks County, State of Indiana and, Bride Eva Marie Garrett of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 15 day of December, 1979.

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

Signed Andy Arnett
Official Designation Minister
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 578
File 12-7-79
Date of Application

County

MALE
Medical Examination Report Dated 12-4-79
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 12-4-79
Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Daniel E. Hoffman
Date of Birth 9 30 1947
Place of Birth (State or foreign country) Indpls Ind.
Residence Address 2907 Bridgeport Rd Indpls Marion Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w picture

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

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

8. Full name of father Kenneth Eugene Hoffman
Residence of father (if deceased so state) Indpls Ind.
Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother Rose Marie Warren
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Indpls Ind.

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

Signed X Daniel E. Hoffman

New Address 2907 Bridgeport Rd

Subscribed and sworn to before me this 7 day of December, 1979

Glen M. Harvey Clerk HENDRICK Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICK } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Pamela J. Baker
Date of Birth 4 5 1952
Place of Birth (State or foreign country) Indpls Ind.
Residence Address 11080 W. Wash St. Indpls Marion Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w picture

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

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

8. Full name of father Billy Gene Baker
Residence of father (if deceased so state) Cartersburg Ind.
Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother JoAnn Houston
Residence of mother (if deceased so state) Cartersburg Ind.
Birthplace of mother (State or foreign country) Indpls Ind.

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

Signed Pamela J. Baker

New Address 2907 Bridgeport Rd

Subscribed and sworn to before me this 7 day of December, 1979

Glen M. Harvey Clerk HENDRICK Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICK } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court

of Indiana dated the 12 day of Dec, 1979, authorizing the joining together as husband and wife

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

I, Rev Danny E. Byrd hereby certify that on the 15 day of December,

one thousand nine hundred and 79 at Bridgeport T M C, County of Marion,

State of Indiana, Groom Daniel E. Hoffman of Marion County, State of Indiana,

and, Bride Pamela J. Baker of Hendricks County, State of Indiana,

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

County, Dated this 12 day of December, 1979.

Signed Rev Danny E. Byrd

Official Designation minister

18 day of Dec, 1979.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 579
File _____
Date of Application Dec 7, 1979

MALE
Medical Examination Report Dated Dec 7, 1979
Name of Physician C. C. Hernandez MD. MCG-MC

FEMALE
Medical Examination Report Dated Dec 1, 1979
Name of Physician Dr. Wm M. Huse

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

MALE APPLICANT
Name Gregory James Hibbeln
Date of Birth Nov 18, 1961
Place of Birth (State or foreign country) Indianapolis, In
Residence Address Fort Bliss, Wash
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father Thomas James Hibbeln
Residence of father (if deceased so state) Indianapolis, In
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Margaret Ann Braiggeman
Residence of mother (if deceased so state) Maitlin, Ill.
Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Gregory J. Hibbeln
New Address _____

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

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 20th day of December, 1979, authorizing the joining together as husband and wife of Gregory James Hibbeln and Lisa E. Albrecht.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John P. Roof hereby certify that on the 22 day of December, one thousand nine hundred and 79, at Danville, State of Indiana, Groom Gregory James Hibbeln and, Bride Lisa Elaine Albrecht of Marion County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana.
Dated this 22 day of December, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.
Signed John P. Roof Official Designation Episcopal Priest
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT
Name Lisa E. Albrecht
Date of Birth Nov 6, 1962
Place of Birth (State or foreign country) Indianapolis, In
Residence Address RR #3 Box 198 Danville, In
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father Donald Paul Albrecht
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Worris Lee Simmonds
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Lisa E. Albrecht
New Address _____

Subscribed and sworn to before me this 7th day of Dec, 1979.
Glen M. Harvey Clerk HENDRICKS

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

State of Indiana, HENDRICKS ss:
County of _____
Signed Donald P. Albrecht Sr. Father
Signed Worris L. Albrecht Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 580
File Dec 7, 1979
Date of Application

County

MALE

Medical Examination Report Dated 11-26-79

Name of Physician James Black

FEMALE

Medical Examination Report Dated 11-26-79

Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

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

MALE APPLICANT

Name Dennis First Estep Middle Estep Last
Date of Birth Jan Month 31 Day 1960 Year
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address 10040 Lake of Lebanon Dr. N. Indianapolis Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

8. Full name of father Edward Estep
Residence of father (if deceased so state) 204 Gordon Ct Brownsburg Ind.
Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Rosie Stodgers
Residence of mother (if deceased so state) Brownsburg
Birthplace of mother (State or foreign country) Ky

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

Signed Dennis Estep

New Address 10040 Lake of Lebanon Dr. N. Indianapolis Ind.

Subscribed and sworn to before me this 11 day of December, 19 79
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

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

FEMALE APPLICANT

Name Cynthia First Ann Middle Taylor Last
Date of Birth Aug Month 2 Day 1957 Year
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 6 Rickfield Ln. Donville, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

8. Full name of father Dale J. Taylor
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Alice Matthews
Residence of mother (if deceased so state) Donville, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Cynthia Ann Taylor

New Address 10040 Lake of Lebanon Dr. N. Indianapolis Ind.

Subscribed and sworn to before me this 11 day of December, 19 79
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court

of Indiana dated the 11 day of December, 19 79, authorizing the joining together as husband and wife of Dennis Estep and Cynthia Ann Taylor

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 15th day of December

I, Jerry R. Nash hereby certify that on the _____ at Brownsburg, County of Hendricks

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

State of Indiana, Groom Dennis Estep of Hendricks County, State of Indiana

and, Bride Cynthia Ann Taylor of _____ of _____

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

Dated this 15 day of December, 19 79 Signed Jerry R. Nash

Official Designation Minister _____ day of December, 19 79

Signed Glen M. Harp Clerk HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 581
File 12-7-79
41
Date of Application

County

MALE
Medical Examination Report Dated 12-5-79
Name of Physician E. J. O'Brien

FEMALE
Medical Examination Report Dated 12-5-79
Name of Physician E. J. O'Brien

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

MALE APPLICANT

Name Joseph M. Ewbank
Date of Birth January 25, 1946
Place of Birth (State or foreign country) Indianapolis
Residence Address RR1 Box 288C Canby, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic

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

Michael Ewbank Heather Ewbank
Angela Ewbank Brooke Ewbank
Laith Ewbank

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

8. Full name of father Bellie M. Ewbank
Residence of father (if deceased so state) RR1 Box 290 Canby, Ind.
Birthplace of father (State or foreign country) Texas

9. Full maiden name of mother Helen Elizabeth Cortner
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Kansas

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

Signed Joseph M. Ewbank
New Address RR1 Box 288C Canby

Subscribed and sworn to before me this 7 day of Dec, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11 day of December, 1979, authorizing the joining together as husband and wife of Joseph M. Ewbank and Marcia A. LecClier.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Danny P. Byrd

one thousand nine hundred and 79 hereby certify that on the 12th day of December
State of Indiana, Groom Joseph M. Ewbank at 2346 Lynhurst (S), County of Marion
and, Bride Marcia A. LecClier of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana.
Dated this 12th day of December, 1979.

Signed Rev. Danny P. Byrd
Official Designation Minister, Bridgeport
Filed and recorded in accordance with the laws of the State of Indiana this 17 day of December, 1979.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 548 582

File 41

County _____

12-10-79
Date of Application

MALE

Medical Examination Report Dated 12-6-79

Name of Physician David M. Hadley

FEMALE

Medical Examination Report Dated 12-6-79

Name of Physician David M. Hadley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name David D. Guy
Date of Birth October 21 1953
Place of Birth (State or foreign country) Indianapolis
Residence Address 412 Wabash St. City County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

8. Full name of father Arthur Lloyd Guy
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Ida Mae Thompson
Residence of mother (if deceased so state) 412 Wabash, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed David A. Guy

New Address 602 Churchill Dr. Mooresville

Subscribed and sworn to before me this 10 day of Dec, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Paula S. English
Date of Birth October 24 1957
Place of Birth (State or foreign country) Indianapolis
Residence Address 602 Churchill Dr. St. City County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic.

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

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

8. Full name of father Willard Lion English
Residence of father (if deceased so state) Clayton, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Carolyn Sue Reeves
Residence of mother (if deceased so state) Clayton, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Paula Sue English

New Address 602 Churchill Dr.

Subscribed and sworn to before me this 10 day of Dec, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 14 day of Dec, 1979, authorizing the joining together as husband and wife

David A. Guy and Paula Sue English
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Everett V. Smock hereby certify that on the 14th day of December, 79 at Mooresville, County of Morgan, State of Indiana, Groom David A. Guy of Hendricks County, State of Indiana and, Bride Paula Sue English of Morgan County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 14 day of December, 1979
Signed Everett V. Smock
Official Designation Minister
17 day of December, 1979

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 549 583File 4112-10-79

Date of Application

County

MALE
Medical Examination Report Dated 12-6-79
Name of Physician Thomas M. Hadley

FEMALE
Medical Examination Report Dated 12-6-79
Name of Physician Thomas M. Hadley

Whoever procures the issuance of a license to marry by any false statement, representa-

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name John E. Catt
Date of Birth Aug. 25 1946
Place of Birth (State or foreign country) Ind.
Residence Address 505 Stephen Dr. Brownsburg, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers Lic.

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

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

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

8. Full name of father Everett Lloyd Catt
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Guth Caroline Abel
Residence of mother (if deceased so state) Vincennes, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed John E. Catt
New Address 7810 Jennifer Dr. Indianapolis, Ind.

Subscribed and sworn to before me this 10 day of Dec., 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
Beverly Stites and Teresa M. Percifield

one thousand nine hundred and 79 hereby certify that on the 21 day of December, 1979, at Brownsburg, County of Hendricks, State of Indiana, Groom John E. Catt and, Bride Teresa M. Percifield of Marion County, State of Indiana

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

Dated this 21 day of December, 1979

Signed Beverly Stites
Official Designation Clerk-Treasurer, Marion Co., Ind.
Signed Glen M. Harvey
Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of December, 1979

Signed Glen M. Harvey
Clerk HENDRICKS Circuit Court

Clermont, Ind.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 584

File _____

County _____

12-11-79

Date of Application

MALE

Medical Examination Report Dated 11-28-79

Name of Physician U.S.S. Eichenbaum D.O.

FEMALE

Medical Examination Report Dated 12-4-79

Name of Physician Joseph C. Kurlin, M.D.

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

MALE APPLICANT

Name Timothy Wayne Dorris
Date of Birth 10 18 1958
Place of Birth (State or foreign country) Brunswick Maine
Residence Address Rt. 1 Box 214 Gosport Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

8. Full name of father Bobby Wilorey Dorris

Residence of father (if deceased so state) Rt. 1 Box 214 Gosport, Ind.

Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Seraldine Kay Stanton

Residence of mother (if deceased so state) Rt. 1 Box 214 Gosport, Ind.

Birthplace of mother (State or foreign country) Indiana

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

Signed Timothy Wayne Dorris

New Address Rt. 1 Box 129 Clayton Ind.

Subscribed and sworn to before me this 11th day of Dec., 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Vicki McGeorge
Date of Birth 3 14 1960
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address Rt. 1 Box 129 Clayton Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

8. Full name of father Glen McGeorge

Residence of father (if deceased so state) Rt. 1 Box 129 Clayton, Ind.

Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother June Boggs

Residence of mother (if deceased so state) Rt. 1 Box 129 Clayton, Ind.

Birthplace of mother (State or foreign country) Kentucky

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

Signed Vicki McGeorge

New Address Rt. 1 Box 129 Clayton, Ind.

Subscribed and sworn to before me this 11th day of Dec., 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11th day of Dec., 1979, authorizing the joining together as husband and wife of Timothy Wayne Dorris and Wicki McGeorge

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

I, Gordon Taylor hereby certify that on the 12th day of December, 1979, at Clayton, County of Hendricks, State of Indiana, Groom Timothy Wayne Dorris of Hendricks County, State of Indiana, and, Bride Vicki McGeorge of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 12th day of December, 1979.

Signed Gordon Taylor

Official Designation Minister, Church of Nazarene

Signed Glen M. Harvey Clerk

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

HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

No. 585
File _____
Date of Application 12-11-79

MALE
Medical Examination Report Dated 12-6-79
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 12-6-79
Name of Physician Eric Clark

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

MALE APPLICANT

Name Terry Alan Cashion
Date of Birth July 26, 1956
Place of Birth (State or foreign country) Indiana
Residence Address 5730 Port Lillian, Indianapolis, Marion, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. _____
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Lee Cashion
Residence of father (if deceased so state) 16 Bayview, Indpls, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Lee Tully
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed Terry Cashion
New Address 5730 Port Lillian #0
Subscribed and sworn to before me this 11th day of Dec, 1979.
Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. _____
State of Indiana, HENDRICKS ss: _____
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 17 day of December, 1979, authorizing the joining together as husband and wife of Terry Alan Cashion and Elinda J. Doty.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, H. Frank Collins,
one thousand nine hundred and 79 hereby certify that on the 29 day of December,
State of Indiana, Groom Terry Alan Cashion at Avon, County of Hendricks
and, Bride Elinda J. Doty of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana.
Dated this 29th day of December, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.
Signed H. Frank Collins
Official Designation Baptist Minister
Signed Allen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Elinda Doty
Date of Birth June 6, 1961
Place of Birth (State or foreign country) Indiana
Residence Address RR #1 Box 413, Danville, Hendricks, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's License w/picture
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. _____
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Thomas Doty
Residence of father (if deceased so state) RR #1 Box 413, Danville, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sarah Jewell Jackson
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Alabama
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed Elinda Doty
New Address 5730 Port Lillian Apt D
Subscribed and sworn to before me this 11th day of Dec, 1979.
Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. _____
State of Indiana, HENDRICKS ss: _____
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 586
File 41
County _____
Date of Application 12-11-79

MALE
Medical Examination Report Dated 12-10-79
Name of Physician A. N. Sudder

FEMALE
Medical Examination Report Dated 12-10-79
Name of Physician A. N. Sudder

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Brian L. Steuerwald
Date of Birth August 31 1961
Place of Birth (State or foreign country) Brant
Residence Address RR Brownsburg Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

8. Full name of father Forest Lee Steuerwald
Residence of father (if deceased so state) RR4, Box 298 Airport Rd., B'burg.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jeanne Claudette Allen
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Brian L. Steuerwald

New Address 12 Manor Dr. North

Subscribed and sworn to before me this 11 day of Dec, 1979
Glen M. Harvey Clerk _____ Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Leanne Allen
Date of Birth June 7 1961
Place of Birth (State or foreign country) Indianapolis
Residence Address 12 Manor Dr. Brownsburg Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

8. Full name of father Donald A. Allen
Residence of father (if deceased so state) 45 S. Green Brownsburg, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janet L. Wellman
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Leanne Allen

New Address 12 Manor Dr. N.

Subscribed and sworn to before me this 11 day of Dec, 1979
Glen M. Harvey Clerk _____ Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 11 day of Dec, 1979, authorizing the joining together as husband and wife of Brian L. Steuerwald and Leanne Allen

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mowrer hereby certify that on the 14th day of December, Hendricks County of Indiana, one thousand nine hundred and 79 at Danville of Hendricks County, State of Indiana, and, Bride Leanne Allen of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 14 day of December, 1979

Signed John C. Mowrer Judge
Official Designation _____
17 day of December, 1979

Filed and recorded in accordance with the laws of the State of Indiana this _____
Signed Glen M. Harvey Clerk _____ Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

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

No. 587

File

Date of Application

Dec. 11, 1979

County

MALE
Medical Examination Report Dated 12-4-79
Name of Physician Joseph Berlin

FEMALE
Medical Examination Report Dated 12-4-79
Name of Physician Joseph Berlin

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

MALE APPLICANT

Name First Robert Middle Lee Last Holder
Date of Birth Month Feb Day 12 Year 1955
Place of Birth (State or foreign country) Ind.
Residence Address Street or R. R. City County State
Rt 2 Box 242 Plainfield Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

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

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

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

8. Full name of father: Clarence Holder
Residence of father (if deceased so state): Plainfield, Ind.
Birthplace of father (State or foreign country): Ky.
9. Full maiden name of mother: Janetta Pierson
Residence of mother (if deceased so state): Plainfield, Ind.
Birthplace of mother (State or foreign country): Ky.

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

Signed: Robert L. Holder

New Address: 4815 Mansfield Dr. Indianapolis

Subscribed and sworn to before me this 11 day of Dec, 1979

Alex M. Narvey Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of _____

Signed: _____ Father

Signed: _____ Mother

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

_____, Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 11 day of Dec, 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Robert Lee Holder and Lisa Machele Bowling

I, Roger L. BROWN hereby certify that on the 15th day of December

one thousand nine hundred and 79 at Plainfield Hendricks

State of Indiana, Groom Robert Lee Holder of Hendricks County, State of Indiana

and, Bride Lisa Machele Bowling of Hendricks County, State of Indiana

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

Dated this 15th day of December, 1979

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

Signed: Roger L. Brown
Official Designation: Minister

Signed: Alex M. Narvey Clerk
Circuit Court

Subscribed and sworn to before me this 11 day of Dec, 1979

_____, Clerk

_____, Circuit Court

FEMALE APPLICANT

Name First Lisa Middle Machele Last Bowling
Date of Birth Month May Day 11 Year 1962
Place of Birth (State or foreign country) Ind.
Residence Address Street or R. R. City County State
1475 Dan Jones Rd. Indianapolis Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
- If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Harold Bowling
Residence of father (if deceased so state): Carmont, Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Wilma Morris
Residence of mother (if deceased so state): Rt 2 Box 340 Indpls.
Birthplace of mother (State or foreign country): Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed: Lisa M. Bowling

New Address: 4815 Mansfield Dr. Indianapolis

Subscribed and sworn to before me this 11 day of Dec, 1979

Alex M. Narvey Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of _____

Signed: _____ Father

Signed: Wilma I. Bowling Mother

Subscribed and sworn to before me this 11 day of Dec, 1979

Alex M. Narvey Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 588
File 12-12-79
Date of Application

County

MALE
Medical Examination Report Dated 12-3-79
Name of Physician James Black

FEMALE
Medical Examination Report Dated 12-3-79
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

FEMALE APPLICANT

Name James M. Scobee
Date of Birth 9 7 1943
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 218 A N. Adams St. B'sburg Ind.
Previous Marital Status: Never Married ☐ OR ☒ Divorced ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Name Lorene F. Fay
Date of Birth 5 10 1949
Place of Birth (State or foreign country) Brazil Ind.
Residence Address 6 Church Rd. B'sburg Ind.
Previous Marital Status: Never Married ☐ OR ☒ Divorced ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/picture

☒ Other (Specify) Drivers License w/picture

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐

6. List the full names of any dependent children.
Mark Edward Scobee
James Lynn Scobee
Robert Darrell Scobee

6. List the full names of any dependent children.
Jana Lynette Fay
Robert Lynn Fay

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Marvin Kenneth Scobee
Residence of father (if deceased so state) Bethel Ind.
Birthplace of father (State or foreign country) Putnam Co. Ind.
9. Full maiden name of mother Martha Lou Scobee
Residence of mother (if deceased so state) Bethel Ind.
Birthplace of mother (State or foreign country) Montgomery Co. Ind.

8. Full name of father Hubert Buell Schroer
Residence of father (if deceased so state) Bowling Green Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Mae Jenkins
Residence of mother (if deceased so state) Bowling Green Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of _____

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed James M. Scobee

Signed Lorene F. Fay

New Address 6 Church Rd. Brownsburg

New Address 6 Church Rd. Brownsburg

Subscribed and sworn to before me this 12 day of December, 1979

Subscribed and sworn to before me this 12 day of December, 1979

Glen M. Harvey Clerk _____ Circuit Court

Glen M. Harvey 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 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, } ss:
County of _____

State of Indiana, } ss:
County of _____

Signed _____ Father

Signed _____ Father

Signed _____ Mother

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 19 day of December, 1979, authorizing the joining together as husband and wife James M. Scobee and Lorene F. Fay

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 22 December

I, Clifford L. Carmichael hereby certify that on the _____ day of _____

one thousand nine hundred and 79 at Brownsburg _____ County of _____

State of Indiana, Groom James M. Scobee of Hendricks _____ County, State of _____

and, Bride Lorene F. Fay of Hendricks _____ County, State of _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

Dated this 19 day of December, 1979

Signed Clifford L. Carmichael _____

Official Designation United Methodist Minister _____

Signed Glen M. Harvey _____

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1980

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 589
File 12-13-79
Date of Application

MALE
Medical Examination Report Dated 12-3-79
Name of Physician Thomas Greist

FEMALE
Medical Examination Report Dated 12-3-79
Name of Physician Thomas Greist

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name John Francis Nauff
Date of Birth 12 23 1941
Place of Birth (State or foreign country) Indpls Ind
Residence Address 2330 Bruland Dr Indpls Ind
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers license & picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
Dee Anna Nauff Candi L. Nauff
John Nauff Cari Ann Nauff
Randy John Nauff

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father John F. Nauff
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indpls Ind

9. Full maiden name of mother Gurtha L. Grady
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Omaha Nebraska

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed John F. Nauff
New Address 2330 Bruland Dr

Subscribed and sworn to before me this 13 day of Dec, 1979.
Glen M. Harvey Clerk _____ Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Diana Lynn Ford
Date of Birth 9 17 1951
Place of Birth (State or foreign country) Buch Grove Ind
Residence Address 2330 Bruland Dr Indpls Ind
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers license & picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Francis A. Ford
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Boone Co. Ind

9. Full maiden name of mother Helen Marie Kincaid
Residence of mother (if deceased so state) Marion Co. Ind
Birthplace of mother (State or foreign country) Indpls Ind

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Diana L. Ford
New Address 2330 Bruland Drive

Subscribed and sworn to before me this 13 day of Dec, 1979.
Glen M. Harvey Clerk _____ Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 17 day of Dec, 1979, authorizing the joining together as husband and wife of John F. Nauff and Diana L. Ford.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John Hesseldey, hereby certify that on the 21 day of December, one thousand nine hundred and 79, at Indianapolis, County of Marion, State of Indiana, Groom John F. Nauff and, Bride Diana L. Ford of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____ Indiana.
Dated this 21st day of December, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of December, 1979.
Signed John Hesseldey Official Designation Judge
Signed Glen M. Harvey Clerk _____ Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 590
File Dec 13 1979
Date of Application

County

MALE
Medical Examination Report Dated 12-5-79
Name of Physician Thomas J. Moratto

FEMALE
Medical Examination Report Dated 12-8-79
Name of Physician Thomas J. Moratto

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name David Lee Hadley
Date of Birth July 25 1948
Place of Birth (State or foreign country) Brazil
Residence Address RR #1 Box 7 Coatesville, Ind.
Previous Marital Status: Never Married ☐ OR ☒ (time)
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/p

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Walter Lee Hadley
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Anna Louise Schtatter
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed David R. Hadley

New Address Route #1 Box 7 Coatesville, Ind.

Subscribed and sworn to before me this 13 day of December, 1979
Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Karen Sue Bailey
Date of Birth June 16 1955
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address RR #1 Box 7 Coatesville, Ind.
Previous Marital Status: Never Married ☐ OR ☒ (time)
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/p

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Colmer Morton
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bettie Jean Mills
Residence of mother (if deceased so state) Indianapolis, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Karen Sue Bailey

New Address Route #1, Box 7 Coatesville, Ind.

Subscribed and sworn to before me this 13 day of Dec., 1979
Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19 day of December, 1979, authorizing the joining together as husband and wife David Lee Hadley and Karen Sue Bailey

and it further remembered, the following marriage certificate was filed in my office, to-wit: Frank Bunn hereby certify that on the 21 day of December, at Coatesville, County of Hendricks, State of Indiana

Groom David Lee Hadley of Hendricks County, State of Indiana

and, Bride Karen Sue Bailey of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

dated this 19 day of December, 1979

Signed Frank Bunn
Christian Minister

Official Designation _____ day of _____, 19____

Signed Allen M. Harvey
HENDRICKS Circuit Court

led and recorded in accordance with the laws of the State of Indiana this 27 day of _____, 19____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 591File 41

County _____

12-13-79

Date of Application

MALE
Medical Examination Report Dated 12-10-79
Name of Physician John Ellett, Jr.

FEMALE
Medical Examination Report Dated 12-10-79
Name of Physician John Ellett, Jr.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-
tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Christopher R. Pruden
Date of Birth April 24 1952
Place of Birth (State or foreign country) Weslaco, Texas
Residence Address 365 Spring Mill Heritage Lake, Fillmore, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father John E. Pruden
Residence of father (if deceased so state) Massillon, Ohio
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lillian Simon
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Ohio

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed X Christopher PrudenNew Address 365 MS Heritage Lake Fillmore IndSubscribed and sworn to before me this 13 day of Dec, 1979

Ellen M. Harvey Clerk _____ Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Tammy S. Bell
Date of Birth November 17 1962
Place of Birth (State or foreign country) Indianapolis
Residence Address RR 1 Bl 14 Coatesville, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Thomas E. Bell, Sr.
Residence of father (if deceased so state) Coatesville, Ind.
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Buena V. Brown
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) N. Carolina

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed X Tammy S. BellNew Address 365 Spring Mill Heritage Lake Fillmore IndSubscribed and sworn to before me this 13 day of Dec, 1979

Ellen M. Harvey Clerk _____ Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of _____

Signed X Thomas E. Bell Sr. FatherSigned Buena V. Bell Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 17th day of Dec, 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
Christopher R. Pruden and Tammy S. Bell
Fred L. Brooks

one thousand nine hundred and 79 hereby certify that on the 29 day of December

State of Indiana, Groom Christopher R. Pruden at Coatesville, County of Putnam

and, Bride Tammy S. Bell of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 20 day of December, 1979

Signed Fred L. BrooksOfficial Designation Ministerday of January, 1980Signed Ellen M. Harvey Clerk _____

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 592

File

12-14-79

Date of Application

MALE

Medical Examination Report Dated 12-10-79

Name of Physician James Black

FEMALE

Medical Examination Report Dated 12-10-79

Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Michael Wolff
Date of Birth 2 23 1961
Place of Birth (State or foreign country) Appexance Co. Ind.
Residence Address 5128 Audrey Ave #102 Indpls Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: James A. Wolff
Residence of father (if deceased so state): New Ross Ind.
Birthplace of father (State or foreign country): Iowa
9. Full maiden name of mother: Lynn E. Stitt
Residence of mother (if deceased so state): New Ross, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed

New Address 5128 Audrey Ave #102

Subscribed and sworn to before me this 14 day of December 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed

Father

Signed

Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

FEMALE APPLICANT

Name Donna K Crawford
Date of Birth 2 5 1960
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address Rt 18 Box 1535 Indpls Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Don Crawford
Residence of father (if deceased so state): Indpls, Ind.
Birthplace of father (State or foreign country): Manchester Ky.
9. Full maiden name of mother: Kathleen Jones
Residence of mother (if deceased so state): Indpls Ind.
Birthplace of mother (State or foreign country): Manchester, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed

New Address 5128 Audrey Ave #102

Subscribed and sworn to before me this 14 day of December 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed

Father

Signed

Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 21st day of Dec, 1979, authorizing the joining together as husband and wife of Michael J. Wolff and Donna K. Crawford

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, David J. van Curen hereby certify that on the 5 day of January, 1980, at Brownsburg County of Hendricks one thousand nine hundred and 80 State of Indiana, Groom Michael James Wolff of Marion County, State of Indiana, and, Bride Donna Kay Crawford of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 5 day of January, 1980. Signed David J. van Curen Official Designation minister _____ day of January, 1980.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

No. 593
File Dec. 14, 1979
Date of Application

MALE
Medical Examination Report Dated 12-14-79
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 12-14-79
Name of Physician A. N. Scudder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Y. Martin Klepper
Date of Birth Dec 21 1950
Place of Birth (State or foreign country) Norton, Virginia
Residence Address Rt #1 Box 380 Danville, In.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) Driver's License with picture
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
 - If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children. Rhonda 8

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Wint Mitchell Klepper
Residence of father (if deceased so state): Virginia
Birthplace of father (State or foreign country): Rogersville Tenn.
9. Full maiden name of mother: Helen Etta Holmes
Residence of mother (if deceased so state): Indiana
Birthplace of mother (State or foreign country): Virginia
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Y. Martin Klepper
New Address Rt 1 Box 380 Danville, Ind.

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ in _____ County _____ Court by written order issued _____ day _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the _____ day of _____, 19____, authorizing the joining together as husband and wife of _____ and _____, _____ hereby certify that on the _____ day of _____, _____, County of _____, State of Indiana, Groom Y. Martin Klepper and, Bride Pamela J. Sergeant were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____.
Dated this _____ day of _____, 19____.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.
Signed Glen M. Harvey
Official Designation Clerk Hendricks Co.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Pamela J. Sergeant
Date of Birth Feb 13 1957
Place of Birth (State or foreign country) Louisville Kentucky
Residence Address Rt #1 Box 371 Danville, In.
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
 - If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Glen J. Sergeant
Residence of father (if deceased so state): _____
Birthplace of father (State or foreign country): Virginia
9. Full maiden name of mother: Nancy Ann O'Sell
Residence of mother (if deceased so state): Atlanta Georgia
Birthplace of mother (State or foreign country): Virginia

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Pamela J. Sergeant
New Address Rt 1 Box 378 Danville, In.

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 594

File

12-14-79
Date of Application

MALE

Medical Examination Report Dated 12-11-79

Name of Physician David Hadley

FEMALE

Medical Examination Report Dated 12-11-79

Name of Physician David Hadley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First James Middle E. Last Rushton
Date of Birth Month 2 Day 21 Year 1954
Place of Birth (State or foreign country) Greensburg Ind
Residence Address Street or R. R. City County State
PO Box 53 - Clayton Hend Ind
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Robert E. Rushton
Residence of father (if deceased so state): Clayton, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Patricia Louise Roberts
Residence of mother (if deceased so state): Clayton, Ind.
Birthplace of mother (State or foreign country): Spencer, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X James Robert Rushton

New Address 104 W. Michigan - Clayton Ind.

Subscribed and sworn to before me this 14 day of December, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name First Frances Middle E. Last Wise
Date of Birth Month 3 Day 21 Year 1945
Place of Birth (State or foreign country) Austin Texas
Residence Address Street or R. R. City County State
104 W. Michigan Clayton Hend Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

D Cheryl Diane Wise
Paul Corie Wise

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: John Corie Harman
Residence of father (if deceased so state): Corsicana Texas
Birthplace of father (State or foreign country): Harris Co. Texas
9. Full maiden name of mother: Rosalee Sloan
Residence of mother (if deceased so state): Corsicana Texas
Birthplace of mother (State or foreign country): Midway, Texas

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Frances E. Wise

New Address 104 W. Michigan - Clayton

Subscribed and sworn to before me this 14 day of December, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 14 day of Dec, 1979, authorizing the joining together as husband and wife James R. Rushton and Francis E. Wise

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 21 day of December

I, Glen M. Harvey hereby certify that on the 21 day of December at Danville, County of Hendricks, State of Indiana, Groom James R. Rushton of Hendricks County, State of Indiana and, Bride Frances E. Wise of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 21 day of December, 1979

Signed Glen M. Harvey
Official Designation Clerk, Hendricks Co.
21 day of December, 1979

Signed Glen M. Harvey
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 595
File 12-17-79
Date of Application

MALE
Medical Examination Report Dated 12-13-79
Name of Physician Wm. Edwards, M.D.

FEMALE
Medical Examination Report Dated 12-13-79
Name of Physician Wm. Edwards, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name David W. Redman
Date of Birth 11 29 1955
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address R. #3 Box 280, Brownsburg, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License w/picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Wm. Albert Redman
Residence of father (if deceased so state) Pittsboro, Indiana
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Maggie Vertella Pennington
Residence of mother (if deceased so state) Greenwood, Indiana
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David W. Redman

New Address R. #3 Box 280 Brownsburg Ind 46112

Subscribed and sworn to before me this 17th day of Dec., 1979.
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 21st day of December, 1979.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, David W. Redman and Junaita M. Price
Rev. Dennis L. Dodson hereby certify that on the 24 day of December

one thousand nine hundred and 79 at Brownsburg, County of Hendricks
State of Indiana, Groom David Wayne Redman and, Bride Juanita Marie Price of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana
Dated this 21 day of December, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1979.
Signed Rev. Dennis L. Dodson Minister

Official Designation _____
Signed Glen M. Harney Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Juanita M. Price
Date of Birth 1 26 1957
Place of Birth (State or foreign country) Lebanon, Indiana
Residence Address R. #3 Box 280 Brownsburg Hendricks Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License w/picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Charles D. Price
Residence of father (if deceased so state) North Salem, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Beverly Ann Bragg
Residence of mother (if deceased so state) North Salem, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Juanita M Price

New Address RR3, Box 280 Brownsburg Ind 46112

Subscribed and sworn to before me this 17th day of Dec., 1979.
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 596

File

12-17-79

Date of Application

MALE

Medical Examination Report Dated 12-12-79

Name of Physician Wm. Edwards, M.D.

FEMALE

Medical Examination Report Dated 12-12-79

Name of Physician Wm. Edwards, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Paul Miller
Date of Birth 11 17 1919
Place of Birth (State or foreign country) Ohio
Residence Address 310 Linden Lane, Pl. Hendricks Indiana
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License w/ picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Virgil H. Miller
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Lutannal J. Morris
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paul R. Miller

New Address 310 Linden Lane, Plainfield, Ind

Subscribed and sworn to before me this 17th day of Dec., 19 79

Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name Jewell Shields
Date of Birth 5 24 1932
Place of Birth (State or foreign country) Kentucky
Residence Address 310 Linden Lane, Pl. Hendricks Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License w/ picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Jasper Retherford
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Pearlie Mae McKinney
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jewell P. Shields

New Address 310 Linden Lane, Plainfield, Ind 46168

Subscribed and sworn to before me this 17th day of Dec., 19 79

Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 19 79, authorizing the joining together as husband and wife of Indiana dated the 21st day of Dec.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Paul R. Miller and Jewell P. Shields

1. Thomas E. Chittenden hereby certify that on the 1st day of January, 19 80, at Plainfield, County of Hendricks, State of Indiana, Groom Paul R. Miller of Hendricks County, State of Indiana, and, Bride Jewell P. Shields of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 1st day of January, 19 80.

Signed Thomas E. Chittenden

Official Designation Minister

Signed Glen M. Harney Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of January, 19 80.

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 597

File

12-17-79

Date of Application

MALE
Medical Examination Report Dated 12-10-79
Name of Physician Lloyd Terry

FEMALE
Medical Examination Report Dated 12-10-79
Name of Physician Lloyd Terry

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Jeffrey R. Johnson
Date of Birth 12/14/1941
Place of Birth (State or foreign country) Lebanon Ind
Residence Address 52 S. Tennessee Danville Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Rollin Glen Johnson
Residence of father (if deceased so state) Danville Ind
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Ann Williams
Residence of mother (if deceased so state) Danville Ind
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed X Jeffrey Johnson
New Address 1501 N. Livingston
Subscribed and sworn to before me this 17 day of December, 1979.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 17 day of December, 1979, authorizing the joining together as husband and wife of Jeffrey R. Johnson and Karen Jean Lillpop.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Sherman Essep, hereby certify that on the 5 day of January, 1980,
one thousand nine hundred and 80 at Danville, County of Hendricks
State of Indiana, Groom Jeffrey R. Johnson of Hendricks County, State of Indiana
and, Bride Karen Jean Lillpop of Marion County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
Dated this 5 day of January, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1980.
Signed Sherman Essep Official Designation Minister
Signed Glen M Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Karen Jean Lillpop
Date of Birth 3/14/1941
Place of Birth (State or foreign country) Indpls Ind
Residence Address 1501 N. Livingston Indpls Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Grafton C. Lillpop
Residence of father (if deceased so state) Indpls Ind
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Clayton M. Willard
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Massachusetts

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed X Karen Lillpop
New Address 1501 N. Livingston
Subscribed and sworn to before me this 17 day of December, 1979.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

Re - Marriage

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 598

File

12-18-79

Date of Application

MALE

Medical Examination Report Dated 12-14-79

Name of Physician Carl Heinlein

FEMALE

Medical Examination Report Dated 12-14-79

Name of Physician Carl Heinlein

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name John Robert Webber
Date of Birth 11 1 1941
Place of Birth Bristolport Conn.
Residence Address R.R. #6 Box 111 Danville Hend. Ind.

Previous Marital Status: Never Married ☐ ORLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree☒ Other (Specify) Driver's License & picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐

6. List the full names of any dependent children.
Robert Lee Webber
Kevin Thomas Webber

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Robert J. WebberResidence of father (if deceased so state) Greene State, Ind.Birthplace of father (State or foreign country) Kentucky9. Full maiden name of mother Octavia CarmichaelResidence of mother (if deceased so state) Carrollton Ky.Birthplace of mother (State or foreign country) Unknown

State of Indiana,

County of HENDRICKS

ss: I depose and state the information given in this application is true and correct.

Signed John R. WebberNew Address R.R. #6 Box 111Subscribed and sworn to before me this 18 day of December, 1979.Glen M. Harvey

Clerk HENDRICKS

Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana,

County of HENDRICKS

ss:

Signed _____

Father

Signed _____

Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Judith Ann Webber
Date of Birth 2 18 1946
Place of Birth Trumble Tennessee
Residence Address R.R. #6 Box 111 Danville Hend. Ind.

Previous Marital Status: Never Married ☐ ORLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree☒ Other (Specify) Driver's License & picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐

6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Alex P. NinsonResidence of father (if deceased so state) DeceasedBirthplace of father (State or foreign country) Tennessee9. Full maiden name of mother Laura E. GoffResidence of mother (if deceased so state) FloridaBirthplace of mother (State or foreign country) Tennessee

State of Indiana,

County of HENDRICKS

ss: I depose and state the information given in this application is true and correct.

Signed Judith Ann WebberNew Address R.R. #6 Box 111Subscribed and sworn to before me this 18 day of December, 1979.Glen M. Harvey

Clerk HENDRICKS

Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana,

County of HENDRICKS

ss:

Signed _____

Father

Signed _____

Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior Court by written order issued 3-day waiver and filed
in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 18 day of December, 1979, authorizing the joining together as husband and wife

and Judith Ann Webber

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Kenneth E. Vetter hereby certify that on the 27 day of December

one thousand nine hundred and 79 at Bartholomew Chapel U. Methodist of Hendricks

State of Indiana, Groom John Robert Webber of Hendricks County, State of Indiana

and, Bride Judith Ann Webber of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

County.

Dated this 27 day of December, 1979.

Signed Rev. Kenneth E. VetterOfficial Designation Pastor

Signed Glen M. Harvey 7 day of Jan., 1980.

HENDRICKS

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

No. 599
File 12-18-79
Date of Application

MALE
Medical Examination Report Dated 12-14-79

Name of Physician Nelson Caddy

FEMALE

Medical Examination Report Dated 12-14-79

Name of Physician Nelson Caddy

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Gerald A. Ballinger
Date of Birth 8 4 1949
Place of Birth (State or foreign country) Marion Ind.
Residence Address 6118 West Lake Dr. #A Marion Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license w/ picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
- If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
Amy Lynne Ballinger

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father John A. Ballinger
Residence of father (if deceased so state) Marion Ind.
Birthplace of father (State or foreign country) Marion Ind.
9. Full maiden name of mother Betty Jean Williams
Residence of mother (if deceased so state) Marion Ind.
Birthplace of mother (State or foreign country) Marion Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gerald A. Ballinger

New Address 6118 West Lake Dr. #A

Subscribed and sworn to before me this 18 day of Dec, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County, _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 26 day of December, 1979.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ and _____
Gerald A. Ballinger _____
Thomas E. Chittenden _____

one thousand nine hundred and 79 hereby certify that on the 29 day of December,
State of Indiana, Groom Gerald A. Ballinger a Plainfield _____ County of Hendricks
and, Bride Candace L. Taylor of Marion _____ County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana
Dated this 29 day of December, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.
Signed Thomas E. Chittenden, Jr. _____
Official Designation Minister _____

Signed Glen M. Harvey _____
Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Candace L. Taylor
Date of Birth 7 6 1958
Place of Birth (State or foreign country) Indpls Ind.
Residence Address 340 Sawdust Dr. #1 Indpls Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
- If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Robert L. Stephens Taylor
Residence of father (if deceased so state) Indpls Ind.
Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother Peggy Rae Etchever
Residence of mother (if deceased so state) Indpls Ind.
Birthplace of mother (State or foreign country) Roachdale Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Candace L. Taylor

New Address 6118 West Lake Dr. #A

Subscribed and sworn to before me this 18 day of Dec, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 600

File 41

12-19-79

Date of Application

MALE
Medical Examination Report Dated 12-17-79
Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated 12-17-79
Name of Physician Michael Neely

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Middle Last
Richard A. Haak
Date of Birth Month Day Year
September 14 1944
Place of Birth (State or foreign country)
Fairmont Minnesota
Residence Address Street or R. R. City State
7926 Ridgeway West Dr. Indianapolis, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children.
Timothy Haak
Kathleen Haak
Kristen Haak

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Rudolph Albert Haak
14440 Quinn Dr. Anoka, Minn.
Residence of father (if deceased so state)
Birthplace of father (State or foreign country) Minn.

9. Full maiden name of mother: Lenora Becker
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Minn.

State of Indiana, HENDRICKS } ss: I depose and state the information given
County of in this application is true and correct.

Signed Richard A. Haak

New Address: 7926 Ridgeway W. Drive
Indianapolis, Indiana 46268

Subscribed and sworn to before me this 19 day of Dec., 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____. Clerk

FEMALE APPLICANT

Name First Middle Last
Mary Rebecca Kerlin
Date of Birth Month Day Year
October 10 1956
Place of Birth (State or foreign country)
Bloomington
Residence Address Street or R. R. City State
160 Urban Danville, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Joseph C. Kerlin, M.D.
Residence of father (if deceased so state) 160 Urban, Danville, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother: Grace Roselyn Baugh
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given
County of in this application is true and correct.

Signed Mary Rebecca Kerlin

New Address: 7926 Ridgeway W. Dr.
Indianapolis, Indiana 46268

Subscribed and sworn to before me this 19 day of Dec., 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued _____ and filed _____

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 19____, authorizing the joining together as husband and wife of Indiana dated the 26th day of _____.

Richard A. Haak and Mary Rebecca Kerlin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rudolph A. Haak hereby certify that on the 27 day of December

one thousand nine hundred and 79 at Danville, County of Hendricks

State of Indiana, Groom Richard A. Haak of Marion County, State of Indiana

and, Bride Mary Rebecca Kerlin of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

County. _____

Dated this 27 day of December 79

Signature Rudolph A. Haak

Official Designation Minister of the Gospel

January 80

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of _____, 19____.

Signed Glen M. Harvey HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 601

File Dec. 19, 1979
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 12-17-79
Name of Physician J. Thomas Vieira

FEMALE
Medical Examination Report Dated 12-17-79
Name of Physician J. Thomas Vieira

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Donald William Godbey
Date of Birth Nov. 22 1960
Place of Birth (State or foreign country) Ind.
Residence Address 438 W. Mill Street, R.R. 1, Danville, Hendricks Co., Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Wm. L. Godbey
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Ky
9. Full maiden name of mother: Thelma Young
Residence of mother (if deceased so state): Barnett, Ind.
Birthplace of mother (State or foreign country): Ind.
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed Donald W. Godbey
New Address 438 West Mill St.

Subscribed and sworn to before me this 19 day of Dec. 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior II Court by written order issued 3 day waiver and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 19th day of Dec. 1979, authorizing the joining together as husband and wife of Donald William Godbey and Susan Mae Coffey.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Jerry G. VanLue, hereby certify that on the 22nd day of December, 1979, at Danville, Hendricks County, State of Indiana, Groom Danald William Godbey and, Bride Susan Mae Coffey, of Boone County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 22nd day of December, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of _____, 19____.
Signed Rev. Jerry G. VanLue
Official Designation Minister
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Susan Mae Coffey
Date of Birth July 16 1961
Place of Birth (State or foreign country) Ind.
Residence Address Rt 1 Box 19, Stillsville, Hendricks Co., Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Arvil Coffey
Residence of father (if deceased so state): Stillsville, Ind.
Birthplace of father (State or foreign country): Ky
9. Full maiden name of mother: Georgia Mae Dobson
Residence of mother (if deceased so state): same
Birthplace of mother (State or foreign country): Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed Susie Coffey
New Address 438 West Mill St.

Subscribed and sworn to before me this 19 day of Dec. 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

Re-marriage

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 602

File 41

12-20-79

Date of Application

MALE

Medical Examination Report Dated 12-18-79

Name of Physician Carl L. Neidlin

FEMALE

Medical Examination Report Dated 12-18-79

Name of Physician Carl L. Neidlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Judson Gilbert Miller
Date of Birth 3 31 38
Place of Birth (State or foreign country) Indpls., Indiana
Residence Address 8 Fairfield, Brownsburg, Hen, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Divorce license w/picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Mailllyn Elaine
Stephanie Catherine

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Paul Spencer Miller

Residence of father (if deceased so state) deceased

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Dorothy Catherine Green

Residence of mother (if deceased so state) Indpls., Ind.

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paul Spencer Miller

New Address 8 Fairfield, Brownsburg, Ind.

Subscribed and sworn to before me this 20 day of Dec, 19 79

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

FEMALE APPLICANT

Name Carol Eileen Miller
Date of Birth 7 1 38
Place of Birth (State or foreign country) Indpls., Indiana
Residence Address 8 Fairfield, Brownsburg, Hen, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Divorce license w/picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
mailllyn Elaine
Stephanie Catherine

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Edward Andrew Price

Residence of father (if deceased so state) deceased

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Garnet Lakshmi Hilton

Residence of mother (if deceased so state) Indpls., Ind.

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carol Eileen Miller

New Address Same as above

Subscribed and sworn to before me this 20 day of Dec, 19 79

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ day of _____, 19 79, authorizing the joining together as husband and wife of Indiana dated the 30 day of December

Judson Gilbert Miller

and Carol Eileen Miller

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dr. Joseph D. Stump hereby certify that on the 22 day of December

one thousand nine hundred and 79 at Danville, County of Hendricks

State of Indiana, Groom Judson Gilbert Miller of Hendricks County, State of Indiana

and, Bride Carol Eileen Miller of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 20 day of December, 19 79

Signed Dr. Joseph D. Stump

Pastor

Official Designation January, 19 80

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of _____, 19 _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 603

File 12-21-79
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 12-14-79
Name of Physician Larry Lowell

FEMALE
Medical Examination Report Dated 12-14-79
Name of Physician Larry Lowell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Harvey H. Hacker
Date of Birth Month Day Year
4 5 1924
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. City County State
R.R. 2 Box 224 Danville, Hend. Ind. 46122
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers Lic. with Picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
- If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Ray Hacker
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Marjorie Hughes
Residence of mother (if deceased so state): Columbus, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Glen M. Harvey
New Address: Same as above

Subscribed and sworn to before me this 21 day of Dec, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of: Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Clerk of the Court by written order issued 3 day waiver and filed in Clerk Office authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21st day of Dec, 1979, authorizing the joining together as husband and wife of Harvey H. Hacker and Jo Ann Walker.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Dr. Joseph D. Stump hereby certify that on the 22 day of December, 1979, at Danville, Hendricks County, State of Indiana, Groom Harvey H. Hacker and, Bride Jo Ann Walker of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 22 day of December, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of January, 1980.
Signed: Dr. Joseph D. Stump
Official Designation: Pastor
Signed: Glen M. Harvey
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Jo Ann Walker
Date of Birth Month Day Year
9 4 1937
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. City County State
R.R. 2 Box 224 Danville, Ind. 46122
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
- If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Lewis D. Sharpe
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Mary E. Pridemore
Residence of mother (if deceased so state): Ellettsville, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Jo Ann Walker
New Address: Same as above

Subscribed and sworn to before me this 21 day of Dec, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of: Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 604

File 41

12-21-79

Date of Application

MALE

Medical Examination Report Dated 12-17-79

Name of Physician L. D. Johnson, Jr.

FEMALE

Medical Examination Report Dated 11-26-79

Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED IN 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Douglas N. Smith
Date of Birth May 17 1960
Place of Birth (State or foreign country) Pickland Co. Ill.
Residence Address 1200 S. Litch Terre Haute, In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

Full name of father: Samuel S. Smith

Residence of father (if deceased so state): Brownstown, In.

Birthplace of father (State or foreign country): Illinois

Full maiden name of mother: Margaret E. Lenox Cunningham

Residence of mother (if deceased so state): Same

Birthplace of mother (State or foreign country): Illinois

State of Indiana: HENDRICKS

County of: HENDRICKS

I depose and state the information given in this application is true and correct.

Signed: Douglas N. Smith

New Address: 4720 N. 100th, Irvington, Ind. 47131

Subscribed and sworn to before me this 21 day of Dec., 1979.

Elen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana: HENDRICKS

County of: HENDRICKS

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

FEMALE APPLICANT

Name Polly Ann Need
Date of Birth December 19 1960
Place of Birth (State or foreign country) Indianapolis
Residence Address RR 3 Box 277A Danville, In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

Full name of father: Lester E. Need

Residence of father (if deceased so state): Danville, In.

Birthplace of father (State or foreign country): Indiana

Full maiden name of mother: Margaret M. Cooper

Residence of mother (if deceased so state): Danville, In.

Birthplace of mother (State or foreign country): Indiana

State of Indiana: HENDRICKS

County of: HENDRICKS

I depose and state the information given in this application is true and correct.

Signed: Polly Ann Need

New Address: 100th Irvington St. Apt. 316 Danville, Ind. 47115

Subscribed and sworn to before me this 21 day of Dec., 1979.

Elen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana: HENDRICKS

County of: HENDRICKS

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____

County _____ Court by written order issued _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court _____ Indiana dated the 21 day of December, 1979, authorizing the joining together as husband and wife _____ and _____

further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the 4 day of January, _____ at Brownsburg, County of Hendricks, _____ of Gibson, County, State of Indiana, _____ of Hendricks, County, State of Indiana, _____

thousand nine hundred and 80 _____ by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

of Indiana, Groom Douglas N. Smith _____

Bride Polly Ann Need _____

of this 4 day of January, 1980 _____

Signed: Kenneth D. Cooper _____

Official Designation: Minister _____

Signed: Elen M. Harvey _____ Clerk _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 605
File 12-21-79
Date of Application 12-21-79

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 12-21-79
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 12-21-79
Name of Physician William Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Robert Hamm
Date of Birth 8/13/1913
Place of Birth (State or foreign country) Hoboken Ind.
Residence Address 871 Box 63, Hernando, Citrus Fla.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License w/ picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Richard Hamm
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Germany
9. Full maiden name of mother: Georgina Wilson
Residence of mother (if deceased so state): Deceased
Birthplace of mother (State or foreign country): Brazil, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed: Robert Hamm

New Address:

Subscribed and sworn to before me this 21 day of Dec, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed: X

Signed:

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name Mildred Edwards
Date of Birth 4/4/1908
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address 871 Grant Bldg, Hernando, Ind.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License w/ picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Charles Brady
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Virginia
9. Full maiden name of mother: Anna Smith
Residence of mother (if deceased so state): Deceased
Birthplace of mother (State or foreign country): Virginia

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed: Mildred V. Edwards

New Address: 871 Box 63 - Hernando, Fla.

Subscribed and sworn to before me this 21 day of Dec, 1979.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed:

Signed:

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued in authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 26th day of Dec, 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert D. Baum

one thousand nine hundred and 79 hereby certify that on the 28 day of December

State of Indiana, Groom: Robert Hamm at Brownsburg, County of Hendricks

and, Bride: Mildred V. Edwards of Citrus, County of Florida

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks, County, State of Indiana

Dated this 28 day of December, 1979

Signed: Robert D. Baum
Official Designation: United Presbyterian Clergy
Signed: Glen M. Harvey
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of January, 1980

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 606
File 41
Date of Application 12-26-79

MALE

Medical Examination Report Dated 12-26-79

Name of Physician Lloyd Terry

FEMALE

Medical Examination Report Dated 12-26-79

Name of Physician Lloyd Terry

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00).

MALE APPLICANT

Name Joseph W. Taylor
Date of Birth 3 21 60
Place of Birth (State or foreign country) Indpls., Indiana
Residence Address RR 1 Box 167, Linton, Hendricks, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Warren J. Taylor
Residence of father (if deceased so state) Linton, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Theresa B. Nolan
Residence of mother (if deceased so state) Linton, Ind.
Birthplace of mother (State or foreign country) Kansas

State of Indiana, HENDRICKS } as: I depose and state the information given in this application is true and correct.
County of _____

Signed Joseph W. Taylor

New Address RR 1 Box 167 Linton, Ind.

Subscribed and sworn to before me this 26 day of Dec, 1979.

Glen M.

CONSENT OF PAREN

We, the parents, of this child, state facts which

I, Nazel H. Riddle, hereby give my consent for my daughter, Marcie Julie Riddle to marry Joseph Wm. Taylor

State of Indiana, HE
County of _____

Sig

Sig

Subscribed and sworn

Subscribed and sworn to before me this 26 day of December, 1979.

FILED
DEC 26 1979

Glen M. Harvey
CLERK

COMPLETE IF
HENDRICKS
in Clerk

Be

of Indiana dated the

Joseph W. Taylor

and Marcie J. Riddle

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Sherman Essex, hereby certify that on the 28 day of December, 1979, at Pittsboro, County of Hendricks, State of Indiana, Groom Joseph W. Taylor, of Hendricks County, State of Indiana, and, Bride Marcie J. Riddle, of Hendricks County, State of HENDRICKS, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 28 day of December, 1979.

Signed Sherman Essex

Official Designation Minister, 1980

Signed Glen M. Harvey HENDRICKS Clerk
Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 607

File 41

HENDRICKS

County

Date of Application

MALE

Medical Examination Report Dated 12-21-79
Name of Physician Carl Heinlein

FEMALE

Medical Examination Report Dated 12-21-79
Name of Physician Carl Heinlein

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry in any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Ernest E Elliott
Date of Birth Month 6 Day 4 Year 1932
Place of Birth (State or foreign country) W. Terre Haute Ind.
Residence Address 2939 Six Pts Rd. Dyer Ind.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver License w picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

Daniel Eugene Elliott

Charles Franklin Elliott

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Eugene Franklin Elliott

Residence of father (if deceased so state) Deceased

Birthplace of father (State or foreign country) W. Terre Haute Ind.

9. Full maiden name of mother Blanche Paula Mason

Residence of mother (if deceased so state) Terre Haute Ind.

Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Ernest E Elliott

New Address 2939 Six Pts Rd

Subscribed and sworn to before me this 26 day of December, 1979.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Katherine S Ratliff
Date of Birth Month 3 Day 30 Year 1950
Place of Birth (State or foreign country) Marion Co. Ind.
Residence Address 2939 Six Pts Rd Dyer Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver License w picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

Larry David Ratliff Jr.

Michael Thomas Ratliff

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Fred Elwood Bruce

Residence of father (if deceased so state) Deceased

Birthplace of father (State or foreign country) Vincennes Ind.

9. Full maiden name of mother Natalie Marie Day

Residence of mother (if deceased so state) Deceased

Birthplace of mother (State or foreign country) Marion Co. Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Katherine S Ratliff

New Address 2939 Six Pts Rd

Subscribed and sworn to before me this 26 day of December, 1979.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior #2 Court by written order issued 3-day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 26 day of December, 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mawrer

one thousand nine hundred and 79 hereby certify that on the 31 day of December

State of Indiana, Groom Ernest E Elliott at Clainfield County of Hendricks

and, Bride Katherine S Ratliff of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.

Dated this 31st day of December, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of January, 1980.

Signed John C. Mawrer

Official Designation Judge, Superior Court #2

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 408

File 41

12-26-79

Date of Application

MALE

Medical Examination Report Dated 12-17-79

Name of Physician David B. Haggard

FEMALE

Medical Examination Report Dated 12-17-79

Name of Physician C. W. Anderson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Richard D. Weeks
Date of Birth May 5, 1958
Place of Birth (State or foreign country) Indiana
Residence Address 1714 Hemlock Lane, Plainfield, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Miss D. Haggard w/picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Dale Lee Weeks
Residence of father (if deceased so state) 1714 Hemlock Lane, Plainfield, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Doris J. Ann Snyder
Residence of mother (if deceased so state) same
Birthplace of mother (State or foreign country) Indiana

I depose and state the information given in this application is true and correct.

Signed Richard D. WeeksNew Address 628 D Lakeside Dr. Plainfield, Ind.Subscribed and sworn to before me this 26th day of Dec., 19 79.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____.

Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior #2 Court by written order issued 3 day review and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 26th day of Dec., 19 79, authorizing the joining together as husband and wife Richard D. Weeks and Jessica D. Craighead

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

Michael D. Abbott hereby certify that on the 29 day of December, at Belleville, County of Hendricks, State of Indiana, one thousand nine hundred and 79 of Hendricks County, State of Indiana, Groom Richard Dale Weeks and, Bride Jessica Daryl Craighead of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 29 day of December, 19 79

Signed Michael D. AbbottOfficial Designation PastorSigned Glen M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of January, 19 80.

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 609
File 41
Date of Application Dec 27, 1979

MALE
Medical Examination Report Dated 12-26-79
Name of Physician Walter M. Mannis

FEMALE
Medical Examination Report Dated 12-26-79
Name of Physician Walter M. Mannis

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Fred Middle Lawson Last
Date of Birth Month 6 Day 21 Year 1931
Place of Birth (State or foreign country) Cronwell, Ind
Residence Address 9143 Samsel Circle, Indpls Ind
Previous Marital Status: Never Married ☐ OR ☒ 1 time
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/ picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Trinch Lawson
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Dorothy Zimmerman
Residence of mother (if deceased so state): Wabaska, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of:

Signed: Fred E Lawson Sr.

New Address: 9143 Samsel Circle

Subscribed and sworn to before me this 27 day of Dec, 1979

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of:

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior #2 Court by written order issued 3 day waiver and filed
in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27 day of December, 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Thomas S. Moncrief and Etta Mary Combs

one thousand nine hundred and 79 hereby certify that on the 29 day of December

State of Indiana, Groom Fred E. Lawson, Jr. at Indianapolis, County of Marion

and, Bride Etta Mary Combs of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana

Dated this 29 day of December, 1979.

Signed: Thomas S. Moncrief

Official Designation: Minister

Signed: Glen M. Harvey 4 day of January, 1980

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 610

File 41

12-27-79
Date of Application

MALE

Medical Examination Report Dated 12-26-79

Name of Physician Patrick Foley

FEMALE

Medical Examination Report Dated 12-26-79

Name of Physician Patrick Foley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Gary Middle neel Last Jenkins
Date of Birth Month July Day 19 Year 1957
Place of Birth (State or foreign country) Virginia
Residence Address Street or R. R. 2153 Fontana Dr., Indpls, Hendricks, Ind. City Indianapolis State Indiana
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license w/picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Lawrence neel Jenkins Jr.
Residence of father (if deceased so state) Wallace, North Carolina
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Lyna Laje Clark
Residence of mother (if deceased so state) RR 3 Box 94, Danville, Ind.
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Gary H. Jenkins

New Address 2153 Fontana Dr.

Subscribed and sworn to before me this 27th day of Dec., 19 79.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name First Kim Middle L. Last ROSEBOOM
Date of Birth Month March Day 30 Year 1957
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. 2153 Fontana Dr., Indpls, Hendricks, Ind. City Indianapolis State Indiana
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license w/picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Danny Ralph Bramkamp
Residence of father (if deceased so state) RR 2 Box 356, Plainfield, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phyllis Jean Johnson
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Ohio

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Kimber Lee Roseboom

New Address 2153 Fontana Dr.

Subscribed and sworn to before me this 27th day of Dec., 19 79.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior #2 Court by written order issued 3 day waiver and filed
in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana, dated the 27th day of Dec., 19 79, authorizing the joining together as husband and wife
Gary neel Jenkins and Kim L. Roseboom
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Thomas S. Moncrief hereby certify that on the 1st day of January,
at Indianapolis, County of Marion,
one thousand nine hundred and 80, at Hendricks, County, State of Indiana,
State of Indiana, Groom Gary neel Jenkins of Hendricks County, State of Indiana,
and, Bride Kimber L. Roseboom of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County.
Dated this 2nd day of January, 19 80.
Signed Thomas S. Moncrief
Official Designation Minister, 19 80.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 611
File 41
Date of Application

MALE
Medical Examination Report Dated 12-17-79
Name of Physician Wm. Jones

FEMALE
Medical Examination Report Dated 12-17-79
Name of Physician Wm. Jones

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Samuel E. Hillenburg
Date of Birth Aug 8 1940
Place of Birth (State or foreign country) Ind.
Residence Address 145 N. Mill Plainfield Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Army S. D.
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George Hillenburg
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Glass
Residence of mother (if deceased so state) Brazil, Ind.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Samuel E. Hillenburg
New Address Mill St.

Subscribed and sworn to before me this 27 day of Dec, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 27th day of Dec., 1979, authorizing the joining together as husband and wife of Samuel E. Hillenburg and Sara L. Trusty.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. John R. Caton, hereby certify that on the 29 day of December, 1979, at Clayton, County of Hendricks, State of Indiana, Groom Samuel E. Hillenburg and, Bride Sara L. Trusty of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 29 day of December, 1979.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1980.
Signed John R. Caton Official Designation Minister
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Sara L. Trusty
Date of Birth May 23 1949
Place of Birth (State or foreign country) Ind.
Residence Address Rt. 1 Box 103 Fillmore Putnam Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Dr. License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

Harri Lee Trusty
Nambi Lee Trusty

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Arthur L. Friley
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Va.
9. Full maiden name of mother Violet Terry
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Sara L. Trusty
New Address 15 N. Mill St Plainfield Ind.

Subscribed and sworn to before me this 27 day of Dec, 1979.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 612
File 41
Date of Application 12-27-79

MALE
Medical Examination Report Dated 12-17-79
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 12-17-79
Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Kenneth Duane Lewis
Date of Birth Oct. 4, 1956
Place of Birth (State or foreign country) Kentucky
Residence Address 10230 Osceola Dr., Indpls., Hendricks, Ind.
Previous Marital Status Never Married ☐ OR ☒
Last Marriage Ended By Death ☐ Divorce ☐ Annulment ☒
Date of birth verified by ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) + 116-56-54809

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Virgil H Duane Edward Lewis
Residence of father (if deceased so state) unknown
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Betty Louise Bratcher
Residence of mother (if deceased so state) 1441 1st St SW, Pittsburg, Ind.
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kenneth Duane Lewis
New Address 10230 Osceola Dr. Indpls.
Subscribed and sworn to before me this 27th day of Dec., 1979.
Glenn M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Lori Marie Lovelace
Date of Birth Feb. 26, 1958
Place of Birth (State or foreign country) Ohio
Residence Address 10230 Osceola Dr., Indpls., Hendricks, Ind.
Previous Marital Status Never Married ☐ OR ☒
Last Marriage Ended By Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) + 1939

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Jack E. Lovelace
Residence of father (if deceased so state) 1122 Chapel, New Carlisle, Ohio
Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Bonnie M. Aldridge
Residence of mother (if deceased so state) same
Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lori M. Lovelace
New Address 10230 Osceola Dr. Indpls.
Subscribed and sworn to before me this 27th day of Dec., 1979.
Glenn M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior #2 Court by written order issued 3 day waiver and filed in Clock's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 27th day of Dec., 1979, authorizing the joining together as husband and wife of Kenneth Duane Lewis and Lori Marie Lovelace.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Maurer, hereby certify that on the 27 day of December, at Danville, County of Hendricks, one thousand nine hundred and 79, State of Indiana, Groom Kenneth Duane Lewis of Hendricks County, State of Indiana, and, Bride Lori Marie Lovelace of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 27 day of December, 1979.

Signed John C. Maurer
Official Designation Judge, 1980.

Signed Glenn M. Hawley Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 613
File 41
Date of Application 12-28-79

MALE
Medical Examination Report Dated 12-28-79
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 12-28-79
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Stephen M. Martin
Date of Birth August 31, 1948
Place of Birth (State or foreign country) Georgia
Residence Address 283 N. Vine City Plainfield, Ind.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic. w/ photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

Angela Sue Martin
Gregory Stephen Martin

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: James Allen Martin
Residence of father (if deceased so state): Donald Ave. Indpls, Ind.
Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Evelyn Magalene Henson
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Tennessee

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Stephen M. Martin
New Address 283 N. Vine Plainfield

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the _____ day of _____, 19____, authorizing the joining together as husband and wife of Stephen M. Martin and Denise A. Flick.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Stephen J. Malosky, hereby certify that on the _____ day of _____, 19____, at _____, County of _____, State of Indiana, Groom Stephen M. Martin and, Bride Denise A. Flick were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana.
Dated this _____ day of _____, 19____.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed Rev. Stephen J. Malosky
Official Designation Episcopal Priest
Signed Glen M. Harvey
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Denise A. Flick
Date of Birth 18 56
Place of Birth (State or foreign country) Ohio
Residence Address 283 N. Vine, Plainfield, Ind.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license w/ picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

Roger Allan Flick II
Cory Michael Flick

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Unknown
Residence of father (if deceased so state):
Birthplace of father (State or foreign country):
9. Full maiden name of mother: Mary Louise Johnson
Residence of mother (if deceased so state): Mason, Ohio
Birthplace of mother (State or foreign country): Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Denise A. Flick
New Address 283 N. Vine St. Plainfield

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 614

HENDRICKS

County

File

Date of Application Dec. 28, 1979

MALE

Medical Examination Report Dated Dec. 21, 1979Name of Physician Joseph Kulin

FEMALE

Medical Examination Report Dated Dec. 21, 1979Name of Physician Joseph Kulin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Donald C. Harp
Date of Birth May 31, 1956
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 2157 Harward St. Indpls. In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License up picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Donald C. Harp
Residence of father (if deceased so state): Indianapolis, In.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Barbara Jean Lange
Residence of mother (if deceased so state): Indianapolis, In.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald C. Harp
New Address R.R. 3 Nashville Ind.

Subscribed and sworn to before me this 28 day of Dec., 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Laura A. Seger
Date of Birth May 5, 1959
Place of Birth (State or foreign country) Massillon Ohio
Residence Address 312 N. Jefferson Danville, In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Gaylord C. Seger Jr.
Residence of father (if deceased so state): Danville, In.
Birthplace of father (State or foreign country): Ohio
9. Full maiden name of mother: Alison Anne Llewellyn
Residence of mother (if deceased so state): Danville, In.
Birthplace of mother (State or foreign country): Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Laura A. Seger
New Address R.R. 3 Nashville Ind.

Subscribed and sworn to before me this 28 day of Dec., 1979
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 3rd day of Jan, 1980, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Dr. Joseph D. Stump hereby certify that on the 6 day of January,
one thousand nine hundred and 80 at Danville County of Hendricks
State of Indiana, Groom Donald C. Harp of Marion County, State of Indiana,
and, Bride Laura A. Seger of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.

Dated this 3 day of January, 1980.

Signed Dr. Joseph D. Stump

Official Designation Minister
10 day of January, 1980

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 1
File 1-2-1980
Date of Application

MALE
Medical Examination Report Dated 12-29-79
Name of Physician Wm. J. Jopstra

FEMALE
Medical Examination Report Dated 12-29-79
Name of Physician Wm. J. Jopstra

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)"

FEMALE APPLICANT

Name Anita L. Young
Date of Birth 5 26 1940
Place of Birth (State or foreign country) Ind.
Residence Address RR1 Box 14 Ligon Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☒
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Russell Harold Ray
Residence of father (if deceased so state) Ligon, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elvora Anna Sanner
Residence of mother (if deceased so state) Ligon, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed X Anita L. Young
New Address RR #1 Box 14 Ligon, Ind. 46149

Subscribed and sworn to before me this 2 day of January, 19 80
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
_____ Court by written order issued _____ and filed _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 7th day of January, 19 80, authorizing the joining together as husband and wife
John L. Baumunk and Anita L. Young
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Danny P. Byrd
one thousand nine hundred and 80 hereby certify that on the 12 day of January
State of Indiana, Groom John L. Baumunk at 9551 Bradley Dr. County of Hendricks
and, Bride Anita L. Young of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County. _____
Dated this 7 day of January, 19 80

Filed and recorded in accordance with the laws of the State of Indiana this _____
Official Designation _____
Signed Glen M. Harvey Clerk
Glen M. Harvey HENDRICKS Circuit Court

MALE APPLICANT

Name John L. Baumunk
Date of Birth 11 7 1938
Place of Birth (State or foreign country) Putnam Co. Ind.
Residence Address RR1 Box 14 Ligon Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License by picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children:

Bryan L. Baumunk
Darin R. Baumunk

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Lewis Edward Baumunk
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Winona Blair
Residence of mother (if deceased so state) New Market, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed X John L. Baumunk
New Address RR1 Box 14 Ligon Ind. 46149

Subscribed and sworn to before me this 2 day of January, 19 80
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 2

File 41

1-2-80

Date of Application

MALE

Medical Examination Report Dated 1-2-80

Name of Physician David B. Haggard

FEMALE

Medical Examination Report Dated 1-2-80

Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Steve Middle D. Last Wood
Date of Birth Month June Day 27 Year 1953
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. 1030 S. Waldemere City Indpls. County Marion State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Minor's license with picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Alfred Wood
Residence of father (if deceased so state): RR #1, Glasgow, Kentucky
Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Ina Claudine Stephens
Residence of mother (if deceased so state): 1030 S. Waldemere, Indpls., Ind.
Birthplace of mother (State or foreign country): Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Steve D. Wood

New Address 209 Harlan St. Plainfield, Ind.

Subscribed and sworn to before me this 2nd day of Jan., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name First Naomi Middle Ruth Last Hay
Date of Birth Month Nov. Day 11 Year 1959
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. 209 Harlan St. City Plainfield County Hendricks State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Minor's license (picture)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Edward Hay
Residence of father (if deceased so state): 601 W. Main St., Plainfield, Ind.
Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Jessie Barnett
Residence of mother (if deceased so state): deceased
Birthplace of mother (State or foreign country): Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Naomi R. Hay

New Address 209 Harlan St.

Subscribed and sworn to before me this 2nd day of Jan., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County. Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1980, authorizing the joining together as husband and wife
of Indiana dated the 7 day of January and Naomi Ruth Hay

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glen M. Harvey hereby certify that on the 7 day of January,
at Danville, County of Hendricks,
one thousand nine hundred and 80,
State of Indiana, Groom Steve D. Wood of Marion County, State of Indiana,
and, Bride Naomi Ruth Hay of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County, _____

Dated this 7 day of January, 1980.
Signed Glen M. Harvey
Official Designation Clerk

Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of January, 1980.
Signed Glen M. Harvey
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 3

File Jan. 3, 1980
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 1-2-80
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 1-2-80
Name of Physician Wm. Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Delwyn Avon Scott
Date of Birth Aug 29 1954
Place of Birth (State or foreign country) Ind.
Residence Address Rt 2 Box 631 Plainfield Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Avon D. Scott
Residence of father (if deceased so state) Kipton, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Peggy Hart
Residence of mother (if deceased so state) Kipton, Ind.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Delwyn A. Scott
New Address Rt 2 Box 631 Plainfield Ind.

Subscribed and sworn to before me this 3 day of Jan., 1980.
Alan M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed _____ in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 8th day of Jan., 1980, authorizing the joining together as husband and wife of Delwyn Avon Scott and Nella Diane Meyer.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. William C. Hendricks hereby certify that on the 12 day of January, one thousand nine hundred and 80, at Washington Township County of Hendricks, State of Indiana, Groom Delwyn Avon Scott and, Bride Nella Diane Meyer of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 8 day of January, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Signed Rev. Wm. C. Hendricks
Official Designation Pastor, Avon Christian Church
Signed Alan M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 4

File

Jan 3, 1980
Date of Application

MALE

Medical Examination Report Dated 12-31-79

Name of Physician Larry D. Lovall

FEMALE

Medical Examination Report Dated 12-31-79

Name of Physician Larry D. Lovall

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name F. Keith Lowry
Date of Birth May 10 1947
Place of Birth (State or foreign country) Martinsville, Ind.
Residence Address 630 C Lakeside Dr. Plaid, Ind.
Previous Marital Status: Never Married ☐ OR 1 time
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/ picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children:
Jennifer Sue 14
Yonah Jo 13

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Carl Francis Lowry
Residence of father (if deceased so state): Centerton, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Edith Evelyn Arnold
Residence of mother (if deceased so state): Centerton, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed F. Keith Lowry
New Address 630 C Lakeside Dr. Plaid, Ind. 46168
Subscribed and sworn to before me this 14 day of January, 1980.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

FEMALE APPLICANT

Name Brenda J. Albright
Date of Birth Nov. 29 1957
Place of Birth (State or foreign country) Beck Grove, Ind.
Residence Address RR #2 Shoals, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Ray M. Albright
Residence of father (if deceased so state): Shoals, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Shirley Ann Chastain
Residence of mother (if deceased so state): Shoals, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brenda J. Albright
New Address 630 C Lakeside Dr. Plaid, Ind. 46168
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3 day earlier and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 3rd day of January, 1980, authorizing the joining together, as husband and wife, of F. Keith Lowry and Brenda J. Albright.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Billy S. Gatt, hereby certify that on the 4th day of January,
one thousand nine hundred and 80, at New Whiteland, County of Johnson,
State of Indiana, Groom F. Keith Lowry, of Hendricks County, State of Indiana,
and, Bride Brenda J. Albright, of Martin County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 4 day of January, 1980.

Signed Billy S. Gatt
Official Designation Clerk
Signed Glen M. Harwell
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of January, 1980.

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 5
File 1-3-1980
Date of Application

MALE
Medical Examination Report Dated 12-27-79
Name of Physician Dr. Thomas Vieira, M.D.

FEMALE
Medical Examination Report Dated 12-20-79
Name of Physician Glenn Baker, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Timothy Arnold Coffey
Date of Birth 9 19 1960
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address R. #1 Stillersville Hendricks Indiana
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

Father Arvil Clarence Coffey
of father (if deceased so state) R. #1 Stillersville, Ind.
of father (State or foreign country) Kentucky
Name of mother Georgia Mae Dobson
of mother (if deceased so state) R. #1 Stillersville, Ind.
of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Timothy Arnold Coffey
New Address R. #1 Stillersville, Ind.

Subscribed and sworn to before me this 3rd day of January, 1980.
John M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 3rd day of January, 1980, authorizing the joining together as husband and wife of Timothy Arnold Coffey and Cynthia Paul Bukhmerster.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. John C. Mowrer

one thousand nine hundred and 80 hereby certify that on the 3rd day of January, 1980, at Hendricks County of Indiana, State of Indiana, Groom Timothy Arnold Coffey of Hendricks County, State of Indiana and, Bride Cynthia Paul Bukhmerster of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 3rd day of January, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1980.
Signed John Mowrer Official Designation Judge
Signed John M. Harney Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Cynthia Paul Bukhmerster
Date of Birth 9 13 1962
Place of Birth (State or foreign country) St. Worth, Texas
Residence Address R. #2 Box 241 Plainfield Hendricks Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
#142-62-172873

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is 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 Leslie Walter Bukhmerster
Residence of father (if deceased so state) R. #2 Box 241 Plainfield, Ind.
Birthplace of father (State or foreign country) Illinois
Full maiden name of mother Juanita Grace Patterson
Residence of mother (if deceased so state) R. #2 Box 241, Plh, Ind.
Birthplace of mother (State or foreign country) Miss.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cynthia Paul Bukhmerster
New Address R. #1 Stillersville, Ind.

Subscribed and sworn to before me this 3rd day of January, 1980.
John M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed Juanita Grace Bukhmerster Mother

Subscribed and sworn to before me this 3rd day of Jan, 1980.

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

No. 5
File 1-3-1980
Date of Application

MALE
Medical Examination Report Dated 12-27-79
Name of Physician J. Thomas Vicira, M.D.

FEMALE
Medical Examination Report Dated 12-20-79
Name of Physician Glenn Baker, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Timothy Arnold Coffey
Date of Birth 2 19 1960
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address R. #1 Stillsville Hendricks Indiana
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind? ☒ No ☐ Yes
 - If answer is "yes", has the adjudication been removed? ☒ No ☐ Yes
 - Are you afflicted with a transmissible disease? ☒ No ☐ Yes
 - Are you related to the female applicant closer than second cousin? ☒ No ☐ Yes
 - Are you now under the influence of intoxicating liquor? ☒ No ☐ Yes
 - Are you now under the influence of a narcotic drug? ☒ No ☐ Yes
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? ☒ No ☐ Yes
- If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

FEMALE APPLICANT

Name Cynthia Sail Buhrmester
Date of Birth 9 13 1962
Place of Birth (State or foreign country) St. Worth Texas
Residence Address R. #2 Box 241 Plainfield Hendricks Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
#142-62-172873

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind? ☒ No ☐ Yes
 - If answer is "yes", has the adjudication been removed? ☒ No ☐ Yes
 - Are you afflicted with a transmissible disease? ☒ No ☐ Yes
 - Are you related to the male applicant closer than second cousin? ☒ No ☐ Yes
 - Are you now under the influence of intoxicating liquor? ☒ No ☐ Yes
 - Are you now under the influence of a narcotic drug? ☒ No ☐ Yes
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? ☒ No ☐ Yes
- If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

I, Leslie W. Buhrmester, hereby give my consent for
my daughter Cynthia G. Buhrmester to
marry Timothy Coffey.

Leslie W. Buhrmester

Subscribed and sworn to before me this 3rd day of January
19 80.

Alberta L. LaFeber
Alberta L. LaFeber
Notary Public

My Commission expires Feb. 9, 1981

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed Juanita Grace Buhrmester Mother
Subscribed and sworn to before me this 3rd day of Jan, 19 80
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court of Indiana dated the _____ day of _____, 19 80, authorizing the joining together as husband and wife of Timothy Arnold Coffey and Cynthia Sail Buhrmester.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mowrer, hereby certify that on the 3 day of January, 19 80, at Hendricks, County of Indiana, State of Indiana, Groom Timothy Arnold Coffey and, Bride Cynthia Sail Buhrmester of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 3rd day of January, 19 80.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19 80.
Signed John Mowrer Official Designation Judge
Signed John Allen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 6

File

Date of Application
1-4-80

MALE

Medical Examination Report Dated 1-2-80

Name of Physician James Black

FEMALE

Medical Examination Report Dated 1-2-80

Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Timothy Middle Johnston Last Johnston
Date of Birth Month 5 Day 23 Year 1960
Place of Birth (State or foreign country) Ind. Co. Indiana
Residence Address Street or R. R. PO Box 42 City Alf. Ind. County Hend. Ind. State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) Drivers License w/ picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Henderson - Johnston
Residence of father (if deceased so state): Alf. Ind.
Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Katy Jean Abney
Residence of mother (if deceased so state): Alf. Ind.
Birthplace of mother (State or foreign country): Tennessee

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed

New Address

Subscribed and sworn to before me this 4 day of January, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed

Father

Signed

Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

FEMALE APPLICANT

Name First Anita Middle Jo Last Strauss
Date of Birth Month 10 Day 12 Year 1961
Place of Birth (State or foreign country) Marion Co. Ind.
Residence Address Street or R. R. RR 2 Box 564 City Alf. Ind. County Hend. Ind. State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) Drivers License w/ picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Gerald Strauss
Residence of father (if deceased so state): Alf. Ind.
Birthplace of father (State or foreign country): Lekawny Ind.
9. Full maiden name of mother: Mary Ellen Patricia Grey
Residence of mother (if deceased so state): Alf. Ind.
Birthplace of mother (State or foreign country): Ind. Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed

New Address

Subscribed and sworn to before me this 4 day of January, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed

Father

Signed

Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 8 day of Jan, 1980, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John Caldwell hereby certify that on the 12 day of January, 1980, at Avon, County of Hendricks, State of Indiana, Groom Timothy Johnston and, Bride Anita Jo Strauss of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 12 day of January, 1980
Signed John Caldwell Minister
Official Designation Minister January 15, 1980
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

No. 7
File 1-4-80
Date of Application

MALE
Medical Examination Report Dated 1-3-80
Name of Physician D. N. Ludden

FEMALE
Medical Examination Report Dated 1-3-80
Name of Physician D. N. Ludden

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Charles William Patterson
Date of Birth January 29 1938
Place of Birth Indiana
Residence Address R.R. #2 Box 213 Plainfield, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Passport

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
- If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
- If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Elbert Eric Patterson
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Edna Lois Larsh
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles W. Patterson
New Address R#2 Box 213 Plainfield, Ind.
Subscribed and sworn to before me this 4 day of Jan, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 3rd day of January, 1980, authorizing the joining together as husband and wife of Charles William Patterson and Elizabeth Eloise Nuetzmann.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jerry R. Nash, hereby certify that on the 10 day of January, one thousand nine hundred and 80, at Brownsburg, County of Hendricks, State of Indiana, Groom Charles William Patterson and, Bride Elizabeth Eloise Nuetzmann were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 10 day of January, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1980.
Signed Jerry R. Nash
Official Designation Minister
Signed Glen M. Harvey
Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Elizabeth Eloise Nuetzmann
Date of Birth February 21 1941
Place of Birth Indiana
Residence Address 2264 W. Lake Park Dr. Indianapolis, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Passport

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
- If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
- If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Corwin C. Laird
Residence of father (if deceased so state) Indianapolis, Ind.
Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Ruth S. Fitzwater
Residence of mother (if deceased so state) Indianapolis, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Elizabeth Eloise Nuetzmann
New Address R#2 Box 213 Plainfield, Ind.
Subscribed and sworn to before me this 4 day of Jan, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 8

File

1-7-80

Date of Application

MALE

Medical Examination Report Dated 1-3-80Name of Physician Thomas Walker

FEMALE

Medical Examination Report Dated 1-3-80Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Larry First E. Middle Nusbaumer Last
Date of Birth 5 Month 5 Day 1940 Year
Place of Birth (State or foreign country) Fairfield Ind.
Residence Address RR 4 Box 270 Street or R. R. Burg City Ind. County Hendricks State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license w/picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.
Larry E. Nusbaum

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is 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 Otto Chalmer Nusbaum

Residence of father (if deceased so state) DeceasedBirthplace of father (State or foreign country) Indiana

- Full maiden name of mother Helix Swanson

Residence of mother (if deceased so state) Brownsburg Ind.Birthplace of mother (State or foreign country) Laurel Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Larry E. NusbaumerNew Address SameSubscribed and sworn to before me this 7 day of January, 1980Clerk Glen M. Harvey HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Lana First L. Middle Reidelberger Last
Date of Birth 5 Month 8 Day 1959 Year
Place of Birth (State or foreign country) Clinton Ind.
Residence Address RR 4 Box 270 Street or R. R. Burg City Ind. County Hendricks State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license w/picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

- Full name of father Myrl Chapman Reidelberger

Residence of father (if deceased so state) Clinton Ind.Birthplace of father (State or foreign country) St. Louis Miss.

- Full maiden name of mother Luella Newkirk

Residence of mother (if deceased so state) Clinton Ind.Birthplace of mother (State or foreign country) Shepherdsville, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Lana L. ReidelbergerNew Address SameSubscribed and sworn to before me this 7 day of January, 1980Clerk Glen M. Harvey HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 11 day of Jan, 1980, authorizing the joining together as husband and wife

Larry E. NusbaumerLana L. Reidelberger

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Everett Hayes hereby certify that on the 12 day of January, 1980

at Brownsburg, County of Hendricks, State of Indiana

and, Bride Lana L. Reidelberger of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 12 day of January, 1980

Signed Everett HayesOfficial Designation Minister January 15, 1980Signed Glen M. Harvey HENDRICKS Clerk

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 9

File 41

1-7-80

Date of Application

MALE
Medical Examination Report Dated 12-31-79
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 12-31-79
Name of Physician Larry D. Lovell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Steven Cline
Date of Birth May 17 1961
Place of Birth (State or foreign country) _____
Residence Address 439 Midland Dr. Danville Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic. w/ photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children: _____

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father L. C. Cline
Residence of father (if deceased so state) Danville, Ind.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mary Mabel Hipson
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed X Steve ClineNew Address 1193 Lincoln St. Danville

Subscribed and sworn to before me this 7 day of Jan, 19 80
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
in _____ County _____ Court by written order issued _____ and filed _____
authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the _____ day of _____, 19 80, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Frank L. Edwards hereby certify that on the 19 day of January,
one thousand nine hundred and 80 at Linton, County of Hendricks
State of Indiana, Groom Steven Ray Cline of Hendricks County, State of Indiana
and, Bride Melanie Jayne Burke of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County, _____
Dated this 19 day of January, 19 80.

Filed and recorded in accordance with the laws of the State of Indiana this _____
day of _____, 19 80.

Signed Rev. Frank L. Edwards
Official Designation Asso. Pastor of Our Lord + Savior
day of Jan, 19 80
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Melanie J. Burke
Date of Birth October 6 1962
Place of Birth (State or foreign country) Indianapolis
Residence Address 1193 Lincoln St. Danville Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children: _____

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Orval F. Burke
Residence of father (if deceased so state) Danville, Ind.
Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Vicki L. Hilliland
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed X Melanie BurkeNew Address 1193 Lincoln St. Danville

Subscribed and sworn to before me this 7 day of Jan, 19 80
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed X Vicki Burke Mother

Subscribed and sworn to before me this 17th day of Jan, 19 80
Glen M. Harvey Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 9

File 41

Date of Application 1-7-80

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 12-31-79
Name of Physician Larry D. Lovall

FEMALE
Medical Examination Report Dated 12-31-79
Name of Physician Larry D. Lovall

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Steven Middle Cline Last
Date of Birth Month May Day 17 Year 1961
Place of Birth (State or foreign country) May
Residence Address Street or R. R. 439 Midland Dr. City Danville County In State In
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers Lic. w/ photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father L. C. Cline
Residence of father (if deceased so state) Danville, In.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mary Mabel Gipson
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed X Steve Cline

New Address 1193 Lincoln St. Danville

Subscribed and sworn to before me

Glen M.

CONSENT OF PARENTS.

We, the parents, of this at
signs, state facts which re

State of Indiana
County of

Subscribed and sworn to before me

COMPLETE IF
HENDRICKS

in

Be it

of Indiana dated the

Be it further remembered

I, Frank L. Edwards

one thousand nine hundred and

State of Indiana, Groom Steven Ray Cline

and, Bride Melanie Jayne Burke

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of

County, Hendricks

Dated this 19 day of January, 1980.

19

day of January, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this

22 day of Jan, 1980.

Signed Glen M. Harvey

HENDRICKS

Circuit Court

FEMALE APPLICANT

Name First Melanie Middle J. Last Burke
Date of Birth Month October Day 6 Year 1962
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. 1193 Lincoln St. City Danville County In State In
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Orval F. Burke
Residence of father (if deceased so state) Danville, In.
Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Vicki L. Gilliland
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed X Melanie Burke

New Address 1193 Lincoln St. Danville

I, Orval F. Burke, hereby give my consent for
my daughter, Melanie J. Burke, to
marry Steven Cline.

Orval F. Burke

Subscribed and sworn to before me this tenth day of January, 1980.

Vicki L. Burke

Notary Public

Be it

of Indiana dated the

Be it further remembered

I, Frank L. Edwards

one thousand nine hundred and

State of Indiana, Groom Steven Ray Cline

and, Bride Melanie Jayne Burke

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of

County, Hendricks

Dated this 19 day of January, 1980.

19

day of January, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this

22 day of Jan, 1980.

Signed Glen M. Harvey

HENDRICKS

Circuit Court

Signed Rev. Frank L. Edwards
Official Designation Asso. Pastor of Our Lord & Savior
22 day of Jan, 1980.
Signed Glen M. Harvey
HENDRICKS
Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 10
File _____
Date of Application 1-7-80

HENDRICKS County

MALE

Medical Examination Report Dated 12-27-79
Name of Physician Ronald H. Stigmoller

FEMALE

Medical Examination Report Dated 12-27-79
Name of Physician Ronald H. Stigmoller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Gary G. Eubank
Date of Birth Dec 26 1957
Place of Birth (State or foreign country) Greencastle, In.
Residence Address R#4 Box 484 City Greencastle, In. County _____ State _____
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Clyde G. Eubank
Residence of father (if deceased so state) Greencastle, In.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Dorothy May Phillips
Residence of mother (if deceased so state) Greencastle, In.
Birthplace of mother (State or foreign country) West Virginia

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gary G. Eubank

New Address RR#4 Box 484 Greencastle Ind

Subscribed and sworn to before me this 7th day of January, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Barbara S. Johnson
Date of Birth March 6 1962
Place of Birth (State or foreign country) Greencastle, In.
Residence Address R#2 Box 481 City Clayton, In. County _____ State _____
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Drivers License #307-78-4180
- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Russell Edgar Johnson
Residence of father (if deceased so state) Clayton, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Evelyn Sue Luttrell
Residence of mother (if deceased so state) Clayton, In.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Barbara S. Johnson

New Address RR 4 Box 484 Greencastle, In

Subscribed and sworn to before me this 7th day of January, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed Russell E. Johnson Father
Signed Evelyn S. Johnson Mother
Subscribed and sworn to before me this 7th day of January, 1980

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
HENDRICKS County _____ Court by written order issued _____ and filed in _____
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 11 day of Jan, 1980, authorizing the joining together as husband and wife
Gary G. Eubank and Barbara S. Johnson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John O. McIntyre hereby certify that on the 12 day of January

one thousand nine hundred and 80 at Clayton County of Hendricks
State of Indiana, Groom Gary Gene Eubank of Putnam County, State of Indiana
and, Bride Barbara Sue Johnson of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County. _____
Dated this 12 day of January, 1980.

Signed John O. McIntyre

Official Designation Minister

15 day of January, 1980

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

RE-MARRIAGE

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

No. 11
File _____
Date of Application 1-9-80

MALE
Medical Examination Report Dated 1-7-80
Name of Physician Thomas Greist

FEMALE
Medical Examination Report Dated 1-7-80
Name of Physician Thomas Greist

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name William W. St. Clair
Date of Birth Month 12 Day 12 Year 1942
Place of Birth (State or foreign country) Greensburg Ky.
Residence Address 8724 Rockville Rd. Indianapolis Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License w/ picture
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Forrest St. Clair
Residence of father (if deceased so state) Campbellville, Ky.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mary L. Page
Residence of mother (if deceased so state) Campbellville Ky.
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William W. St. Clair
New Address 5920 Apache Wells #451 Indianapolis
Subscribed and sworn to before me this 9 day of Jan, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
in Clerks office County Superior Court by written order issued 3-day waiver and filed _____
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 9 day of January, 1980, authorizing the joining together as husband and wife
of William W. St. Clair and Lida R. St. Clair
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
Wendell W. Mayer
one thousand nine hundred and 80 hereby certify that on the 12 day of January
State of Indiana, Groom William Wayne St. Clair at Indianapolis County of Marion
and, Bride Lida Rose St. Clair of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 12 day of January, 1980

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of January, 1980
Signed Wendell W. Mayer Official Designation Judge
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Lida R. St. Clair
Date of Birth Month 20 Day 20 Year 1945
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 5920 Apache Wells #451 Indianapolis Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License w/ picture
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Raymond R. Lawrence
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Mary Margaret Burt
Residence of mother (if deceased so state) Lawrence Ind.
Birthplace of mother (State or foreign country) Arkansas

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lida R. St. Clair
New Address 5920 Apache Wells #451 Indianapolis
Subscribed and sworn to before me this 9 day of Jan, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 12
File 41
Date of Application 1-9-80

HENDRICKS
County

MALE
Medical Examination Report Dated 1-7-80
Name of Physician James Black

FEMALE
Medical Examination Report Dated 1-7-80
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Daniel Wayne Voils
Date of Birth June 1 1960
Place of Birth (State or foreign country) Indianapolis
Residence Address RR 2 Box 140 H Brownsburg In
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Wes Raymond Voils, Sr
Residence of father (if deceased so state): Brownsburg, In
Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Patricia Lucille Patterson
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Daniel Wayne Voils
New Address: 1116 N. Whitcomb Ave. Apt. #C Indpls
Subscribed and sworn to before me this 9 day of January, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Deborah Kay Hammel
Date of Birth April 8 1959
Place of Birth (State or foreign country) Beech Grove
Residence Address 1116 N. Whitcomb Indpls In
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Driver's Lic w/ photo
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Kenneth Omar Hammel
Residence of father (if deceased so state): Indpls, In
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Margaret Ann Thurston
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Deborah Kay Hammel
New Address: 1116 N. Whitcomb Ave Apt C Indpls
Subscribed and sworn to before me this 9 day of Jan, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
HENDRICKS County _____ Court by written order issued _____ and filed in _____
_____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 14 day of Jan, 1980, authorizing the joining together as husband and wife
of Daniel Wayne Voils and Deborah Kay Hammel
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. David J. Van Curren hereby certify that on the 12 day of January,
one thousand nine hundred and 80 at Brownsburg, County of Hendricks,
State of Indiana, Groom Daniel Wayne Voils of Hendricks County, State of Indiana,
and, Bride Deborah Kay Hammel of Marion County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 12 day of January, 1980.

Signed David J. Van Curren
Official Designation minister
_____, 1980
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of Jan, 1980.

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 13

File

Jan. 10, 1980
Date of Application

MALE
Medical Examination Report Dated 1-7-80
Name of Physician James Black

FEMALE
Medical Examination Report Dated 1-7-80
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)"

MALE APPLICANT

Name First Jerry Middle Edward Last Cox
Date of Birth Month Dec Day 5 Year 1952
Place of Birth (State or foreign country) Ind.
Residence Address Street or R. R. City County State
813 Box 48B Brownsburg Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Phillip Edward Cox
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Wilma Taylor
Residence of mother (if deceased so state) Brownsburg, Ind.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed

New Address

Subscribed and sworn to before me this 10 day of Jan, 1980
Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed

Signed

Father

Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 10th day of Jan, 1980, authorizing the joining together as husband and wife of Jerry Edward Cox and Sandra Joyce Davis.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. B. Kent Duke, hereby certify that on the 12 day of January, 1980, at Indianapolis, County of Marion, State of Indiana, Groom Jerry Edward Cox and, Bride Sandra Joyce Davis were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana.
Dated this 12th day of January, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1980.

Signed Rev. B. Kent Duke
Official Designation Pastor, Oak Park Baptist Church
Signed Ellen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Sandra Middle Joyce Last Davis
Date of Birth Month April Day 12 Year 1956
Place of Birth (State or foreign country) Ohio
Residence Address Street or R. R. City County State
813 Box 48B Brownsburg Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

Byron William Kennedy

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father William L. Davis
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Gladys Joyce McIntyre
Residence of mother (if deceased so state) Indpls. Ind.
Birthplace of mother (State or foreign country) Canada

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed

New Address

Subscribed and sworn to before me this 10 day of Jan, 1980
Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed

Signed

Father

Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-3-2
Effective July 1, 1977

Be - Marriage STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 14
File January 10, 1980
Date of Application

HENDRICKS
County

MALE
Medical Examination Report Dated 1-8-80
Name of Physician Thomas Walker, M.D.

FEMALE
Medical Examination Report Dated 1-8-80
Name of Physician Thomas Walker, M.D.

ALL QUESTIONS MUST BE ANSWERED. IC 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Freddie R. Royal
Date of Birth September 15, 1937
Place of Birth (State or foreign country) Georgia
Residence Address P.O. Box 336 Brownsburg, Ind.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license (picture)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
- If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children:
Freddie R. Royal
Kenneth C. Royal

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Charles R. Royal
Residence of father (if deceased so state): McDonough, Fla.
Birthplace of father (State or foreign country): Georgia
9. Full maiden name of mother: Selma A. Swartz
Residence of mother (if deceased so state): Marion Island, Fla.
Birthplace of mother (State or foreign country): Georgia

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Freddie R. Royal
New Address P.O. Box 336, Brownsburg, Ind. 47822
Subscribed and sworn to before me this 10 day of January, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Deborah S. Evans
Date of Birth September 13, 1956
Place of Birth (State or foreign country) Indiana
Residence Address P.O. Box 336 Brownsburg, Ind.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license (picture)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
- If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children:

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Russell Clinton Evans
Residence of father (if deceased so state): Brownsburg, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Ruth Laura Haines
Residence of mother (if deceased so state): deceased
Birthplace of mother (State or foreign country): Oklahoma

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Deborah S. Evans
New Address P.O. Box 336, Brownsburg, Ind. 47822
Subscribed and sworn to before me this 10 day of January, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 3 day waiver and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 10 day of January, 1980, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mowrer hereby certify that on the 11 day of January, 1980, at Danville, County of Hendricks, State of Indiana

one thousand nine hundred and 80 at Hendricks County, State of Indiana

State of Indiana, Groom Freddie R. Royal of Hendricks County, State of Indiana

and, Bride Deborah Sue Evans of _____ of _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 11 day of January, 1980
Signed John C. Mowrer
Official Designation Judge

Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of January, 1980
Signed Glen M. Harvey HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 15
File
Jan. 14 1980
Date of Application

MALE
Medical Examination Report Dated 1-14-80
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 1-14-80
Name of Physician A. N. Scudder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Edward Walter Kostenuk
Date of Birth August 25 1938
Place of Birth (State or foreign country) Canada
Residence Address Rt 8 Box 347 Maple Hill, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?
- Are you afflicted with a transmissible disease?
- Are you related to the female applicant closer than second cousin?
- Are you now under the influence of intoxicating liquor?
- Are you now under the influence of a narcotic drug?
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Nicholas Kostenuk
Residence of father (if deceased so state): Victoria, V.C. Canada
Birthplace of father (State or foreign country): Alberta, Canada
9. Full maiden name of mother: Doris Mason
Residence of mother (if deceased so state): deceased
Birthplace of mother (State or foreign country): Alberta, Canada

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed: Edward W. Kostenuk
New Address: RR 8 Box 347

Subscribed and sworn to before me this 14 day of Jan., 1980.
Alex M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
in Clerk's Office County Circuit Court by written order issued Judge Weaver and filed
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 14 day of January, 1980, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Edward Walter Kostenuk and Peggy Jo Rose
I, Jerry R. Nash, hereby certify that on the 17 day of January, 1980, at Brownsburg, Hendricks County, State of Indiana, Groom Edward Walter Kostenuk and, Bride Peggy Jo Rose were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.

Dated this 17 day of January, 1980.

Signed: Jerry R. Nash
Official Designation: Minister
Signed: Alex M. Harvey
Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of January, 1980.

Signed: Alex M. Harvey
Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Peggy Jo Rose
Date of Birth April 8 1950
Place of Birth (State or foreign country) Ind.
Residence Address 11325 N. Cardinal Parker Colorado
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?
- Are you afflicted with a transmissible disease?
- Are you related to the male applicant closer than second cousin?
- Are you now under the influence of intoxicating liquor?
- Are you now under the influence of a narcotic drug?
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Lee Zickrey
Residence of father (if deceased so state): Paraggs, Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Doris Finckham
Residence of mother (if deceased so state): Martinsville, Ind.
Birthplace of mother (State or foreign country): Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed: Peggy Jo Rose
New Address: R.R. #8 Box 347

Subscribed and sworn to before me this 14 day of Jan., 1980.
Alex M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 19

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

No. 17
File _____
Date of Application 1-15-80

HENDRICKS County

MALE
Medical Examination Report Dated 12-22-79
Name of Physician Larry Lovall

FEMALE
Medical Examination Report Dated 1-14-80
Name of Physician David Naggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Lesley Middle C. Last Cowden
Date of Birth Month 6 Day 14 Year 1959
Place of Birth (State or foreign country) Muncie, Ind.
Residence Address 616 Lakeside Dr. D. Apt. D. Hend. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: David M. Cowden
Residence of father (if deceased so state): Plainfield Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Shirley A. Mitchell
Residence of mother (if deceased so state): Plainfield Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Ynsley C. Cowden

New Address 616 Lakeside Dr. Apt D

Subscribed and sworn to before me this 15 day of January, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

FEMALE APPLICANT

Name First Debby Middle R. Last Runyon
Date of Birth Month 5 Day 9 Year 1960
Place of Birth (State or foreign country) Bloomington, Ind.
Residence Address 616 Lakeside Dr. D. Apt. D. Hend. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Larry Lesley Runyon
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Monroe Co. Ind.
9. Full maiden name of mother: Ellie M. Spradling
Residence of mother (if deceased so state): Monroe Co. Bloomington
Birthplace of mother (State or foreign country): Monroe Co. Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Debra K. Runyon

New Address 616 Lakeside Dr. Apt D

Subscribed and sworn to before me this 15 day of January, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County HENDRICKS Court by written order issued 3-day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 15 day of January, 1980, authorizing the joining together as husband and wife of Lesley C. Cowden and Debby R. Runyon.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. W. B. Hamil, hereby certify that on the 19 day of January, 1980, at Plainfield, County of Hendricks, State of Indiana, one thousand nine hundred and 80, and, Bride Debra K. Runyon of Monroe County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 19 day of January, 1980.

Signed Rev. W. B. Hamil

Official Designation minister
24 day of Jan., 1980

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 18

File

1-15-80
Date of Application

MALE

Medical Examination Report Dated 1-14-80

Name of Physician David Haggard

FEMALE

Medical Examination Report Dated 1-14-80

Name of Physician David Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Mike Middle E. Last Slack
Date of Birth Month 8 Day 28 Year 1952
Place of Birth (State or foreign country) Washington, Ind.
Residence Address 532 Laurelale Street or R.R. Pfal. City Ind. County Ind. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/ picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Marvin Slack
Residence of father (if deceased so state): Indpls. Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Grace E. Baker
Residence of mother (if deceased so state): Indpls. Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Mike E. SlackNew Address: SameSubscribed and sworn to before me this 15th day of January, 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Kay Middle D. Last Freeman
Date of Birth Month 10 Day 12 Year 1952
Place of Birth (State or foreign country) Cincinnati Ohio
Residence Address 532 Laurelale Street or R.R. Pfal. City Ind. County Ind. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/ picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

Michelle Nicole Freeman

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: William Rager
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Ohio
9. Full maiden name of mother: Mary L. Buchanan
Residence of mother (if deceased so state): Macon, Ohio
Birthplace of mother (State or foreign country): Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Kay D. FreemanNew Address: SameSubscribed and sworn to before me this 15th day of January, 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued 3-day waiver and filed
in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 15 day of January, 1980, authorizing the joining together as husband and wife
Mike E. Slack and Kay D. Freeman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Daniel E. Finch hereby certify that on the 19 day of January
one thousand nine hundred and 80 at Clainfield County of Hendricks
State of Indiana, Groom Mike E. Slack of Hendricks County, State of Indiana
and, Bride Kay D. Freeman of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.

Dated this 15 day of January, 1980. Signed Daniel E. Finch

Official Designation Minister22 day of January, 1980Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 19
File 1-16-80
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 1-9-80
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 1-9-80
Name of Physician Glenn Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name David O. Mock
Date of Birth 3 22 1955
Place of Birth (State or foreign country) Spencer, Ky.
Residence Address Rt Box 59 D. Rising Sun, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Lawrence E. Mock
Residence of father (if deceased so state): New Albany, Ind.
Birthplace of father (State or foreign country): New Albany, Ind.
9. Full maiden name of mother: Eugenia K. Richardson
Residence of mother (if deceased so state): New Albany, Ind.
Birthplace of mother (State or foreign country): Springfield, Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David O. Mock

New Address Rt #1, Box 59-D Rising Sun, IN 47640

Subscribed and sworn to before me this 16th day of January, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

FEMALE APPLICANT

Name Lisa A. Tuttle
Date of Birth 2 1 1961
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 36 S. Green St. B'burg, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: William J. Tuttle
Residence of father (if deceased so state): B'burg, Ind.
Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Beverly Jane Trout
Residence of mother (if deceased so state): B'burg, Ind.
Birthplace of mother (State or foreign country): Indpls, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lisa A. Tuttle

New Address Rt #1, Box 59-D Rising Sun, IN 47640

Subscribed and sworn to before me this 16th day of January, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21st day of January, 1980, authorizing the joining together as husband and wife of David O. Mock and Lisa A. Tuttle.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jerry R. Nash, hereby certify that on the 26 day of January, one thousand nine hundred and 80, at Brownsburg, County of Hendricks, State of Indiana, Groom David Orion Mock and, Bride Lisa Ann Tuttle of Ohio County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 26 day of January, 1980.

Signed Jerry R. Nash
Official Designation Minister
Signed Glen M. Harvey
Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of January, 1980.

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 20

File 41

1-17-80

Date of Application

MALE

Medical Examination Report Dated James Black
Name of Physician 1-14-80

FEMALE

Medical Examination Report Dated James Black
Name of Physician 1-14-80

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Michael Duane Smith
Date of Birth Dec 4 1955
Place of Birth (State or foreign country) Indiana
Residence Address 8339 Maurice Dr., Indpls, Marion, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) #13462

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Frederick Ed Smith
Residence of father (if deceased so state): 8339 Maurice Dr., Indpls, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Marcia Jane Steele
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael Duane SmithNew Address 9002 Catskill Ct Indpls

Subscribed and sworn to before me this 16th day of Jan, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Betty Ruth Nix
Date of Birth Sept 23 1958
Place of Birth (State or foreign country) Indiana
Residence Address 3603 S Clarks Creek Rd., Indpls, Hendricks, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) #11802

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: David Edward Nix, Jr.
Residence of father (if deceased so state): 3603 S Clarks Creek Rd., Indpls, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Katherine Louise Bradbury
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Betty Ruth NixNew Address 9002 Catskill Ct, Indpls

Subscribed and sworn to before me this 16th day of Jan, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed in _____ County _____ Court by written order issued _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 21 day of January, 1980, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glen M. Harvey, hereby certify that on the 22 day of January, 1980, at Danville, County of Hendricks, State of Indiana, Groom Michael Duane Smith of Marion County, State of Indiana, and, Bride Betty Ruth Nix of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 22 day of January, 1980.

Signed Glen M. Harvey

Official Designation Clerk Hendricks Co.
22 day of January, 1980.

Signed Glen M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 21

File

January 17, 1980
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 1-14-80
Name of Physician D. N. Sudder Md.

FEMALE
Medical Examination Report Dated 1-14-80
Name of Physician D. N. Sudder, Md.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)"

MALE APPLICANT

Name First L. Middle Ruse Last
Date of Birth Month Day Year May 25 1952
Place of Birth (State or foreign country) Marion Co. Indiana
Residence Address Street or R. R. City County State
242 N. Adams Brownsburg Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Robert R. Ruse
Residence of father (if deceased so state) Marion County, Ind.
Birthplace of father (State or foreign country) Hendricks County, Ind.
9. Full maiden name of mother Geraldine Marie
Residence of mother (if deceased so state) Hendricks County, Ind.
Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed David L. Ruse

New Address 130 E. College, Brownsburg

Subscribed and sworn to before me this 17 day of January, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of

Signed

Father

Signed

Mother

Subscribed and sworn to before me this day of 1980
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior Court by written order issued 3 day waiver and filed
in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 17 day of January, 1980, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Carl E. Wick and Martha S. Lynch
one thousand nine hundred and 80 hereby certify that on the 20 day of January
State of Indiana, Groom David L. Ruse at Home Place County of Hamilton
and, Bride Martha S. Lynch of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
Dated this 20 day of January, 1980
HENDRICKS

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of January, 1980.

Signed Rev. Carl E. Wick
Official Designation United Methodist Minister
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Martha Middle S. Last Lynch
Date of Birth Month Day Year August 28 1952
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. City County State
130 E. College Brownsburg Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Arthur E. Lynch
Residence of father (if deceased so state) Brownsburg Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara L. Roth
Residence of mother (if deceased so state) Brownsburg Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed Martha S. Lynch

New Address 130 E. College Brownsburg

Subscribed and sworn to before me this 17 day of January, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of

Signed

Father

Signed

Mother

Subscribed and sworn to before me this day of 1980
Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 22

File

Date of Application

MALE

Medical Examination Report Dated 1-2-80

Name of Physician Stephen Flunk

FEMALE

Medical Examination Report Dated 1-2-80

Name of Physician Stephen Flunk

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Brian Keen Sims
Date of Birth Aug. 4 1960
Place of Birth (State or foreign country) Ind.
Residence Address Rt 1 Box 372 Danville Ind. Ind. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: John Wayne Sims
Residence of father (if deceased so state): Brownsville, Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Bertha C. Cook
Residence of mother (if deceased so state): Brownsville, Ind.
Birthplace of mother (State or foreign country): Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Brian SimsNew Address RR 1 Box 372 Danville Ind. 46122

Subscribed and sworn to before me this 18 day of Jan, 1980
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Shelia Kay Hott
Date of Birth Dec 31 1960
Place of Birth (State or foreign country) Ind.
Residence Address Rt 5 Box 167 N Brownsburg Ind. Ind. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Harold D. Holt
Residence of father (if deceased so state): Brownsville, Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Bertha Pondley
Residence of mother (if deceased so state): Brownsville, Ind.
Birthplace of mother (State or foreign country): Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Shelia HoltNew Address RR 1 Box 372 Danville Ind.

Subscribed and sworn to before me this 18 day of Jan, 1980
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County 71 Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 22 day of January, 1980, authorizing the joining together as husband and wife
Brian Keen Sims and Shelia Kay Holt

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry A. Nash hereby certify that on the 25 day of January,
one thousand nine hundred and 80 at Brownsville, County of Hendricks,
State of Indiana, Groom Brian Keen Sims of Hendricks County, State of Indiana,
and, Bride Shelia Kay Holt of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County, HENDRICKS

Dated this 25 day of January, 1980.

Signed Jerry A. NashOfficial Designation minister, 1980.

28 day of January, 1980.
Signed Glen M. Harney Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

No. 23
File 41
Date of Application 1-21-80

HENDRICKS County

MALE
Medical Examination Report Dated 1-18-80
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 1-16-80
Name of Physician Glenn Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Kevin Ray Roberts
Date of Birth June 4 1958
Place of Birth (State or foreign country) Indianapolis
Residence Address 1744 S. Kitley Indpls. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Drivers Lic
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: James G. Roberts
Residence of father (if deceased so state): Indiana
584 Oak Dr.
Birthplace of father (State or foreign country): Plainfield, Ind.
9. Full maiden name of mother: Geraldine L. Taylor
Residence of mother (if deceased so state): Plainfield, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kevin Roberts
New Address: 1744 S. Kitley Indpls.

Subscribed and sworn to before me this 21 day of Jan, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
in Clerk's Office HENDRICKS County Hendricks Court by written order issued 3 Day Waiver and filed
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21st day of January, 1980, authorizing the joining together as husband and wife of Kevin Ray Roberts and Cynthia M. Sides.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, J. Kincaid Smith, hereby certify that on the 25 day of January, one thousand nine hundred and 80, at Brownsburg, County of Hendricks, State of Indiana, Groom Kevin Ray Roberts and, Bride Cynthia M. Sides of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 25 day of January, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of February, 1980.
Signed J. Kincaid Smith Official Designation Pastor, Christian Church
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Cynthia M. Sides
Date of Birth December 22 1960
Place of Birth (State or foreign country) Sioux City
Residence Address R. #4, Box 237QA Brownsburg Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Drivers Lic
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Charles Dean Sides
Residence of father (if deceased so state): Sioux City, Iowa
Birthplace of father (State or foreign country): Iowa
9. Full maiden name of mother: Patricia A. Reed
Residence of mother (if deceased so state): Brownsburg, Ind.
Birthplace of mother (State or foreign country): Nebraska

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Cynthia M. Sides
New Address: 1744 S. Kitley Indpls.

Subscribed and sworn to before me this 21 day of Jan, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 24

File 41

Date of Application
1-21-80

MALE

Medical Examination Report Dated 1-16-80

Name of Physician James E. Southard

FEMALE

Medical Examination Report Dated 1-16-80

Name of Physician James E. Southard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status Never Married ☒ OR
Last Marriage Ended By Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Billy Joe George
Residence of father (if deceased so state): Indianapolis, In.
Birthplace of father (State or foreign country): Tennessee
9. Full maiden name of mother: Judith Ellen Houston
Residence of mother (if deceased so state): Indianapolis In.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x William J. George

New Address 975 Edmondson Indpls.

Subscribed and sworn to before me this 21 day of Jan, 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19.

Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Arthur Milford Cox
Residence of father (if deceased so state): Danville, In.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Rose Mapine Elliott
Residence of mother (if deceased so state): Danville, In.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Sandra K. Cox

New Address 975 Edmondson Indpls.

Subscribed and sworn to before me this 21 day of Jan, 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the 24 day of Jan, 1980, authorizing the joining together as husband and wife of Indiana dated the 24 day of Jan, 1980, and Sandra K. Cox

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1. Earl T. Bonham hereby certify that on the 25 day of January, at Danville, County of Hendricks, State of Indiana, Groom James George, of Marion, County, State of Indiana, and, Bride Sandra Kay Cox, of Hendricks, County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25 day of January, 1980.

Signed Earl T. Bonham

Official Designation United Methodist Pastor

30 day of January, 1980.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 25

File 1-22-80
Date of Application

MALE
Medical Examination Report Dated 1-10-80
Name of Physician Howard W. Beaver

FEMALE
Medical Examination Report Dated 1-10-80
Name of Physician Howard W. Beaver

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) Driver's License (picture) No ☒ Yes ☐

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Walter Leroy Stegemiller
Residence of father (if deceased so state) Indianapolis, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Addie Margaret Winney
Residence of mother (if deceased so state) Indianapolis, Ind.
Birthplace of mother (State or foreign country) New York

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Ronald Leroy Stegemiller
New Address 9622 Melody Lane, Indianapolis, Ind. 46229

Subscribed and sworn to before me this 22 day of January, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 25 day of Jan, 1980, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Don Hallock hereby certify that on the 27 day of January, 1980, at Plainfield, Hendricks County, State of Indiana, Groom Ronald Leroy Stegemiller and Rebecca Marie Bridges were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County, State of Indiana.

Dated this 27 day of January, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of January, 1980.
Signed Don Hallock Official Designation Minister
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) Life Insurance Policy # 664,820 No ☒ Yes ☐

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Kenneth Byron Bridges
Residence of father (if deceased so state) Clayton, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Marie Hampin
Residence of mother (if deceased so state) Clayton, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Rebecca Marie Bridges
New Address 9622 Melody Lane, Indianapolis, Ind. 46229

Subscribed and sworn to before me this 22 day of January, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 26
File Jan. 22, 1980
Date of Application

MALE

Medical Examination Report Dated 1-15-80
Name of Physician Richard Nolan

FEMALE

Medical Examination Report Dated 1-15-80
Name of Physician Richard Nolan

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Michael Lee Deaton
Date of Birth Jan. 11 1947
Place of Birth (State or foreign country) Ind.
Residence Address 4946 Hawthorn Way Plainfield Ind.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father George B. Deaton
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Mary Lou Fletcher
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Michael Lee Deaton
New Address 5819 Sebring Drive Indpls.
Subscribed and sworn to before me this 22 day of Jan, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Cheryl Lynn Brown
Date of Birth April 15 1957
Place of Birth (State or foreign country) Ind.
Residence Address 524 S. Grant Brownsburg Ind.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

Junifer Alexander
Julie Alexander

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Robert A. Brown
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Pauline Sunderland
Residence of mother (if deceased so state) Brownsburg, Ind.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Cheryl Lynn Brown
New Address 5819 Sebring Ct
Subscribed and sworn to before me this 22 day of Jan, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1980, authorizing the joining together as husband and wife
of Indiana dated the 26 day of Jan, 1980, and Cheryl Lynn Brown
Michael Lee Deaton and Cheryl Lynn Brown
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jerry A. Nash hereby certify that on the 27 day of January,
one thousand nine hundred and 80 at Brownsburg County of Hendricks
State of Indiana, Groom Michael Lee Deaton of Hendricks County, State of Indiana,
and, Bride Cheryl Lynn Brown of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County.
Dated this 27 day of January, 1980.

Signed Jerry A. Nash
Official Designation Minister
27 day of January, 1980
Signed Glen M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 27
File January 23, 1980
Date of Application

MALE
Medical Examination Report Dated 1-15-80
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 1-15-80
Name of Physician Eric Clark

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Michael E. Long
Date of Birth February 28, 1959
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Box 165 Advance, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Donald Eugene Long
Residence of father (if deceased so state) Advance, Ind.
Birthplace of father (State or foreign country) Morris Co. Ind.
9. Full maiden name of mother Mary Jane Withington
Residence of mother (if deceased so state) Advance Ind.
Birthplace of mother (State or foreign country) Burns Co. Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Michael E. Long

New Address 1001 S. Ingomar, Indpls. Ind.

Subscribed and sworn to before me this 23 day of January, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed

Father

Signed

Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23rd day of January, 1980, authorizing the joining together as husband and wife of Michael E. Long and Susan Lee Knauer.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lee Rabson, hereby certify that on the 26 day of January, 1980, at Boone (Advance), County of Boone, State of Indiana, Groom Michael E. Long and, Bride Susan Lee Knauer of Boone, County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 23 day of January, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1980.

Signed Lee Rabson
Official Designation Minister
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Susan Lee Knauer
Date of Birth November 4, 1962
Place of Birth (State or foreign country) Hendricks Co. Ind.
Residence Address Box 25 Ligon, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Donald M. Knauer
Residence of father (if deceased so state) Ligon, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary V. Howard
Residence of mother (if deceased so state) Ligon, Ind.
Birthplace of mother (State or foreign country) London, England

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Susan L. Knauer

New Address 1001 S. Ingomar, Indpls. Ind.

Subscribed and sworn to before me this 23 day of January, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed

Father

Signed

Mother

Subscribed and sworn to before me this 23 day of January, 1980
Glen M. Harvey Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 28

File 41

1-23-80

Date of Application

MALE

Medical Examination Report Dated 1-18-80

Name of Physician David M. Hadley

FEMALE

Medical Examination Report Dated 1-18-80

Name of Physician David M. Hadley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Harold R. Brumett
Date of Birth Dec 23 1929
Place of Birth (State or foreign country) Indiana
Residence Address 219 Brookside Lane, Plainfield, Ind.
Previous Marital Status: Never Married ☐ OR ☒ Divorced ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Discharge papers

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Jesse Elmer Brumett
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Edith Rebecca Ashby
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Harold R. Brumett
New Address 219 Brookside Ln. Plainfield, Ind.

Subscribed and sworn to before me this 23rd day of Jan., 1980.
Don M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Lillian S. Winkler
Date of Birth April 21 1936
Place of Birth (State or foreign country) Indiana
Residence Address 219 Brookside Lane, Plainfield, Ind.
Previous Marital Status: Never Married ☐ OR ☒ Divorced ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license w/picture

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Daniel Adair Willis
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Ruth Eva Foss
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Canada

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lillian S. Winkler
New Address 219 Brookside Ln. Plainfield, Ind.

Subscribed and sworn to before me this 23rd day of Jan., 1980.
Don M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 28th day of January, 1980, authorizing the joining together as husband and wife Harold R. Brumett and Lillian S. Winkler

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Dewey A. Thackston hereby certify that on the 14 day of February,
at Plainfield Christian Church County of Hendricks,
one thousand nine hundred and 80 of Hendricks County, State of Indiana

State of Indiana, Groom Harold R. Brumett of Miami County, State of Indiana
and, Bride Lillian S. Winkler of HENDRICKS County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 14 day of February, 1980.
Signed Dewey E. Thackston
Official Designation Minister, Plainfield Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of February, 1980.
Signed Don M. Harney HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 29
File 41
Date of Application 1-24-80

MALE
Medical Examination Report Dated 1-14-80
Name of Physician M. O. Scamaron

FEMALE
Medical Examination Report Dated 1-14-80
Name of Physician M. O. Scamaron

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Loren Middle E. Last Pipes
Date of Birth Month Feb. Day 27 Year 1919
Place of Birth (State or foreign country) Ind.
Residence Address Street or R. R. City County State
Rt 1 Box 111 HE Pittsboro Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father John Pipes
Residence of father (if deceased so state) Whitestown, Ind.
Birthplace of father (State or foreign country) W. Va.
9. Full maiden name of mother Georgi Halter
Residence of mother (if deceased so state) Whitestown, Ind.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Loren E. Pipes
New Address Rt 1 Box 111 HE Pittsboro

Subscribed and sworn to before me this 24 day of Jan, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County _____ Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30 day of Jan, 1980, authorizing the joining together as husband and wife
of Loren E. Pipes and Evelyn D. Mondary
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Maurer, hereby certify that on the 1st day of February, 1980, at Danville, Hendricks County, State of Indiana, Groom Loren E. Pipes and, Bride Evelyn D. Mondary of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 1 day of February, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of Feb, 1980.
Signed John C. Maurer Official Designation Judge, Hendricks Superior #2
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Evelyn Middle D. Last Mondary
Date of Birth Month April Day 29 Year 1941
Place of Birth (State or foreign country) Ind.
Residence Address Street or R. R. City County State
518 Indwily Brownsburg, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

Shannon Stalcup
Amber Stalcup

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Albert Stiffler
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Evelyn Barnhart
Residence of mother (if deceased so state) Kokomo, Ind.
Birthplace of mother (State or foreign country) Ark.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Evelyn D. Mondary
New Address Rt 1 Box 111 HE Pittsboro

Subscribed and sworn to before me this 24 day of Jan, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 30

File

1-28-80
Date of Application

MALE

Medical Examination Report Dated 1-21-80

Name of Physician Paul S. Lewis

FEMALE

Medical Examination Report Dated 1-21-80

Name of Physician Paul S. Lewis

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Johnnie Dale Hall
Date of Birth 4 2 1949
Place of Birth (State or foreign country) Clayton Ind.
Residence Address Daxhurd Trailer Park #78 Bldg Hend. Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) Drivers License w/picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐

6. List the full names of any dependent children.
Johnnie Dale Hall, Jr.
Larry Michelle Hall

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: John Wm. Hall
Residence of father (if deceased so state): Daxville Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Lura May Morgan
Residence of mother (if deceased so state): Daxville Ind.
Birthplace of mother (State or foreign country): Clairdale Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Johnnie D HallNew Address 3213 Lowrey Rd Indpls IN

Subscribed and sworn to before me this 28 day of January, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Wilma J. Holman
Date of Birth 7 17 1938
Place of Birth (State or foreign country) Cave City Kentucky
Residence Address 3213 Lowrey Rd Indpls Marion Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) Drivers License w/picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐

6. List the full names of any dependent children.
Rhonda Eugene Holman
James C. Morrison

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Dal Eubanks Milton
Residence of father (if deceased so state): At Columbus Ind.
Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Pearl E. Kinner
Residence of mother (if deceased so state): Deceased
Birthplace of mother (State or foreign country): Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Wilma J HolmanNew Address 3213 Lowrey Rd Indpls IN

Subscribed and sworn to before me this 28 day of January, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the _____ day of _____, 1980, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Roger L. Dean hereby certify that on the _____ day of February,
at Indianapolis, County of Marion,
one thousand nine hundred and 80 of Marion County, State of Indiana,
State of Indiana, Groom Johnnie Dale Hall of Marion County, State of Indiana,
and, Bride Wilma J. Holman of Marion County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 1 day of February, 1980.
Signed Roger L. Dean Minister
Official Designation _____ day of February, 1980.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 31
File 1-28-80
Date of Application

MALE
Medical Examination Report Dated 1-28-80
Name of Physician David B. Naggard

FEMALE
Medical Examination Report Dated 1-28-80
Name of Physician David B. Naggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Thomas H. Albers
Date of Birth Oct. 8, 1956
Place of Birth (State or foreign country) Long Beach, California
Residence Address 2225 Lake of Lanterns E. Dr., Indpls, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Student Pilot Certificate

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Ray C. Albers
Residence of father (if deceased so state) Indpls., Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Jean Lucas
Residence of mother (if deceased so state) Indpls., Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Thomas G. Albers

New Address 2225 LAKE OF LANTERNS E. DR.

Subscribed and sworn to before me this 28 day of Jan, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the _____ day of February, 1980, authorizing the joining together as husband and wife of Thomas H. Albers and Kathleen R. Cashman.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Gerald J. Lukhaff, hereby certify that on the 2 day of Feb.,
one thousand nine hundred and 80, at Indianapolis, County of Marion,
State of Indiana, Groom Thomas H. Albers of Hendricks County, State of Indiana
and, Bride Kathleen R. Cashman of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 2 day of Feb., 1980.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1980.

Signed Gerald J. Lukhaff
Official Designation G. J. Priest
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Kathleen R. Cashman
Date of Birth April 17, 1956
Place of Birth (State or foreign country) Indpls., Indiana
Residence Address 2225 Lake of Lanterns E. Dr., Indpls., Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Robert A. Cashman
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phyllis M. Lindsay
Residence of mother (if deceased so state) Indpls., Indiana
Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Kathleen R. Cashman

New Address 2225 Lake of Lanterns E. Dr.

Subscribed and sworn to before me this 28 day of Jan, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 32
File 1-28-80
Date of Application

MALE

Medical Examination Report Dated 1-23-80Name of Physician Edwin Gregg

FEMALE

Medical Examination Report Dated 1-23-80Name of Physician Edwin Gregg

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Milbern Poland
Date of Birth 4 3 1954
Place of Birth (State or foreign country) Indpls Ind
Residence Address 309 Church St Ligon Ind
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) Drivers license picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
- If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.
Michael E. Poland

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
- If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Kayburn E. Poland
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Burg Ind
9. Full maiden name of mother: Betty Lee Richardson
Residence of mother (if deceased so state): Ligon Ind
Birthplace of mother (State or foreign country): Thorntown Ind

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed X Milbern E. Poland
New Address 309 131 1/2 Indpls ave

Subscribed and sworn to before me this 28 day of Jan, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Pandora Johnson
Date of Birth 6 21 1957
Place of Birth (State or foreign country) Boone Co Ind
Residence Address 131 1/2 Indpls Ave Ligon Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) Drivers license picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
- If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
- If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Donald Johnson
Residence of father (if deceased so state): Thorntown Ind
Birthplace of father (State or foreign country): Boone Co Ind
9. Full maiden name of mother: Leona Charlene Richey
Residence of mother (if deceased so state): Thorntown Ind
Birthplace of mother (State or foreign country): Boone Co Ind

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed X Pandora Johnson
New Address 131 1/2 Indpls Ave

Subscribed and sworn to before me this 28 day of January, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
HENDRICKS County _____ Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court
of Indiana dated the 1st day of Feb, 1980, authorizing the joining together as husband and wife

Milbern E. Poland and Pandora S. Johnson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Homer J. Hunsinger hereby certify that on the 16 day of February

at Browns Wonder Church, County of Boone

one thousand nine hundred and 80 at Hendricks County, State of Indiana

State of Indiana, Groom Milbern E. Poland of Boone County, State of Indiana

and, Bride Pandora S. Johnson of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

Dated this 16 day of February, 1980 Signed Rev. Homer J. Hunsinger

Official Designation Minister _____ Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of February, 1980
Signed Glen M. Harvey HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

No. 33
File Jan. 30, 1980
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated Jan. 13, 1980
Name of Physician M. O. Scanaloni

FEMALE
Medical Examination Report Dated Jan. 23, 1980
Name of Physician M. O. Scanaloni

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First William Last Thompson
Date of Birth Month Oct Day 27 Year 1960
Place of Birth (State or foreign country) Greencastle, In.
Residence Address RR #1 North Salem City North Salem County Hendricks State Indiana
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Allen Thompson
Residence of father (if deceased so state) RR #1 North Salem
Birthplace of father (State or foreign country) Greencastle, In.
9. Full maiden name of mother Clara Maude Wilson
Residence of mother (if deceased so state) RR #1 North Salem
Birthplace of mother (State or foreign country) Greencastle, In.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Kent Thompson

New Address Chateau Village Apt. B, Brown

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed _____ in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30 day of January, 1980, authorizing the joining together as husband and wife of Kent William Thompson and Sue Ann Chapman.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Lawrence E. Dettner, hereby certify that on the 2 day of February, one thousand nine hundred and 80, at North Salem, County of Hendricks, State of Indiana, Groom Kent William Thompson of Hendricks County, State of Indiana, and, Bride Sue Ann Chapman of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 2 day of February, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1980.
Signed Rev. Lawrence E. Dettner
Official Designation Minister
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 34

File

Date of Application January 31, 1980

HENDRICKS

County

MALE

Medical Examination Report Dated 1-16-80Name of Physician E. Kaurany M.D.

FEMALE

Medical Examination Report Dated 1-16-80Name of Physician E. Kaurany M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-4 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name William E. Sieg Jr.
Date of Birth December 31, 1950
Place of Birth (State or foreign country) Indpls.
Residence Address RR #1 Box 488 Clayton Ind.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver License (picture)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father William E. Sieg Sr.
Residence of father (if deceased so state) Bushville Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rose Marie Burris
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William E. Sieg Jr.New Address RR #1 Box 488 Clayton Ind.

Subscribed and sworn to before me this 31 day of January, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Peggy E. Jones
Date of Birth June 6, 1955
Place of Birth (State or foreign country) Indpls.
Residence Address 178 Spring Court Muncie Ind.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver License (picture)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Guy S. Read
Residence of father (if deceased so state) Nappert Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Flourance Wilma Heath
Residence of mother (if deceased so state) Nappert Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Peggy E. JonesNew Address RR #1 Box 488 Clayton IN.

Subscribed and sworn to before me this 31 day of January, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior Court by written order issued 3 day waiver and filed
in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 31 day of January, 1980, authorizing the joining together as husband and wife
William E. Sieg Jr. and Peggy E. Jones
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Paul L. Mason hereby certify that on the 2 day of February,
one thousand nine hundred and 80 at Monrovia, County of Morgan,
State of Indiana, Groom William E. Sieg Jr. of Hendricks County, State of Indiana,
and, Bride Peggy E. Jones of Morgan County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County, _____
Dated this 2 day of Feb., 1980.

Signed Paul L. Mason

Official Designation Clerk, Circuit Court
day of February, 1980

Signed Glen M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 35

File 41

1-31-80

Date of Application

MALE
Medical Examination Report Dated 1-28-80

Name of Physician Stephen Slink

FEMALE
Medical Examination Report Dated 1-28-80

Name of Physician Stephen Slink

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)"

MALE APPLICANT

Name First Middle Last
Michael Roth
Date of Birth Month Day Year
July 24 1956
Place of Birth (State or foreign country)
Indianapolis, Ind.
Residence Address Street or R. R. City County State
3173 Davis Dr. Indpls Marion Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Emanuel William Roth

Residence of father (if deceased so state): Indianapolis, Ind.

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Mildred Pauline White

Residence of mother (if deceased so state): Indianapolis, Ind.

Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed: Michael P. Roth

New Address: 7656 Munfield Ct Indpls

Subscribed and sworn to before me this 31 day of January, 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior #2 Court by written order issued 3 Day Waiver and filed
in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 31 day of January, 1979, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, William L. Fisher hereby certify that on the 1 day of February, 1980, at Indianapolis, County of Marion, State of Indiana, Groom Michael P. Roth and, Bride Ramona R. Sleenor of Marion County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.

Dated this 1st day of February, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of February, 1980.

Signed: William L. Fisher
Official Designation: Judge

Signed: Glen M. Harvey
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Ramona Sleenor
Date of Birth Month Day Year
Sept 22 1958
Place of Birth (State or foreign country)
Franklin, Ind.
Residence Address Street or R. R. City County State
11080 Washington Blvd. Hendricks Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

Stephanie Michelle Sleenor

Stars Rai Sleenor

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Kenneth Bruce White

Residence of father (if deceased so state): Morgantown, Ind.

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Mattie Sharon Eastridge

Residence of mother (if deceased so state): Indianapolis, Ind.

Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed: Ramona R. Sleenor

New Address: 7656 Munfield Ct Indpls

Subscribed and sworn to before me this 31 day of January, 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 19

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 36

File ~~2-1-80~~ 41

2-1-80
Date of Application

MALE

Medical Examination Report Dated 1-28-80

Name of Physician James Black

FEMALE

Medical Examination Report Dated 1-28-80

Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Lloyd E. Chappell
Date of Birth Feb 8 1950
Place of Birth (State or foreign country) Indiana
Residence Address Oakhurst Mobile Home Park Box 77 Shrewsbury, Ind., Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license w/picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Lloyd Earl Chappell
Residence of father (if deceased so state): 435 Engleby, Shrewsbury, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Marie Litteral
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lloyd E. Chappell

New Address: Oakhurst Mobile Home Park Box 77 Shrewsbury

Subscribed and sworn to before me this 1st day of Feb, 1980.

Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____, Clerk

FEMALE APPLICANT

Name Sue E. Ballard
Date of Birth Feb 19 1953
Place of Birth (State or foreign country) Indiana
Residence Address 220 Wheeler St. Mooresville, Morgan, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Albert Lee Ballard
Residence of father (if deceased so state): 1447 N. Tipton, Indpls, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Dorothy Marie Creech
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sue E. Ballard

New Address: Oakhurst Mobile Home Park Box 77 Shrewsbury

Subscribed and sworn to before me this 1st day of Feb, 1980.

Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Shrewsbury Court by written order issued 1 day and filed in Shrewsbury authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 7th day of February, 1980, authorizing the joining together as husband and wife

Lloyd E. Chappell and SUE E. BALLARD

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Richard E. Hawn hereby certify that on the 16 day of February,
at Indianapolis, County of Marion,
one thousand nine hundred and 80 of Hendricks County, State of Indiana,
State of Indiana, Groom Lloyd E. Chappell of Morgan County, State of Indiana,
and, Bride Sue E. Ballard of HENDRICKS

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 16 day of February, 1980.

Rev. Richard E. Hawn Minister

Official Designation _____
20 day of February, 1980

Signed Glen M. Hawley Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 37

File

2-1-80
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE

Medical Examination Report Dated 2-1-80
Name of Physician Stephen F. Hinch

FEMALE

Medical Examination Report Dated 2-1-80

Name of Physician Stephen F. Hinch

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name James D. Manners
Date of Birth March 4, 1960
Place of Birth (State or foreign country) Indpls., Indiana
Residence Address R.R. 6 Box 493 Danville Ind. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License picture (I.D. Picture)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: James Hubert Manners
Residence of father (if deceased so state): Danville Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Janice May Boger
Residence of mother (if deceased so state): Danville Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed James D. Manners

New Address R.R. 6 Box 493 Plainfield Ind.

Subscribed and sworn to before me this 1 day of February, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of

Signed

Signed

Father

Mother

Subscribed and sworn to before me this day of 1980.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior Court by written order issued 3 day waiver and filed
in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 1 day of Feb., 1980, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Larry Lilly and Patricia A. Fitch

one thousand nine hundred and 80 hereby certify that on the 4 day of February, 1980, at Avon, County of Hendricks, State of Indiana, Groom James D. Manners and, Bride Patricia A. Fitch of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.

Dated this 4 day of February, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of Feb., 1980.

Signed Larry Lilly
Official Designation Pastor

Signed Glen M. Harvey
Clerk HENDRICKS Circuit Court

all mail must be sent c/o Bridges Family

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 38

File 41

2-1-80

Date of Application

MALE

Medical Examination Report Dated 1-28-80

Name of Physician John Ellett, Jr.

FEMALE

Medical Examination Report Dated 1-28-80

Name of Physician John Ellett, Jr.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Donald Middle J. Last Poland
Date of Birth Month January Day 12 Year 1959
Place of Birth (State or foreign country) Port Galk
Residence Address Street or R. R. 540 Virginia St. City Louisiana County Martinsville State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Paul Eugene Poland
Residence of father (if deceased so state) Martinsville, In.
Birthplace of father (State or foreign country) West Virginia

9. Full maiden name of mother Glenn Polk
Residence of mother (if deceased so state) Martinsville, In.
Birthplace of mother (State or foreign country) West Virginia

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Donald J. PolandNew Address 5732 Apt. B Port Lillian Indpls.Subscribed and sworn to before me this 1 day of Feb, 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name First Susan Middle Annette Last Cooper
Date of Birth Month July Day 12 Year 1959
Place of Birth (State or foreign country) Greencastle
Residence Address Street or R. R. 4, Box 290 City Clayton County In. State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father David Cooper
Residence of father (if deceased so state) Clayton, In.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Barbara Gaye Mantooth
Residence of mother (if deceased so state) Clayton, In.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Susan A. CooperNew Address 5732 Apt. B Port Lillian Indpls.Subscribed and sworn to before me this 1 day of Feb, 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1980, authorizing the joining together as husband and wife
of Indiana dated the 12 day of February.

Donald J. Poland and Susan Annette Cooper

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jimmie J. Moody hereby certify that on the 16 day of February,
one thousand nine hundred and 80 at Belleville County of Hendricks
State of Indiana, Groom Donald J. Poland of Morgan County, State of Indiana
and, Bride Susan A. Cooper of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County HENDRICKS

Dated this 16 day of February, 1980. Signed Jimmie J. Moody
Official Designation Minister February, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Signed Glen M. Harvey HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 39
File 2-1-80
Date of Application

MALE
Medical Examination Report Dated 1-29-80
Name of Physician HARRY D. ROVALL

FEMALE
Medical Examination Report Dated 1-29-80
Name of Physician HARRY D. ROVALL

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name James David Baker
Date of Birth July 29 1962
Place of Birth (State or foreign country) Brownsburg, IN
Residence Address 2665 S. DENISON, INDPLS., MARION, IN
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Bobbie C. Baker
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Sylvia Juanita Flinchum
Residence of mother (if deceased so state) Indpls., Ind.
Birthplace of mother (State or foreign country) Kentucky
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed James David Baker
New Address 2665 S. Denison Indpls

Subscribed and sworn to before me this 1 day of Feb, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed Sylvia J. Baker Father
Signed Glen M. Harvey Mother

Subscribed and sworn to before me this 1 day of Feb, 1980
Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13th day of Feb, 1980, authorizing the joining together as husband and wife of James David Baker and Mary Rose Best.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John P. Roof, hereby certify that on the 16 day of February, 1980, at Danville, County of Hendricks, State of Indiana, Groom James David Baker and, Bride Mary Rose Best of Marion County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 16 day of February, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1980.

Signed John P. Roof
Official Designation Episcopal Priest
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Mary Rose Best
Date of Birth 9 24 1962
Place of Birth (State or foreign country) Danville, Indiana
Residence Address RR1 Box 100, Danville, Kn., IN
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Drivers license w/picture
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Charles Augustus Best
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Anna Fern Johnson
Residence of mother (if deceased so state) East View, KY
Birthplace of mother (State or foreign country) Kentucky
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Mary Rose Best
New Address 2665 S. Denison Indianapolis

Subscribed and sworn to before me this 1 day of Feb, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 39
File
Date of Application 2-1-80

MALE
Medical Examination Report Dated 1-29-80
Name of Physician HARRY D. Howell

FEMALE
Medical Examination Report Dated 1-29-80
Name of Physician HARRY D. Howell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)"

MALE APPLICANT
Name First Middle Last
James David BAKER
Date of Birth Month Day Year
July 29 1962
Place of Birth (State or foreign country)
Brownsburg, IN
Residence Address Street or R. R. City County State
2665 S. DENNISON, Indpls., Marion, IN
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
 - Full name of father: Bobbie C. Baker
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Kentucky
 - Full maiden name of mother: Sylvia Juanita Flinchum
Residence of mother (if deceased so state): Indpls., Ind.
Birthplace of mother (State or foreign country): Kentucky
- State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of: _____

Signed James David Baker
New Address 2665 S. Denison Indpls

Subscribed and sworn to
Glen

CONSENT OF PAREN
We, the parents, of this
signs, state facts which

State of Indiana, HEN
County of: _____

Signe

Signe

Subscribed and sworn to

COMPLETE IF M
HENDRI

in _____

Be It
of Indiana dated t.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John P. Roof hereby certify that on the 16 day of February
one thousand nine hundred and 80 at Danville
State of Indiana, Groom James David Baker of Marion
and, Bride Mary Rose Best of Hendricks
County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
Dated this 16 day of February, 19 80

Filed and recorded in accordance with the laws of the State of Indiana this 20

Signed John P. Roof
Official Designation Episcopal Priest

Signed Glen M. Harvey
HENDRICKS Clerk
Circuit Court

FEMALE APPLICANT
Name First Middle Last
Mary Rose Best
Date of Birth Month Day Year
9 24 1962
Place of Birth (State or foreign country)
Danville, Indiana
Residence Address Street or R. R. City County State
RR 1 Box 100, Danville, Marion, IN
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Drivers license w/picture
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
 - Full name of father: Charles Augustus Best
Residence of father (if deceased so state): Plainfield, Ind.
Birthplace of father (State or foreign country): Kentucky
 - Full maiden name of mother: Anna Fern Johnson
Residence of mother (if deceased so state): East View, KY
Birthplace of mother (State or foreign country): Kentucky
- State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of: _____

Signed Mary Rose Best
New Address 2665 S. Denison Indianapolis

I, Anna Best, hereby give my consent for
my daughter Mary R. Best
to marry James D. Baker.

X Anna Best

Subscribed and sworn to before me this 1 day of February
1980.

My Commission Expires
January 30, 1981
County Residence
Hendricks

Glen E. Stewart
Notary Public

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 40

File

2-4-80

Date of Application

MALE

Medical Examination Report Dated 1-29-80

Name of Physician David Haggard

FEMALE

Medical Examination Report Dated 1-29-80

Name of Physician David Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Steven W. Douglas
Date of Birth Month 12 Day 14 Year 1948
Place of Birth (State or foreign country) Fort Wayne Indiana
Residence Address RR 1 Box 54 Danville Ind. City Danville County Hendricks State Ind.

Previous Marital Status: Never Married ☐ ORLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree☒ Other (Specify) Driver's license picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children.
Chonda Lee Douglas
Chanel Channell Lynn Douglas

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Wayne R. Douglas
Residence of father (if deceased so state): St. Wayne Ind.

Birthplace of father (State or foreign country): Hamilton Indiana

9. Full maiden name of mother: A. Marie McClellan
Residence of mother (if deceased so state): Chubbuck, Ind.

Birthplace of mother (State or foreign country): Hamilton Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS
Signed Steven W. Douglas

New Address: _____
Subscribed and sworn to before me this 4 day of February, 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Rebecca Ann Walters
Date of Birth Month 5 Day 22 Year 1952
Place of Birth (State or foreign country) Fort Wayne Ind.
Residence Address RR 1 Box 54 Danville Ind. City Danville County Hendricks State Ind.

Previous Marital Status: Never Married ☐ ORLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree☒ Other (Specify) Divorce

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children.
Tracy Leigh Carpenter

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Eugene L. Carpenter
Residence of father (if deceased so state): St. Wayne Ind.

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Sharon R. Crews
Residence of mother (if deceased so state): St. Wayne Ind.

Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS
Signed Rebecca Walters

New Address: _____
Subscribed and sworn to before me this 4 day of February, 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
HENDRICKS County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 22 day of February, 1980, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 22nd day of February
I, Joe Stevenson hereby certify that on the _____ day of _____, County of Hendricks

one thousand nine hundred and 80 at Hendricks County, State of Indiana
State of Indiana, Groom Steven W. Douglas of Hendricks County, State of Indiana

and, Bride Rebecca Walters of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

County. 22 February 1980
Dated this _____ day of _____, 19____
Signed Joe Stevenson
Official Designation Judge, Pro Tem February 1980

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed Glen M. Harvey HENDRICKS Circuit Court

Re - marriage

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 41

File 41

2-4-80

Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 1-30-80
Name of Physician George Klutinsky #

FEMALE
Medical Examination Report Dated 1-30-80
Name of Physician George Klutinsky #

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Thomas Rinehart
Date of Birth June 11 1937
Place of Birth (State or foreign country) South Bend Ind.
Residence Address R 2 Box 81 Brownsburg Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic w/ picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children:
Jon Eric Rinehart
Doderick Kent Rinehart
Steven Keith Rinehart

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Harland Keith Rinehart
Residence of father (if deceased so state): Ligonport, Ind.

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Rosalee Alice Bowser
Residence of mother (if deceased so state): Same

Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Thomas K Rinehart
New Address RR 2 Box 81 Brownsburg Ind.

Subscribed and sworn to before me this 4 day of Feb, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ in _____ County _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14th day of Feb, 1980, authorizing the joining together as husband and wife of Thomas K Rinehart and Carol Suzanne Rinehart.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Maurer, hereby certify that on the 14 day of February, 1980, at Wanville, County of Hendricks, State of Indiana, Groom Thomas K Rinehart and, Bride Carol Suzanne Rinehart of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14 day of February, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of February, 1980.
Signed John C. Maurer Official Designation Judge
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Carol Suzanne Rinehart
Date of Birth March 28 1938
Place of Birth (State or foreign country) North Manchester Ind.
Residence Address R 2 Box 81 Brownsburg Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic w/ picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children:

Same

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: John Edward Weber
Residence of father (if deceased so state): North Manchester, Ind.

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Hema Belle Weber
Residence of mother (if deceased so state): Same

Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carol Suzanne Rinehart
New Address R 2 Box 81 Brownsburg Ind.

Subscribed and sworn to before me this 4 day of Feb, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 42

File 41

2-4-80

Date of Application

MALE

Medical Examination Report Dated 1-31-80

Name of Physician Richie Coons

FEMALE

Medical Examination Report Dated 1-31-80

Name of Physician Richie Coons

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Michael B. Flater
Date of Birth May 6 1963
Place of Birth (State or foreign country) Danville
Residence Address RR 1, Box 2040 Pittsboro Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Dale Lee Flater
Residence of father (if deceased so state) Pittsboro, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother: Joan H. Bruce
Residence of mother (if deceased so state) Pittsboro, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed X Michael B. Flater

New Address RR 1 Box 2040 Pittsboro, Ind.

Subscribed and sworn to before me this 4 day of Feb., 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed X Dale Flater Father

Signed X Joan Flater Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Deborah K. Douglass
Date of Birth December 17 1962
Place of Birth (State or foreign country) Monticello
Residence Address RR 1 Box 988 Ligon Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Donald L. Douglass
Residence of father (if deceased so state) Ligon, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother: Deanna Kay Michael
Residence of mother (if deceased so state) Ligon
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed X Deborah K. Douglass

New Address RR 1 Box 2040 Pittsboro Ind.

Subscribed and sworn to before me this 4 day of Feb., 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed X Donald L. Douglass Father

Signed X Deanna K. Douglass Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Circuit Court by written order issued 3 day + age waiver and filed
in Chk's Ofc. authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 5 day of February, 1980, authorizing the joining together as husband and wife
Michael B. Flater and Deborah K. Douglass
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Raymond L. Rader hereby certify that on the 14 day of February,
one thousand nine hundred and 80 at Ligon, County of Hendricks,
State of Indiana, Groom Michael B. Flater of Hendricks County, State of Indiana,
and, Bride Deborah K. Douglass of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.
Dated this 14 day of February, 1980.

Signed Rev. Raymond L. Rader
Official Designation Paster, 1st Baptist Church
19 day of February, 1980.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 43
File 41
Date of Application 2-7-80

MALE
Medical Examination Report Dated 2-6-80
Name of Physician Care L. Heinlein

FEMALE
Medical Examination Report Dated 2-6-80
Name of Physician Care L. Heinlein

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT
Name Jimmy Ray Gibson
Date of Birth 1960
Place of Birth (State or foreign country) Virginia
Residence Address 119 n. mill, Plainfield, Hen, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Driver license w/picture
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father Moran Gibson
Residence of father (if deceased so state) Pennington Gap, VA
Birthplace of father (State or foreign country) Virginia
- Full maiden name of mother Gladys Esther Gibson
Residence of mother (if deceased so state) Indpls, Ind.
Birthplace of mother (State or foreign country) Virginia

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Jimmy Ray Gibson
New Address RR BOX 18 B Pennington Gap VA
Subscribed and sworn to before me this 7 day of Feb, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the _____ day of _____, 1980, authorizing the joining together as husband and wife of Jimmy Ray Gibson and Allie Lynn Parker.
Be it further remembered the following marriage certificate was filed in my office, to-wit:
I, John C. Mawrer, hereby certify that on the 7 day of February, 1980, at Danville, County of Hendricks, State of Indiana, and, Bride Allie Lynn Parker of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 7 day of February, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1980.
Signed John C. Mawrer
Official Designation Judge - Superior #2
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Allie Lynn Parker
Date of Birth 1960
Place of Birth (State or foreign country) Indpls, Indiana
Residence Address 119 n. mill, Plainfield, Hen, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Voter Registration # 04929
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father Claude E. Parker
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Tennessee
- Full maiden name of mother Mildred Jeanette Northern
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Allie Lynn Parker
New Address RR BOX 18 B Pennington Gap VA
Subscribed and sworn to before me this 7 day of Feb, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

Re-marriage
STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 44File 41Date of Application 2-7-80**MALE**Medical Examination Report Dated 2-6-80Name of Physician M. O. Scamahorn**FEMALE**Medical Examination Report Dated 2-6-80Name of Physician M. O. Scamahorn

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Gary L. Adams
Date of Birth October 21 1944
Place of Birth (State or foreign country) Lebanon
Residence Address Pittsboro Ind. Ind.

Previous Marital Status: Never Married ☐ ORLast Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Marvin Earl AdamsResidence of father (if deceased so state) Pittsboro, Ind.Birthplace of father (State or foreign country) Indiana9. Full maiden name of mother: Mabel Marie Mc CraryResidence of mother (if deceased so state) Pittsboro, Ind.Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed X Gary L. AdamsNew Address RR1 Box 182-B Pittsboro, Ind.Subscribed and sworn to before me this 7 day of Feb., 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Carolyn S. Adams
Date of Birth October 31 1946
Place of Birth (State or foreign country) Lebanon
Residence Address Pittsboro Ind. Ind.

Previous Marital Status: Never Married ☐ ORLast Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

Jeremy Douglas Adams
Lee Allison Adams

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Fred Emerson HinshawResidence of father (if deceased so state) Carson City, NevadaBirthplace of father (State or foreign country) California9. Full maiden name of mother: Mable Lucille SallieResidence of mother (if deceased so state) Pittsboro, Ind.Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed X Carolyn S. AdamsNew Address RR1 Box 182-B Pittsboro, Ind.Subscribed and sworn to before me this 7 day of Feb., 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court

of Indiana dated the 12th day of Feb., 1980, authorizing the joining together as husband and wife

Gary L. Adams

and

Carolyn S. Adams

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Sherman Essexhereby certify that on the 14 day of Februaryat Pittsboro, County of Hendricksone thousand nine hundred and 80at Hendricks, County, State of IndianaState of Indiana, Groom Gary L. Adamsof Marion, County, State of Indianaand, Bride Carolyn S. Adamsof HENDRICKS

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

County.

Dated this 14 day of February, 1980Signed Sherman EssexOfficial Designation Minister February, 1980

19 day of

Filed and recorded in accordance with the laws of the State of Indiana this _____

Signed Glen M. Harvey HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

No. 45

File
Feb 8 1980
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 2/6/80
Name of Physician Glen W. Baker

FEMALE
Medical Examination Report Dated 2/6/80
Name of Physician Glen W. Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Robert Taylor
Date of Birth Feb 15 1932
Place of Birth (State or foreign country) Crawfordsville, Ind.
Residence Address 649 E. Main Brownsville
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree ☒ Other (Specify) Divorce License #30852-4971

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father John Robert Taylor
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Verna B. Cash
Residence of mother (if deceased so state) Lakeland, Fla.
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Glen W. Baker
New Address 649 E. Main, Brownsville Ind
Subscribed and sworn to before me this 8th day of Feb, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
in _____ County _____ Court by written order issued _____ and filed _____
_____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the _____ day of _____, 19____, authorizing the joining together as husband and wife.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ and _____ hereby certify that on the _____ day of _____, 19____, at _____ State of Indiana, Groom _____ and, Bride _____ of _____ County, State of _____ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County, State of _____.
Dated this _____ day of _____, 19____.

Filed and recorded in accordance with the laws of the State of Indiana this _____

Signed _____
Official Designation _____ day of _____, 19____.
Signed _____ Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Mari Ann Kinsman
Date of Birth Feb 10 1948
Place of Birth (State or foreign country) Hollywood, Cal.
Residence Address 1723 Elmwood Plainfield, Ind
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree ☒ Other (Specify) Divorce License #30852-4971

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Robert Maurice Worrell
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Alice Ella Johnston
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mari Ann Kinsman
New Address 649 E. Main, Brownsville
Subscribed and sworn to before me this 8th day of Feb, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 46

File

2-8-80

Date of Application

MALE

Medical Examination Report Dated 1-28-80Name of Physician M. O. Scamaroni

FEMALE

Medical Examination Report Dated 1-28-80Name of Physician M. O. Scamaroni

ALL QUESTIONS MUST BE ANSWERED I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name James D. Wilson
Date of Birth 6 30 1960
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Rt 1 Box 175 J. Pittsboro, In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) H 7333

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: James R. Wilson
Residence of father (if deceased so state): Pittsboro, In.
Birthplace of father (State or foreign country): Indianapolis, In.
9. Full maiden name of mother: Mildred Eileen Butler
Residence of mother (if deceased so state): Pittsboro, In.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James D. Wilson
New Address 2843 Glen Flora Ave. Waukegan

Subscribed and sworn to before me this 8th day of Feb, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

FEMALE APPLICANT

Name Sandra S. Wing
Date of Birth 2 22 1962
Place of Birth (State or foreign country) Ligon, In.
Residence Address Rt 1 Box 25 Ligon, In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Cert. 82 Book 18 p 162

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Lawrence C. Wing
Residence of father (if deceased so state): Indiana
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Betty Marie M. Miller
Residence of mother (if deceased so state): Ligon, In.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sandra S. Wing
New Address 2843 Glen Flora Ave. Waukegan, Ill.

Subscribed and sworn to before me this 8th day of Feb, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 12th day of Feb, 1980, authorizing the joining together as husband and wife

of James D. Wilson and Sandra S. Wing
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lavern Wing hereby certify that on the 23 day of February,
at 1st Baptist Church of Ligon County of Hendricks
one thousand nine hundred and 80 of Hendricks County, State of Indiana
State of Indiana, Groom James D. Wilson of Hendricks County, State of Indiana
and, Bride Sandra S. Wing of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 23 day of February, 1980

Signed Lavern Wing Minister
Official Designation _____
26 day of February, 1980

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 46

File

2-8-80

Date of Application

MALE

Medical Examination Report Dated 1-28-80

Name of Physician M. O. Scamalone

FEMALE

Medical Examination Report Dated 1-28-80

Name of Physician M. O. Scamalone

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First James Middle R. Last Wilson
Date of Birth Month 6 Day 20 Year 1960
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address R #1 Box 172 J. Pittsboro, In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) # 7333

1. Are you now or have you ever been adjudged to be of unsound mind?

If ans

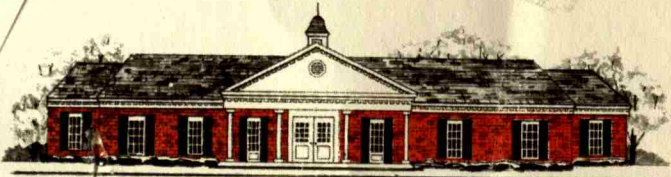
2. Are

3. Are

4. Ar

5. A

6.



STATE BANK OF LIZTON

LIZTON, INDIANA 46149

PHONE - (317) - 994-5115

I, Lawrence E. Wing, father of Sandra Suzanne Wing, give my
permission for Sandra Suzanne Wing to marry James David Wilson.

Lawrence E. Wing
(Lawrence E. Wing)



Subscribed and sworn to before me this 8 day of Feb., 1980.

Maxine Dale
Notary Public
Hendricks County, Indiana
My Commission Expires
February 6, 1981

Maxine Dale NOTARY PUBLIC

Serving You Since 1910

Dated this 23 day of February, 1980

Signed Lavern Wing

Official Designation Minister

26 day of February, 1980

Filed and recorded in accordance with the laws of the State of Indiana this

Signed Glen M. Harvey HENDRICKS Clerk

Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 46

File

2-8-80

Date of Application

MALE

Medical Examination Report Dated 1-28-80

Name of Physician M. O. Scamaroni

FEMALE

Medical Examination Report Dated 1-28-80

Name of Physician M. O. Scamaroni

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

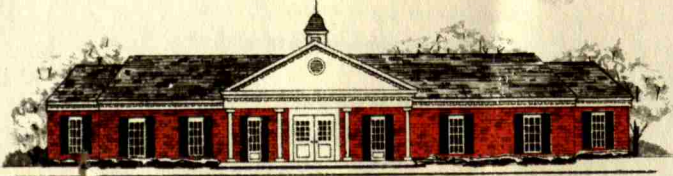
Name First James Middle M. Last Wilson
Date of Birth Month 6 Day 20 Year 1960
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address R #1 Box 172 J. Pittsboro, In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) # 7333

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

FEMALE APPLICANT

Name First Sandra Middle S. Last Wing
Date of Birth Month 2 Day 22 Year 1962
Place of Birth (State or foreign country) Lebanon, In.
Residence Address R #1 Box 25 Lizton, In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Cert. 82 Book 18 p 162

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐



STATE BANK OF LIZTON

LIZTON, INDIANA 46149

PHONE - (317) - 994-5115

I, Betty M. Wing, mother of Sandra Suzanne Wing, give my
permission for Sandra Suzanne Wing to marry James David Wilson.

Betty M. Wing
(Betty M. Wing)

Subscribed and sworn to before me this 8 day of Feb., 1980.



Maxine Dale
Notary Public
Hendricks County, Indiana
My Commission Expires
February 6, 1981

Maxine Dale NOTARY PUBLIC

Serving You



Since 1910

File

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 47

File 41

2-8-80

Date of Application

MALE
Medical Examination Report Dated 2-8-80
Name of Physician David B. Naggard

FEMALE
Medical Examination Report Dated 2-8-80
Name of Physician David B. Naggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)"

MALE APPLICANT

Name Ronnie Gene Schauwecker
Date of Birth Feb. 12 1955
Place of Birth (State or foreign country) Gene Haute, Indiana
Residence Address RR 3 Box 832, Plainfield, Hen., Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Borden M. Schauwecker
Residence of father (if deceased so state): Plainfield, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Oletha M. Craig
Residence of mother (if deceased so state): Plainfield, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ronnie Schauwecker
New Address RR 3 Box 832 Plainfield, Ind.

Subscribed and sworn to before me this 8 day of Feb., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
in Clerks Office County Superior #2 Court by written order issued 3 day waiver and filed _____
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 8th day of Feb., 1980, authorizing the joining together as husband and wife of Ronnie Gene Schauwecker and Lynn Ann Legault.
Be it further remembered, the following marriage certificate was filed in my office, to-wit: John C. Mowrer hereby certify that on the 8 day of February, 1980, at Danville, County of Hendricks, State of Indiana, Groom Ronnie Gene Schauwecker and, Bride Lynn Ann Legault of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 8th day of February, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Signed John C. Mowrer
Official Designation Judge, Superior #2
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Lynn Ann Legault
Date of Birth Oct 11 1955
Place of Birth (State or foreign country) Connecticut
Residence Address RR 3 Box 832, Plainfield, Hen., Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Ruel Jean Legault
Residence of father (if deceased so state): Malone, New York
Birthplace of father (State or foreign country): Quebec, Canada
9. Full maiden name of mother: Vivian Lois Mainville
Residence of mother (if deceased so state): Malone, New York
Birthplace of mother (State or foreign country): New York

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lynn A. Legault
New Address RR 3 Box 832 Avon Rd. Plainfield, Ind.

Subscribed and sworn to before me this 8 day of Feb., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 48

File

2-8-80

Date of Application

MALE

Medical Examination Report Dated 2-1-80

Name of Physician M.D. Scamahorn

FEMALE

Medical Examination Report Dated 2-1-80

Name of Physician M.D. Scamahorn

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Joe Middle W. Last Henline
Date of Birth Month 3 Day 3 Year 1960
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address 325 S. Mill St. B. Burg Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Richard Keith Henline

Residence of father (if deceased so state) Brownburg Ind.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Carolyn Painter

Residence of mother (if deceased so state) Unknown

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Joseph W. Henline

New Address Indianapolis

Subscribed and sworn to before me this 8 day of Feb 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Beatie Middle A. Last McWilliams
Date of Birth Month 3 Day 28 Year 61
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address R5 Box 134E B. Burg Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Donald R. McWilliams

Residence of father (if deceased so state) Brownburg Ind.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Lola Darlene Kaiser

Residence of mother (if deceased so state) Brownburg, Ind.

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Beatie McWilliams

New Address Indianapolis

Subscribed and sworn to before me this 8 day of Feb 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 3-day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ day of February 1980, authorizing the joining together as husband and wife of Indiana dated the 8th day of February 1980, and Beckie A. McWilliams

Joseph W. Henline

and Beckie A. McWilliams

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Elder Don R. McWilliams

hereby certify that on the 16 day of February

one thousand nine hundred and 80

at Fayette, IN. County of Boone

State of Indiana, Groom Joseph W. Henline

of Hendricks County, State of Indiana

and, Bride Rebecca McWilliams

of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 16 day of February 1980

Signed Elder Don R. McWilliams

Official Designation Minister February 1980

Signed Glen M. Harvey HENDRICKS Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 49
File 2-8-80
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 2-1-80
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 2-1-80
Name of Physician A. N. Scudder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Gerald W. O'Rear
Date of Birth Month Day Year
8 11 1932
Place of Birth (State or foreign country)
Jug
Residence Address Street or R. R. City County State
413 Rodney B'burg Ind. Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Military Service Discharge Card

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?
- Are you afflicted with a transmissible disease?
- Are you related to the female applicant closer than second cousin?
- Are you now under the influence of intoxicating liquor?
- Are you now under the influence of a narcotic drug?
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children?

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Bernard Fletcher O'Rear
Residence of father (if deceased so state): Noblesville Ind.

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Ruth Mildred Williamson

Residence of mother (if deceased so state): Noblesville, Ind.

Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed X Gerald W. O'Rear

New Address: SAME

Subscribed and sworn to before me this 8 day of Feb 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Hendricks _____ Circuit Court of Indiana dated the 17 day of Feb.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ 19____, authorizing the joining together as husband and wife

one thousand nine hundred and 80 hereby certify that on the 15 day of February

State of Indiana, Groom: Gerald W. O'Rear at Indianapolis _____ County of Marion

and, Bride: Barbara J. Agnew of Hendricks _____ County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____

Dated this 15 day of February 1980

Signed John Burbank
Official Designation Minister, United Presbyterian Church in the

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of February 1980
Signed Glen M. Harvey HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 50

File

2-12-80
Date of Application

MALE

Medical Examination Report Dated 2-9-80

Name of Physician Eric Clark

FEMALE

Medical Examination Report Dated 2-9-80

Name of Physician Eric Clark

ALL QUESTIONS MUST BE ANSWERED I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Mike Charles Lewis
Date of Birth 11 9 1959
Place of Birth (State or foreign country) Columbus Georgia
Residence Address Box 50 Cathlamet Harbor Park B'burg Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Charles Wiley Lewis
Residence of father (if deceased so state): L'yon, Ind.
Birthplace of father (State or foreign country): Memphis Tennessee
9. Full maiden name of mother: Arvola Gertrude England
Residence of mother (if deceased so state): L'yon, Ind.
Birthplace of mother (State or foreign country): Germany

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed x Michael Lewis

New Address

Subscribed and sworn to before me this 12 day of February, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of

Signed

Father

Signed

Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

FEMALE APPLICANT

Name Barbara J. Mabbitt
Date of Birth 14 1940
Place of Birth (State or foreign country) Ind.
Residence Address 15 William Dr. B'burg Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Robert C. Mabbitt
Residence of father (if deceased so state): B'burg Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Norma J. Phillips
Residence of mother (if deceased so state): B'burg Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed x Barbara J. MabbittNew Address Box 50 Cathlamet Harbor Park B'burg

Subscribed and sworn to before me this 12 day of February, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of

Signed

Father

Signed

Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 3 day waiver and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 12 day of February, 1980, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Charles Hall hereby certify that on the 16 day of February, at Brownburg, County of Hendricks, State of Indiana, Groom Michael Charles Lewis of Hendricks County, State of Indiana, and, Bride Barbara Jean Mabbitt of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 12 day of February, 1980.

Signed

Rev. Charles Hall
Catholic Priest

Official Designation

February, 1980

Signed

Glen M. Harvey

HENDRICKS

Clerk
Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of _____, 1980.

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 51
File 41
2-12-80
Date of Application

MALE
Medical Examination Report Dated 2-5-80
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 2-5-80
Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First David Middle R. Last Schaefer
Date of Birth Month July Day 26 Year 1958
Place of Birth (State or foreign country) Indianapolis
Residence Address 24 Butler Dr. City Plainfield In
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic. w/ photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Robert Irvin Schaefer
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Irma Jean Kuyk
Residence of mother (if deceased so state) Indianapolis, In.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed X David R. Schaefer

New Address RR3 BOX 180K Brownsburg

Subscribed and sworn to before me this 12 day of Feb, 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 16th day of February, 1980, authorizing the joining together as husband and wife of _____ and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ and _____

I, _____ hereby certify that on the 16 day of February, 1980,

one thousand nine hundred and 80 _____ at _____ County of _____ State of Indiana, Groom _____ and, Bride _____ of _____ County, State of _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 16 day of February, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1980.

Signed Dr. Greg Dixon
Official Designation Pastor, Indpls. Baptist Temple
20 day of February, 1980

Signed Glen M. Harvey
HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 16th day of February, 1980, authorizing the joining together as husband and wife of _____ and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ and _____

I, _____ hereby certify that on the 16 day of February, 1980,

one thousand nine hundred and 80 _____ at _____ County of _____ State of Indiana, Groom _____ and, Bride _____ of _____ County, State of _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 16 day of February, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1980.

Signed Dr. Greg Dixon
Official Designation Pastor, Indpls. Baptist Temple
20 day of February, 1980

Signed Glen M. Harvey
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 51
File 41
Date of Application 2-12-80

MALE
Medical Examination Report Dated 2-5-80
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 2-5-80
Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name David Schaefer
Date of Birth July 26 1958
Place of Birth (State or foreign country) Indiana
Residence Address 24 Butler Dr. Indianapolis IN
City Indianapolis County Clanfield State IN
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic. w/ photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
- If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

FEMALE APPLICANT

Name Deborah Rainey
Date of Birth June 12 1963
Place of Birth (State or foreign country) Indiana
Residence Address P.O. Box 180K Braunswick IN
City Braunswick County IN State IN
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
- If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required to be an adult and dependent?
If answer is compliance
8. Full name of
Residence of
Birthplace of
9. Full maiden
Residence of
Birthplace of
State of Indiana
County of

I, Elmer Rainey, hereby give my consent for
my Daughter, Deborah Rainey to
marry David Schaefer.

Elmer Rainey

Subscribed and sworn to before me this 9 day of Feb
1980.

Subscribed and
Glen
CONSENT OF
We, the parent
signs, state fac

Wilbur E. White
Notary Public

State of
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I, Kathleen Rainey, hereby give my consent for
my Daughter, Deborah Rainey to
marry David Schaefer.

Kathleen Rainey

Subscribed and sworn to before me this 9 day of Feb
1980.

Wilbur E. White
Notary Public

Filed and recorded in accordance with the laws of the State of Indiana this

Signed Dr. Greg Dixon
Official Designation Pastor, Indpls. Baptist Temple
20 day of February, 1980
Signed Glen M. Harney
HENDRICKS Clerk
Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 52

File

Feb. 12, 1980
Date of Application

MALE

Medical Examination Report Dated 2-1-80

Name of Physician M.D. Scamaron

FEMALE

Medical Examination Report Dated 2-1-80

Name of Physician M.D. Scamaron

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Raymond Edgar Wooden
Date of Birth Nov 18 1955
Place of Birth (State or foreign country) Ind.
Residence Address 21 Seamen Brownsburg Ind.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
Stephanie Denise Wooden

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Raymond R. Wooden, Jr.
Residence of father (if deceased so state) Pittsboro, Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Helga Scheweide
Residence of mother (if deceased so state) Schwetzingen, Germany
Birthplace of mother (State or foreign country) Germany

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Raymond E. Wooden

New Address 21 Seamen St.

Subscribed and sworn to before me this 12 day of Feb., 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

FEMALE APPLICANT

Name Diana Louise Hoskins
Date of Birth May 27 1960
Place of Birth (State or foreign country) Ind.
Residence Address 21 Seamen Brownsburg Ind.
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Clive Hoskins
Residence of father (if deceased so state) Brownsburg, Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Linda Lee Robinson
Residence of mother (if deceased so state) Brownsburg, Ind.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Diana L. Hoskins

New Address 21 Seamen St.

Subscribed and sworn to before me this 12 day of Feb., 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed in _____ County _____ Court by written order issued _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 16 day of Feb., 1980, authorizing the joining together as husband and wife of Raymond Edgar Wooden and Diana Louise Hoskins

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry R. Nash hereby certify that on the 16 day of February, 1980, at Brownsburg, County of Hendricks, State of Indiana

one thousand nine hundred and 80 of Hendricks County, State of Indiana

State of Indiana, Groom Raymond Edgar Wooden of Hendricks County, State of Indiana

and, Bride Diana Louise Hoskins of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 16 day of February, 1980

Signed Jerry R. Nash

Official Designation Minister February, 1980

Signed Glen M. Harvey HENDRICKS Clerk

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 53
File _____
Date of Application 2-24-80

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 2-5-80
Name of Physician C. L. Schmack

FEMALE
Medical Examination Report Dated Irving Cohen M.D.
Name of Physician 1-24-80

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Manuel S. Sentry
Date of Birth 11 1957
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 6650 E. Arizona #131 Denver, Colo.
Previous Marital Status: ☒ Never Married ☐ OR
Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree H 420

- ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children: _____

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Ralph N. Sentry
Residence of father (if deceased so state): Plainfield, In.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Ruth J. M. Goldrick
Residence of mother (if deceased so state): Plainfield, In.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Manuel S. Sentry

New Address 6650 E. ARIZONA #131 DENVER CO.

Subscribed and sworn to before me this 22 day of Feb, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Karen Lee Kost
Date of Birth 10 3 58
Place of Birth (State or foreign country) South Bend, In.
Residence Address 307 Maple Hill, Pfd.
Previous Marital Status: ☒ Never Married ☐ OR
Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children: _____

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: John Clement Kost
Residence of father (if deceased so state): Plainfield, In.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Kay Lee Sotton
Residence of mother (if deceased so state): Plainfield, In.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Karen Lee Kost

New Address _____

Subscribed and sworn to before me this 13 day of Feb, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 22 day of Feb, 1980, authorizing the joining together as husband and wife of Manuel S. Sentry and Karen Lee Kost.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1. William J. Moschell hereby certify that on the 23 day of February, 1980, at Plainfield, County of Hendricks, State of Indiana, Groom Manuel S. Sentry and, Bride Karen Lee Kost of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
Dated this 23 day of February, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1980.
Signed William J. Moschell
Official Designation Pastor, Bethany Lutheran Church
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 54

File

2-14-80

Date of Application

MALE

Medical Examination Report Dated 2-9-80

Name of Physician M.D. Scamahorn

FEMALE

Medical Examination Report Dated 2-9-80

Name of Physician M.D. Scamahorn

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Michael Middle E. Last Gill
Date of Birth Month 2 Day 23 Year 1958
Place of Birth (State or foreign country) Indpls Ind.
Residence Address Street or R. R. City County State
Rt 1 Box 10 Clayton Ind. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License & picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Ross Harold Gill
Residence of father (if deceased so state) Clayton Ind.
Birthplace of father (State or foreign country) Bloomington Ind.
9. Full maiden name of mother: Catherine Lawrence
Residence of mother (if deceased so state) Clayton Ind.
Birthplace of mother (State or foreign country) Bloomington Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Michael E Gill

New Address 28 Leroy Rd Brownsburg Ind

Subscribed and sworn to before me this 14 day of Feb, 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name First Nancy Middle J. Last Doan
Date of Birth Month 11 Day 9 Year 1959
Place of Birth (State or foreign country) Indpls Ind.
Residence Address Street or R. R. City County State
28 Leroy Rd Brownsburg Ind. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License & picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

Matthew Wayne Doan

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Herman Quincy Doan Jr.
Residence of father (if deceased so state) B'burg Ind.
Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother: Betty Marie Gallion
Residence of mother (if deceased so state) B'burg Ind.
Birthplace of mother (State or foreign country) Brownsburg Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Nancy J Doan

New Address 28 Leroy Rd Brownsburg Ind

Subscribed and sworn to before me this 14 day of Feb, 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued _____ and filed

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1980, authorizing the joining together as husband and wife of Indiana dated the 19th day of Feb, and Nancy J Doan

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1, James A Jones hereby certify that on the 23 day of February, 1980, at Brownsburg, County of Hendricks, State of Indiana, Groom Michael E Gill of Hendricks County, State of Indiana, and, Bride Nancy J Doan of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 23 day of February, 1980.

Signed James A Jones

Official Designation Minister

Signed Glen M Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of February, 1980.

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 55
File 41
Date of Application 2-15-80

MALE
Medical Examination Report Dated 2-11-80
Name of Physician Wm. A. Edwards

FEMALE
Medical Examination Report Dated 2-11-80
Name of Physician Wm. A. Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Kenneth G. Scott
Date of Birth Nov. 21, 1942
Place of Birth West Frankfort, Illinois
Residence Address RR 2 Box 133B, Coatesville, In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Driver's Lic.
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Walter Kenneth Scott
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Illinois
9. Full maiden name of mother: Edna Ruth Hill
Residence of mother (if deceased so state): Plainfield, In.
Birthplace of mother (State or foreign country): Illinois
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Kenneth G. Scott
New Address 1913 Hawthorne Dr. Plainfield, Ind.
Subscribed and sworn to before me this 15 day of Feb., 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

FEMALE APPLICANT

Name Virginia L. Turley
Date of Birth Sept. 23, 1942
Place of Birth Bridgport, In.
Residence Address 1913 Hawthorne Dr. Plainfield, In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Driver's Lic.
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children: Cynthia Turley

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Lewis Edward Schutte
Residence of father (if deceased so state): Indpls., In.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Catherine Wybenga
Residence of mother (if deceased so state): Indpls., In.
Birthplace of mother (State or foreign country): Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Virginia L. Turley
New Address 1913 Hawthorne Dr. Plainfield, Ind.
Subscribed and sworn to before me this 15 day of Feb., 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ County _____ Court of Indiana dated the 19 day of February, 1980, authorizing the joining together as husband and wife of Kenneth G. Scott and Virginia L. Turley.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James D. Wilson, hereby certify that on the 22 day of February, 1980, at Plainfield, County of Hendricks, State of Indiana, Groom Kenneth G. Scott and, Bride Virginia L. Turley were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 22 day of February, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of February, 1980.
Signed James D. Wilson
Official Designation Minister (Soc. of Friends)
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 56

File 41

2-15-80

Date of Application

MALE

Medical Examination Report Dated 2-8-80

Name of Physician Larry D. Lovell

FEMALE

Medical Examination Report Dated 2-8-80

Name of Physician Larry D. Lovell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

FEMALE APPLICANT

(Adopted) Name Phillip First A. Middle Baumstark Last
Date of Birth October Month 5 Day 1958 Year
Place of Birth (State or foreign country) Lucas
Residence Address R3 Box 94 Street or R. R. Virginia City Danville County Ind. State

Previous Marital Status: Never Married ☒ ORLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree☒ Other (Specify) Drivers Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Larry Neal JenkinsResidence of father (if deceased so state) Wallace, N. CarolinaBirthplace of father (State or foreign country) Kentucky9. Full maiden name of mother Lina Paige ClarkResidence of mother (if deceased so state) Danville, Ind.Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Phillip Allen BaumstarkNew Address 4216 Lawrence Circle West Drive

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk HENDRICKS

Circuit Court

Name Vicki First L. Middle Anderson Last
Date of Birth April Month 6 Day 1958 Year
Place of Birth (State or foreign country) Indianapolis
Residence Address 5605 Furnas Street or R. R. Ind. City Indianapolis County Ind. State

Previous Marital Status: Never Married ☐ ORLast Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree☒ Other (Specify) Drivers Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Bernard Dale LaninghamResidence of father (if deceased so state) Indpls. Ind.Birthplace of father (State or foreign country) Texas9. Full maiden name of mother Artie Olivia ThompsonResidence of mother (if deceased so state) Indpls.Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Vicki L. AndersonNew Address 4216 Lawrence Circle West Drive

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk HENDRICKS

Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
HENDRICKS County _____ Court by written order issued _____

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 19____, authorizing the joining together as husband and wife

of Indiana dated the 21st day of Feb, 19____, and _____
Phillip A. Baumstark

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Thomas S. Moncrief hereby certify that on the 23 day of February

at Indianapolis, County of Marion

one thousand nine hundred and 80, at Hendricks County, State of Indiana

State of Indiana, Groom Phillip Allen Baumstark of Marion County, State of Indiana

and, Bride Vicki Lynn Anderson of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

Dated this 23 day of February, 19____.

Signed Thomas S. Moncrief

Minister

Official Designation _____, 19____.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 57

File 41

2-16-80

Date of Application

MALE
Medical Examination Report Dated 2-15-80
Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated 2-15-80
Name of Physician Michael Neely

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Charles Edward Smith
Date of Birth 9 21 1954
Place of Birth (State or foreign country) Indianapolis
Residence Address 1736 North Rochester Indianapolis Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
- If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Otho A. Smith
Residence of father (if deceased so state) Franklin, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy B. Melton
Residence of mother (if deceased so state) Ind. Indianapolis
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Charles E. Smith
New Address 1736 N. Rochester

Subscribed and sworn to before me this 16 day of Feb. 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
HENDRICKS County Circuit Court by written order issued 3 Day Waiver and filed in Clerk's Ofc. authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 15 day of February 1980, authorizing the joining together as husband and wife of Charles Edward Smith and Teresa Jo Burrows.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John P. Roof hereby certify that on the 23 day of February 1980,
one thousand nine hundred and 80 at Danville, County of Hendricks
State of Indiana, Groom Charles Edward Smith and, Bride Teresa Jo Burrows of Marion County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 23 day of February, 1980.

Signed John P. Roof

Official Designation Episcopal Priest
26 day of February 1980

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 58

File

2-19-80
Date of Application

MALE

Medical Examination Report Dated 2-18-80

Name of Physician Eric Clark

FEMALE

Medical Examination Report Dated 2-18-80

Name of Physician Eric Clark

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Charles L. Heimansohn
Date of Birth 3 15 1957
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address 499 Western Dr. Danville Ind. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License & picture

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Henry Charles Heimansohn
Residence of father (if deceased so state): Danville Ind.
Birthplace of father (State or foreign country): Clarksville Tenn.
9. Full maiden name of mother: Nelda Alice Mitchell
Residence of mother (if deceased so state): Danville Ind.
Birthplace of mother (State or foreign country): Star City Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Charles L. Heimansohn

New Address

Subscribed and sworn to before me this 19 day of Feb, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Mary K. Douglas
Date of Birth 6 15 1950
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address 6530 West 11th Indpls. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License & picture

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Henry William Douglas
Residence of father (if deceased so state): Danville Ind.
Birthplace of father (State or foreign country): Kankakee, Ill.
9. Full maiden name of mother: Mary Katherine Yeager
Residence of mother (if deceased so state): Danville Ind.
Birthplace of mother (State or foreign country): Indpls. Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Mary Katherine Douglas

New Address

Subscribed and sworn to before me this 19 day of Feb, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3-day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana, dated the 19 day of February, 1980, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James E. Taylor, hereby certify that on the 23 day of February, 1980, at Danville, County of Hendricks

one thousand nine hundred and 80, State of Indiana, Groom Charles L. Heimansohn of Hendricks County, State of Indiana

and, Bride Mary K. Douglas of Marion County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 23 day of February, 1980. Signed James E. Taylor

Official Designation Minister

27 day of February, 1980. Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 59
File
Date of Application 2-19-80

MALE
Medical Examination Report Dated 2-6-80
Name of Physician David Naggard

FEMALE
Medical Examination Report Dated 2-6-80
Name of Physician David Naggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Thomas B. Shugars
Date of Birth 2-22-1958
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address 269 N. Center Plfd. Hend. Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children

Lori Deanne Shugars
Jimmy Byron Shugars

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Robert W. Shugars
Residence of father (if deceased so state) Plfd. Ind.
Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Betty Sue Shearer
Residence of mother (if deceased so state) Plfd. Ind.
Birthplace of mother (State or foreign country) Pennsylvania

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed X Thomas B. Shugars
New Address Plainfield

Subscribed and sworn to before me this 19 day of Feb, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 19 day of February, 1980, authorizing the joining together as husband and wife of Thomas B. Shugars and Sandra E. Masten.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Dewey A. Thackston, hereby certify that on the 22 day of February, 1980, at Plainfield, Hendricks County, State of Indiana, Groom Thomas B. Shugars and, Bride Sandra E. Masten of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 22 day of February, 1980.

Signed Dewey A. Thackston
Official Designation Minister, Plainfield Christian Church
Signed Glen M. Harvey
HENDRICKS Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this 3 day of March 1980.

FEMALE APPLICANT
Name Sandra E. Masten
Date of Birth 12-1-1958
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address 603 Township Rd. Plfd. Hend. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Sanders W. Masten
Residence of father (if deceased so state) Plfd. Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosemary Sauts
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed X Sandra E. Masten
New Address Plainfield

Subscribed and sworn to before me this 19 day of Feb, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 60

File

2-19-80

Date of Application

MALE

Medical Examination Report Dated 2-9-80

Name of Physician U.S. Marshall, M.D.

FEMALE

Medical Examination Report Dated 2-7-80

Name of Physician James Southland

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Wendell Dee Hurley
Date of Birth 5 12 1955
Place of Birth (State or foreign country) Roswell New Mexico
Residence Address PO Box 273 Clayton Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license & picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Fay Dillon Hurley
Residence of father (if deceased so state) Albee Texas
Birthplace of father (State or foreign country) New Mexico
9. Full maiden name of mother Donna Raynor Clisbee
Residence of mother (if deceased so state) Nevada (Reno)
Birthplace of mother (State or foreign country) Roswell New Mexico

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Wendell Hurley

New Address

Subscribed and sworn to before me this 19 day of Feb, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____

Clerk

FEMALE APPLICANT

Name Karen S. Donica
Date of Birth 7 27 1955
Place of Birth (State or foreign country) Ind.
Residence Address Box 273 Clayton Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license & picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

Winona Sue Donica

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Edwin Daves
Residence of father (if deceased so state) Unknown
Birthplace of father (State or foreign country) Unknown
9. Full maiden name of mother Cornie Sue Mason
Residence of mother (if deceased so state) Clayton Ind.
Birthplace of mother (State or foreign country) Missouri

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Karen S. Donica

New Address

Subscribed and sworn to before me this 19 day of Feb, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued 3-day review and filed
in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 19 day of February, 1980 authorizing the joining together as husband and wife
Wendell Dee Hurley and Karen S. Donica

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jewel E. Dewees hereby certify that on the 19 day of February

one thousand nine hundred and 80 at Monrovia County of Hendricks
State of Indiana, Groom Wendell Dee Hurley of Hendricks County, State of Indiana

and, Bride Karen Sue Donica of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.

Dated this 19 day of February, 1980 Signed Jewel E. Dewees
Official Designation United Methodist Minister

20 day of _____, 1980
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 61
File 41
Date of Application 2-19-80

MALE
Medical Examination Report Dated 2-9-80
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 2-9-80
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
William K. Barcus
Date of Birth Month Day Year
August 12 1957
Place of Birth (State or foreign country) In.
Residence Address Street or R. R. City County State
11225 W. Washington, Box 64, Indianapolis, In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: William Freeman Barcus
Residence of father (if deceased so state): Cloverdale, In.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Wilma Fayle Cash
Residence of mother (if deceased so state): Cloverdale, In.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed: William K. Barcus

New Address: Box 64, 11225 W. Washington St. Indianapolis, Ind.

Subscribed and sworn to before me this 19 day of Feb., 1980.
Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 26 day of Feb., 1980, authorizing the joining together as husband and wife of William K. Barcus and Peggy S. Davis. Be it further remembered, the following marriage certificate was filed in my office, to-wit: 1, Don Laftis, one thousand nine hundred and 80, hereby certify that on the 1st day of March, State of Indiana, Groom William K. Barcus at Plainfield, County of Hendricks, and, Bride, Peggy S. Davis of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana. Dated this 26 day of February, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1980.
Signed: Ellen M. Harvey
Official Designation: Minister
Signed: Ellen M. Harvey
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Peggy S. Davis
Date of Birth Month Day Year
August 3 1958
Place of Birth (State or foreign country) In.
Residence Address Street or R. R. City County State
334 N. Center Plainfield, In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Phil Davis
Residence of father (if deceased so state): Plainfield, In.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Greta Jean Stinnitt
Residence of mother (if deceased so state): Plainfield, In.
Birthplace of mother (State or foreign country): Kentucky

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed: Peggy S. Davis

New Address: 11225 Box 64 W. Washington St. Indianapolis, Ind.

Subscribed and sworn to before me this 19 day of Feb., 1980.
Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 62

File

2-20-80
Date of Application

MALE

Medical Examination Report Dated 2-15-80

Name of Physician R. Stephen Swen

FEMALE

Medical Examination Report Dated 2-15-80

Name of Physician R. Stephen Swen

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Steve Asher
Date of Birth 4 7 1953
Place of Birth (State or foreign country) Putnam Co. Ind.
Residence Address RR1 Box 289 Ladoga Putnam Ind.
City Ladoga County Putnam State Ind.

Previous Marital Status: Never Married ☐ ORLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree☒ Other (Specify) Drivers license "y picture"

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Steph Asher
Shane Asher

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Hersebulb AsherResidence of father (if deceased so state) Reachdale, Ind.Birthplace of father (State or foreign country) Ind.9. Full maiden name of mother Frances TuttleResidence of mother (if deceased so state) Reachdale, Ind.Birthplace of mother (State or foreign country) Ind.State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.Signed Steve H. AsherNew Address RR1 Box 289 Ladoga Ind.Subscribed and sworn to before me this 20 day of Feb, 1980Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Cheryl Larmer
Date of Birth Feb 7 60
Place of Birth (State or foreign country) Ind.
Residence Address RR1 Box 23 North Salem Ind.
City North Salem County Ind. State Ind.

Previous Marital Status: Never Married ☒ ORLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Allen LarmerResidence of father (if deceased so state) N. Salem, Ind.Birthplace of father (State or foreign country) Ind.9. Full maiden name of mother Mary L. ZiskaResidence of mother (if deceased so state) N. Salem, Ind.Birthplace of mother (State or foreign country) Ind.State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.Signed Cheryl L. LarmerNew Address RR1 Box 289 Ladoga, Ind.Subscribed and sworn to before me this 20 day of Feb, 1980Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1980, authorizing the joining together as husband and wife of Indiana dated the 25 day of Feb.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____

I, Earl C. Davis, B.D. hereby certify that on the 28 day of February, _____

at North Salem, County of Hendricks, _____

one thousand nine hundred and 80, _____

State of Indiana, Groom Steven H. Asher of Putnam County, State of Indiana, _____

and, Bride Cheryl Lee Larmer of Hendricks County, State of HENDRICKS, _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

County. _____

Dated this 28 day of February, 1980

Signed Earl C. Davis, B. D. _____

Official Designation clergyman _____

Signed Glen M. Harney _____

3 day of March, 1980

Signed Glen M. Harney _____

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 63
File Feb 20 1980
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 2-5-1980
Name of Physician Thomas Walker M.D.

FEMALE
Medical Examination Report Dated 2-5-80
Name of Physician Thomas Walker M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Richard W Odum
Date of Birth Feb 13 1958
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R #1 Box 13-A1 Linton, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Samuel L. Odum
Residence of father (if deceased so state) Linton, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virgie A. Bruce
Residence of mother (if deceased so state) Linton, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard David Odum
New Address R #1 Box 13-A1 Linton Ind

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
in Clerk Office County Superior #2 Court by written order issued Agree waiver & waiting and filed _____
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 25 day of Feb., 1980, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William Charles McDraw hereby certify that on the 1st day of March
one thousand nine hundred and 80 at Pittsboro, County of Hendricks
State of Indiana, Groom Richard David Odum of Hendricks County, State of Indiana
and, Bride Elizabeth Sue Smith of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
Dated this 11 day of March, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this _____

Signed William C. McDraw
Official Designation Minister, Pittsboro Christian Ch
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Elizabeth Sue Smith
Date of Birth Aug 29 1963
Place of Birth (State or foreign country) Wenatche, Ind.
Residence Address R #1 Box 13-A1 Linton, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Edward Lee Smith
Residence of father (if deceased so state) Pittsboro, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia J. Leland
Residence of mother (if deceased so state) Indpls.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Elizabeth Sue Smith
New Address R #1 Box 13-A1 Linton Ind

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 64

File. 41

2-20-80

Date of Application

MALE

Medical Examination Report Dated 2-19-80

Name of Physician A. N. Scudder

FEMALE

Medical Examination Report Dated 2-19-80

Name of Physician A. N. Scudder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Robert Kalvet
Date of Birth January 25 1961
Place of Birth (State or foreign country) Michigan
Residence Address 402 Elden Brownsburg, In.
Previous Marital Status ☒ Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Robert L. Kalvet

FEMALE APPLICANT

Name Julie Radcliff
Date of Birth Sept. 28 1962
Place of Birth (State or foreign country) Indianapolis
Residence Address RR 2 Box 176A Marion, In.
Previous Marital Status: ☒ Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: John Virgil Radcliff

Form 7-A-5

AFFIDAVIT

STATE OF INDIANA

COUNTY OF HENDRICKS } SS:

JOHN V. RADCLIFF AND MAI JEWELL RADCLIFF

NAME

RR 2 BOX 176A BROWNSBURG, INDIANA

ADDRESS

THEIR

Deposes and says upon his (or her) oath that:

We here by are granting our permission to our daughter Julie Ann to enter in the state of matrimony. The undersigned signatures attest to our consent

John V. Radcliff Mai Jewell Radcliff
SIGNED

Subscribed and sworn to before me this 19 day of February

1980

James R. Wagoner
NOTARY PUBLIC
HENDRICKS



My commission expires

Signed Ellen M. Harvey Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 64

File 41

2-20-80

Date of Application

MALE

Medical Examination Report Dated 2-19-80

Name of Physician A. N. Scudder

FEMALE

Medical Examination Report Dated 2-19-80

Name of Physician A. N. Scudder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Robert F. Kalvet
Date of Birth January 25 1961
Place of Birth (State or foreign country) Michigan
Residence Address 402 Tilden Brownsburg, In.
City Brownsburg Ind.
State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Robert F. Kalvet
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Michigan
9. Full maiden name of mother: Dorothy Ellen Bailey
Residence of mother (if deceased so state): Brownsburg, In.
Birthplace of mother (State or foreign country): Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Robert F. KalvetNew Address 403 W. Tilden Dr.Subscribed and sworn to before me this 20 day of Feb, 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Julie A. Radcliff
Date of Birth Sept. 28 1962
Place of Birth (State or foreign country) Indiana
Residence Address RR 2 Box 176A Brownsburg, In.
City Brownsburg Ind.
State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: John Vergil Radcliff
Residence of father (if deceased so state): Brownsburg, In.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Mai Jewell Davenport
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Julie A RadcliffNew Address 403 W. Tilden DRSubscribed and sworn to before me this 20 day of Feb, 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Hendricks Court by written order issued 3 Day Waiver and filed
in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 20 day of Feb, 1980, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James A. Nash hereby certify that on the 22 day of February

at Brownsburg, County of Hendricks

one thousand nine hundred and 80, County, State of Indiana

State of Indiana, Groom Robert F. Kalvet of Hendricks County, State of Indiana

and, Bride Julie A. Radcliff of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 22 day of February, 1980. Signed James A. Nash

Official Designation Minister25 day of Feb, 1980.Signed Glen M. Harvey Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Signed Glen M. Harvey HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 65

File Feb. 21, 1980
Date of Application

MALE
Medical Examination Report Dated 2-19-80
Name of Physician Arcadio M. Alarcon Jr.

FEMALE
Medical Examination Report Dated 2-1-80
Name of Physician Arcadio M. Alarcon Jr.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement" - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00).

MALE APPLICANT

Name Richard Allen O'Brien
Date of Birth Feb. 21 1954
Place of Birth (State or foreign country) Ind.
Residence Address Rt 2 Box 311A Clayton Ind. In.
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: George O'Brien
Residence of father (if deceased so state): Clayton Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Patricia Lee
Residence of mother (if deceased so state): Clayton Ind.
Birthplace of mother (State or foreign country): Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Richard A. O'Brien
New Address Post-0-Call, Indianapolis
Subscribed and sworn to before me this 21 day of Feb. 19 80
Glen M. Harvee Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19 ____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
HENDRICKS County _____ Court by written order issued 3 day waiver and filed in _____
Clarks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 21 day of Feb. 19 80, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Everett V. Smoch hereby certify that on the 23 day of February
one thousand nine hundred and 80 at Hazelwood County of Hendricks
State of Indiana, Groom Richard Allen O'Brien of Hendricks County, State of Indiana
and, Bride Deborah Sue Tinsley of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 23 day of February, 19 80

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of February, 19 80
Signed Glen M. Harvee HENDRICKS Circuit Court
Official Designation Minister

FEMALE APPLICANT
Name Deborah Sue Tinsley
Date of Birth June 23 1954
Place of Birth (State or foreign country) Ind.
Residence Address Rt 2 Box 19 Mooresville Morgan Ind.
Previous Marital Status: Never Married ☐ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

Chad Tinsley
Nally Tinsley

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Clifford Heridon
Residence of father (if deceased so state): Mooresville Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Betty Anderson
Residence of mother (if deceased so state): Mooresville, Ind.
Birthplace of mother (State or foreign country): Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Deborah Sue Tinsley
New Address Post-0-Call, Indianapolis
Subscribed and sworn to before me this 21 day of Feb. 19 80
Glen M. Harvee Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19 ____

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 66

File 41

2-22-80
Date of Application

MALE

Medical Examination Report Dated 2-18-80

Name of Physician James Black

FEMALE

Medical Examination Report Dated 2-18-80

Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Loren M. Armstrong
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Marian Marie Wiley
Residence of mother (if deceased so state): RR1, Linton, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed: Dale E. Armstrong

New Address: 51 S. Grant, Brownsburg

Subscribed and sworn to before me this 22 day of Feb., 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1980.

Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Paul Leroy Postwood
Residence of father (if deceased so state): 410 E. College, Brownsburg, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Opal Louise Anderson
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed: Nancy Ciriaco

New Address: 51 S. Grant Brownsburg

Subscribed and sworn to before me this 22 day of Feb., 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1980.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued and filed

in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks County Court, authorizing the joining together as husband and wife of Indiana dated the 29th day of February, 1980.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glen M. Harvey, hereby certify that on the 29 day of February

one thousand nine hundred and 80 at Danville, County of Hendricks

State of Indiana, Groom: Dale E. Armstrong, Marion County, State of Indiana

and, Bride: Nancy Jo Ciriaco, Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 29 day of February, 1980.

Signed: Glen M. Harvey

Official Designation: Clerk, Hendricks Co.

3 day of March, 1980.

Signed: Glen M. Harvey

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 67
File
Date of Application 2-22-80

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 2-22-80
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 2-22-80
Name of Physician Eric Clark

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Arthur J. LaRose
Date of Birth 6/14/1951
Place of Birth Bay City, Michigan
Residence Address 1139 Frankie Ct. Brownburg, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- Other (Specify) Military I.D. picture
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Arthur J. LaRose
Residence of father (if deceased so state): Bay City, Michigan
Birthplace of father (State or foreign country): Bay City, Michigan
9. Full maiden name of mother: Ward E. Reed
Residence of mother (if deceased so state): Bay City, Michigan
Birthplace of mother (State or foreign country): Bay City, Michigan

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: X Arthur J. LaRose
New Address: 1139 Frankie Ct. Brownburg, Ind.
Subscribed and sworn to before me this 22 day of Feb, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 26th day of February, 1980, authorizing the joining together as husband and wife of Arthur J. LaRose and Nikola J. TeeGarden.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clifford L. Carmichael
one thousand nine hundred and 80 hereby certify that on the 1st day of March
State of Indiana, Groom Arthur J. LaRose at Brownburg, County of Hendricks
and, Bride Nikola Jean TeeGarden of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 26 day of February, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of March, 1980.
Signed: Glen M. Harvey Clerk HENDRICKS Circuit Court
Official Designation: United Methodist Minister

FEMALE APPLICANT

Name Nikola J. TeeGarden
Date of Birth 3/14/1959
Place of Birth Marion, Ind.
Residence Address 1139 Frankie Ct. Brownburg, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- Other (Specify) Drivers License picture
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Richard Smith
Residence of father (if deceased so state): Fairmont Ind.
Birthplace of father (State or foreign country): Unknown
9. Full maiden name of mother: Mary Anna Gailley
Residence of mother (if deceased so state): Brownburg, Ind.
Birthplace of mother (State or foreign country): Marion Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: X Nikola J. TeeGarden
New Address: 1139 Frankie Ct. Brownburg, Ind.
Subscribed and sworn to before me this 22 day of Feb, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-1-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 608

File

Date of Application 2-22-80

MALE

Medical Examination Report Dated 2-13-80Name of Physician William Edwards

FEMALE

Medical Examination Report Dated 2-13-80Name of Physician William Edwards

ALL QUESTIONS MUST BE ANSWERED TO 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Ronald Shearer
Date of Birth 11 29 1957
Place of Birth (State or foreign country) Beech Grove Ind.
Residence Address 4015 Milton Dr. Indpls Marion Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License & picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: R. W. Shearer
Residence of father (if deceased so state): Indiana
Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Delores A. Haymaker
Residence of mother (if deceased so state): Indiana
Birthplace of mother (State or foreign country): Indpls Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ronald Shearer
New Address 10th St Indpls

Subscribed and sworn to before me this 22 day of Feb, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Donna Pursel
Date of Birth 1 19 1960
Place of Birth (State or foreign country) Hobbesville Ind.
Residence Address Rt 410 Danville Hend. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License & picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Donald F. Pursel
Residence of father (if deceased so state): Danville Ind.
Birthplace of father (State or foreign country): Carmel Ind.
9. Full maiden name of mother: Barbara J. Demaree
Residence of mother (if deceased so state): Danville Ind.
Birthplace of mother (State or foreign country): Greenwood Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donna J. Pursel
New Address 10th St Indpls

Subscribed and sworn to before me this 22 day of Feb, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana and the 26 day of February, 1980, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glen M. Harvey hereby certify that on the 29 day of February,
at Danville, Hendricks County, State of Indiana,
one thousand nine hundred and 80 of Marion County, State of Indiana,
and, Bride Donna J. Pursel of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.

Dated this 29 day of February, 1980.
Signed Glen M. Harvey
Official Designation Clerk Hendricks Co.
3 day of March, 1980.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 69
File Feb 25, 1980
Date of Application

MALE
Medical Examination Report Dated 2-21-80
Name of Physician Map S. News MD.

FEMALE
Medical Examination Report Dated 2/21/80
Name of Physician Map S. News MD.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Maurice L. Johnson
Date of Birth 8/14/1932
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address 30 Concordia Dr. Danville, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/ picture
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
Elizabeth 14

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Lawrence M. Johnson
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Frieda Johnson
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Maurice L. Johnson
New Address 30 Concordia Dr. Danville, Ind.

Subscribed and sworn to before me this 25 day of Feb, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29th day of February, 1980, authorizing the joining together as husband and wife of Maurice L. Johnson and Mable Oliphant.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Kenneth M. Link, hereby certify that on the 1st day of March, one thousand nine hundred and 80, at Fort Wayne, County of Allen, State of Indiana, Groom Maurice L. Johnson of Hendricks County, State of Indiana, and, Bride Mable Oliphant of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 1st day of March, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1980.
Signed Rev. Kenneth M. Link Official Designation Minister
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Mable Oliphant
Date of Birth 10/12/1932
Place of Birth (State or foreign country) Ind.
Residence Address 30 Concordia Dr. Danville, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Teachers Certificate
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Charles Bernice Crites
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Green Co. Ind.
9. Full maiden name of mother Ora Mae Hunter
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Green Co. Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Mable Oliphant
New Address 30 Concordia Dr.

Subscribed and sworn to before me this 25th day of Feb, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 70

File 41

2-25-80

Date of Application

MALE

Medical Examination Report Dated 2-18-80

Name of Physician Walter M. Mc Mannis

FEMALE

Medical Examination Report Dated 2-18-80

Name of Physician Walter M. Mc Mannis

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Stephen Middle E. Last Russell
Date of Birth Month Nov. Day 12 Year 1953
Place of Birth (State or foreign country) Uncinnati
Residence Address Street or R. R. RR 1 Box 536 City Plainfield State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Stephen E. Russell Jr.
Michael Lee Russell

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Howard Lee Russell
Residence of father (if deceased so state) Rockville Rd. Indpls, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred Jean Hurston
Residence of mother (if deceased so state) RR 1 Plainfield, Ind.
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Stephen E. Russell
New Address RR 1 Box 536 Plainfield Ind.

Subscribed and sworn to before me this 25 day of Feb., 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Janice Middle K. Last Ledger
Date of Birth Month June Day 10 Year 1954
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. RR 1 Box 536 City Plainfield State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Wm. H. Ashby
Residence of father (if deceased so state) Sweet Water Lake, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Yvonne Gayle Nelson
Residence of mother (if deceased so state) Hermitage Apts, Indpls, Ind.
Birthplace of mother (State or foreign country) North Dakota

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Janice K. Ledger
New Address RR 1 Box 536 Plainfield Ind.

Subscribed and sworn to before me this 25 day of Feb., 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed in _____ County _____ Court by written order issued _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 29 day of Feb., 1980, authorizing the joining together as husband and wife

Stephen E. Russell and Janice K. Ledger
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Boyde Edward Nelson hereby certify that on the 1st day of March,
one thousand nine hundred and 80 at Indianapolis, County of Marion,
State of Indiana, Groom Stephen E. Russell of Marion County, State of Indiana,
and, Bride Janice Kay Ledger of Marion County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 29 day of February, 1980

Signed Rev. B. E. Nelson
Official Designation Minister
March, 1980

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of _____, 19____
Signed Glen M. Harvey HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 71

File

2-25-80
Date of Application

MALE
Medical Examination Report Dated 2-25-80
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 2-25-80
Name of Physician Eric Clark

ALL QUESTIONS MUST BE ANSWERED I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)"

MALE APPLICANT

Name Jerry L. Steele
Date of Birth 3 5 1950
Place of Birth (State or foreign country) Greencastle Ind.
Residence Address R.R. 2 Cottleville Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) Drivers License w/picture
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Melvin Wayne Steele
Residence of father (if deceased so state) Cottleville Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma Jean Stalcap
Residence of mother (if deceased so state) Cottleville Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed X Jerry L. Steele
New Address R.R. #2 Box 71 Danville Ind.
Subscribed and sworn to before me this 25 day of Feb, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed _____ in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 29th day of Feb, 1980, authorizing the joining together as husband and wife of Jerry L. Steele and Barbara Ann Groce.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
Harlan Kincade
one thousand nine hundred and 80 hereby certify that on the 1st day of March
State of Indiana, Groom Jerry L. Steele at New Winchester, County of Hendricks
and, Bride Barbara Ann Groce of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County, State of Indiana.
Dated this 1st day of March, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1980.
Signed Harlan Kincade
Official Designation Minister
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Barbara Ann Groce
Date of Birth 2 17 1947
Place of Birth (State or foreign country) New Castle Ind.
Residence Address R.R. 2 Box 71 Danville Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) Drivers License w/picture
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

John Gordon Groce
David Daniel Groce
Kimberly Diane Groce

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John M. McEllan Wiser
Residence of father (if deceased so state) New Castle Ind.
Birthplace of father (State or foreign country) Jacobsville Ind.
9. Full maiden name of mother Eileen Shaw
Residence of mother (if deceased so state) New Castle Ind.
Birthplace of mother (State or foreign country) Chesterfield England

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed X Barbara Ann Groce
New Address R.R. #2 Box 71 Danville Ind.
Subscribed and sworn to before me this 25 day of Feb, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-2
Effective July 1, 1957

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 72

File 41

2-25-80

Date of Application

MALE
Medical Examination Report Dated 2-18-80

Name of Physician David M. Hadley

FEMALE

Medical Examination Report Dated 2-18-80

Name of Physician David M. Hadley

ALL QUESTIONS MUST BE ANSWERED IN 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Middle Last
Donald E. Bartley
Date of Birth Month Day Year
December 19 1940
Place of Birth (State or foreign country)
Clayton, Mo.
Residence Address Street or R. R. City County State
RR 8 Box 318 Indpls. Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) Driver's Lic.

Are you now or have you ever been adjudged to be of unsound mind?

No ☒ Yes ☐

If answer is "yes", has the adjudication been removed?

No ☐ Yes ☐

Are you afflicted with a transmissible disease?

No ☒ Yes ☐

Are you related to the female applicant closer than second cousin?

No ☒ Yes ☐

Are you now under the influence of intoxicating liquor?

No ☒ Yes ☐

Are you now under the influence of a narcotic drug?

No ☒ Yes ☐

List the full names of any dependent children

Irving Lynn Bartley

Are you required by any court order or orders to support the above dependent children?

No ☐ Yes ☐

If answer is "yes", it is 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: Willard E. Bartley

Residence of father (if deceased so state): RR 8 Indpls. Ind.

Birthplace of father (State or foreign country): Virginia

Full maiden name of mother: Ruth Munc

Residence of mother (if deceased so state): Same

Birthplace of mother (State or foreign country): Ky.

I depose and state the information given in this application is true and correct.

State of Indiana, HENDRICKS

Signed Donald E. Bartley

New Address 230 S. Shiloh Rd. Indpls. Ind.

Subscribed and sworn to before me this 25 day of Feb., 1980

Ellen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent

signs, state facts which render the consent of the other parent unnecessary

FEMALE APPLICANT

Name First Middle Last
Judith L. Followell
Date of Birth Month Day Year
April 16 1947
Place of Birth (State or foreign country)
Columbus, Ind.
Residence Address Street or R. R. City County State
230 S. Shiloh Rd. Indpls. Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) Driver's Lic.

1. Are you now or have you ever been adjudged to be of unsound mind?

No ☒ Yes ☐

If answer is "yes", has the adjudication been removed?

No ☐ Yes ☐

2. Are you afflicted with a transmissible disease?

No ☐ Yes ☐

3. Are you related to the male applicant closer than second cousin?

No ☒ Yes ☐

4. Are you now under the influence of intoxicating liquor?

No ☒ Yes ☐

5. Are you now under the influence of a narcotic drug?

No ☒ Yes ☐

6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children?

No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Dwight Elston Clark

Residence of father (if deceased so state): Deceased

Birthplace of father (State or foreign country): Illinois

9. Full maiden name of mother: Elsie Kelley

Residence of mother (if deceased so state): Columbus, Ind.

Birthplace of mother (State or foreign country): Illinois

I depose and state the information given in this application is true and correct.

State of Indiana, HENDRICKS

Signed Judith L. Followell

New Address 230 S. Shiloh Rd. Indpls. Ind.

Subscribed and sworn to before me this 25 day of Feb., 1980

Ellen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent

signs, state facts which render the consent of the other parent unnecessary

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS County Court by written order issued and filed

authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the

Indiana dated the 29th day of February, 1980, authorizing the joining together as husband and wife

Donald E. Bartley and Judith L. Followell

further remembered, the following marriage certificate was filed in my office, to wit:

Rev. Wm. J. Hendricks hereby certify that on the 1st day of March

at Washington, Ind., County of Hendricks, State of Indiana

of Indiana, Groom Donald E. Bartley of Hendricks County, State of Indiana

Bride Judith L. Followell of Hendricks County, State of Indiana

by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of

this 29 day of February, 1980.

Signed Rev. Wm. J. Hendricks

Official Designation Pastor, Swan Christian Church

7 day of March, 1980

Signed Ellen M. Harney Clerk HENDRICKS Circuit Court

and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-52
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 73
File
Feb. 25, 1980
Date of Application

MALE
Medical Examination Report Dated 2-19-80
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 2-19-80
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. IC 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Mark Middle Alan Last Stevenson
Date of Birth Month 31 Day 1959 Year
Place of Birth (State or foreign country) Marion Co. Ind
Residence Address 7543 Charing Apt. A. Nashville, Tenn.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) divorce Dec. (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Harry Russell Stevenson
Residence of father (if deceased so state): Nashville, Tenn.
Birthplace of father (State or foreign country): Clay County, Ind.
9. Full maiden name of mother: Shelia Jean Wyatt
Residence of mother (if deceased so state): Nashville, Tenn.
Birthplace of mother (State or foreign country): Clay Co. Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Mark Alan Stevenson
New Address 7543 Charing Apt. A
Subscribed and sworn to before me this 25 day of February, 1980
Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ in _____ County _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Hendricks _____ Circuit Court of Indiana dated the 29 day of February, 1980, authorizing the joining together as husband and wife of Mark Alan Stevenson and Judith Kay Posey.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Rev. Kenneth E. Vitters hereby certify that on the 1st day of March, 1980, at Bartlett Chapel United Methodist Church, Hendricks County, State of Indiana, Groom Mark Alan Stevenson and Bride Judith Kay Posey of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 1st day of March, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of March, 1980.
Signed Rev. Kenneth E. Vitters
Official Designation Pastor
Signed Allen M. Harvey
HENDRICKS Clerk Circuit Court

FEMALE APPLICANT

Name First Judith Middle Kay Last Posey
Date of Birth Month 31 Day 1961 Year
Place of Birth (State or foreign country) Marion Co. Ind
Residence Address RR#1 Box 197 Nashville, Tenn.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) divorce Dec. (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Sam Noah Posey
Residence of father (if deceased so state): Nashville, Tenn.
Birthplace of father (State or foreign country): Marion Co. Ind.
9. Full maiden name of mother: Martha Francis Wilson
Residence of mother (if deceased so state): Nashville, Tenn.
Birthplace of mother (State or foreign country): Georgia

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Judith Kay Posey
New Address 7543 Charing Apt. A
Subscribed and sworn to before me this 25 day of February, 1980
Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 81-1-4-2
Effective July 1, 1937

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 74

File

2-25-80
Date of Application

MALE

Medical Examination Report Dated 2-25-80

Name of Physician David Haggard

FEMALE

Medical Examination Report Dated 2-25-80

Name of Physician David Haggard

ALL QUESTIONS MUST BE ANSWERED TO 4-1-4-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Arthur W. Kimbler
Date of Birth 4 6 1955
Place of Birth (State or foreign country) Greensburg Indiana
Residence Address RR 3 Box 208 Plfld. Hend. Ind.

Previous Marital Status Never Married ☒ ORLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree☒ Other (Specify):

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

List the full names of any dependent children:
Joseph Arthur Kimbler

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Robert Kimbler
Residence of father (if deceased so state): Greensboro Ind.
Birthplace of father (State or foreign country): Kentucky

9. Full maiden name of mother: Delores Lucille Carman
Residence of mother (if deceased so state): Indph Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS County of HENDRICKS as: I depose and state the information given in this application is true and correct.

Signed X Arthur Wayne Kimbler
New Address: RR 3 BOX 208 PLAINFIELD

Subscribed and sworn to before me this 25 day of Feb, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS County of HENDRICKS as: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed in _____ County _____ Court by written order issued _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 5 day of March, 1980, authorizing the joining together as husband and wife of Arthur W. Kimbler and Jo Anna M. Watt

Be it further remembered, the following marriage certificate was filed in my office, to wit:

Edward Curtice hereby certify that on the 16 day of March, _____ at Oven, County of Hendricks, State of Indiana

one thousand nine hundred and 80 of Hendricks County, State of Indiana

and, Bride, Jo Anna M. Watt of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 5 day of March, 1980. Signed Edward B. Curtice

Official Designation Minister, 1980. Clerk

Signed Glen M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

FEMALE APPLICANT

Name Joanna M. Watt
Date of Birth 10 22 1957
Place of Birth (State or foreign country) Indph Ind.
Residence Address RR 3 Box 208 Plfld. Hend. Ind.

Previous Marital Status: Never Married ☒ ORLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree☐ Other (Specify):

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

List the full names of any dependent children:
Joseph Arthur Kimbler

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: James M. Watt
Residence of father (if deceased so state): Plainfield Ind.
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Jo Ann Francis McKinney
Residence of mother (if deceased so state): Plainfield Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS County of HENDRICKS as: I depose and state the information given in this application is true and correct.

Signed X Joanna M. Watt
New Address: RR 3 Box 208 Plfld. Indph Ind.

Subscribed and sworn to before me this 25 day of Feb, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS County of HENDRICKS as: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed in _____ County _____ Court by written order issued _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the _____ day of _____, 19____, authorizing the joining together as husband and wife of _____ and _____

Be it further remembered, the following marriage certificate was filed in my office, to wit:

_____ hereby certify that on the _____ day of _____, _____ at _____, County of _____, State of _____

one thousand nine hundred and _____ of _____ County, State of _____

and, Bride, _____ of _____ County, State of _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this _____ day of _____, 19____. Signed _____

Official Designation _____, 19____. Clerk

Signed _____ HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 75
File
2-27-1980
Date of Application

MALE
Medical Examination Report Dated 2-4-80
Name of Physician David M. Hadley, M.D.

FEMALE
Medical Examination Report Dated 2-4-80
Name of Physician David M. Hadley, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Glenn Middle G. Last Stewart
Date of Birth Month 10 Day 09 Year 1938
Place of Birth (State or foreign country) W. Sunbury, Pennsylvania
Residence Address 431 Hickory Lane, Plainfield, Hendricks, Indiana
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License w/ picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
Sammy L. Stewart
Valerie Stewart

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father John Wesley Stewart
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Elizabeth Seaton
Residence of mother (if deceased so state) New Wilmington, Pa.
Birthplace of mother (State or foreign country) Pennsylvania

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Glenn O. Stewart
New Address 431 Hickory Ln. Plainfield, Ind.

Subscribed and sworn to before me this 27th day of Feb., 1980.
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 27th day of February, 1980, authorizing the joining together as husband and wife of Glenn O. Stewart and Jane F. Ferrando.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, J. Kincaid Smith, hereby certify that on the 7th day of March, one thousand nine hundred and 80, at Brownburg, County of Hendricks, State of Indiana, Groom Glenn O. Stewart and, Bride Jane F. Ferrando of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 7 day of March, 1980.

Signed J. Kincaid Smith
Official Designation Pastor

day of March, 1980.
Signed Glen M. Harney Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Jane Middle F. Last Ferrando
Date of Birth Month 3 Day 3 Year 1941
Place of Birth (State or foreign country) Rehtabula, Ohio
Residence Address 431 Hickory Lane, Plainfield, Hendricks, Indiana
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License w/ picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Frank R. Scapuro
Residence of father (if deceased so state) Rehtabula, Ohio
Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Mary Virginia Scott
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Jane F. Ferrando
New Address 431 Hickory Ln. Plainfield, Ind.

Subscribed and sworn to before me this 27th day of Feb., 1980.
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 76

File

Feb. 27, 1980
Date of Application**MALE**

Medical Examination Report Dated 2-20-80

Name of Physician John Elliott

FEMALE

Medical Examination Report Dated 2-20-80

Name of Physician John Elliott

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Robin Glenn Cardwell
Date of Birth Jan 29 1962
Place of Birth (State or foreign country) Ky
Residence Address Rt 1 Box 113 Clayton Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Robin Lee Cardwell
Residence of father (if deceased so state): Columbus, Ind.
Birthplace of father (State or foreign country): Ky
9. Full maiden name of mother: Lois McKimney
Residence of mother (if deceased so state): Clayton, Ind.
Birthplace of mother (State or foreign country): Ky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Robin Glenn CardwellNew Address PO Box 122 ClaytonSubscribed and sworn to before me this 27 day of Feb, 1980.Glen M. Harvey Clerk HENDRICKS Circuit Court**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Debara Lynn Strobe
Date of Birth July 11 1964
Place of Birth (State or foreign country) Ind.
Residence Address P.O. 122 Clayton Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Claude Strobe
Residence of father (if deceased so state): Same
Birthplace of father (State or foreign country): Ky
9. Full maiden name of mother: Hazel Lemberg
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Ky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Debara Lynn StrobeNew Address P.O. Box 122 ClaytonSubscribed and sworn to before me this 27 day of Feb, 1980.Glen M. Harvey Clerk HENDRICKS Circuit Court**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed Claude E. Strobe FatherSigned Hazel M. Strobe Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

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 Agd 3 day waiver and filed
in Clayton authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1980, authorizing the joining together as husband and wife

of Indiana dated the 27 day of February, 1980, and Debara Lynn Strobe

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Buford Brock, hereby certify that on the 1st day of March,

one thousand nine hundred and 80, at Danville, County of Hendricks,

State of Indiana, Groom Robin Glenn Cardwell of Hendricks County, State of Indiana,

and, Bride Debara Lynn Strobe of Hendricks County, State of Indiana,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

County. Dated this 1st day of March, 1980.

Signed Buford BrockOfficial Designation Minister, 1980.Signed Glen M. Harvey ClerkHENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 77

File 41

2-29-80

Date of Application

MALE
Medical Examination Report Dated 2-29-80
Name of Physician James Black

FEMALE
Medical Examination Report Dated 2-29-80
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)"

MALE APPLICANT

Name First Middle Last
Dennis Roy Widner
Date of Birth Month Day Year
July 18 1956
Place of Birth (State or foreign country)
Sioux City, Iowa
Residence Address Street or R. R. City County State
5310 Morningside Ave, Sioux City, Iowa
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Harold Adrian Widner
Residence of father (if deceased so state): ~~Deceased~~
Birthplace of father (State or foreign country): Nebraska
9. Full maiden name of mother: Josephine Mae Jett
Residence of mother (if deceased so state): Sioux City, Iowa
Birthplace of mother (State or foreign country): Iowa

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed: Dennis R. Widner
New Address: 5310's Morningside Ave Apt. B

Subscribed and sworn to before me this 29 day of Feb, 1980
Shen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior #2 Court by written order issued 3 day waiver and filed
in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 29th day of Feb, 1980, authorizing the joining together as husband and wife
Dennis Roy Widner and Kimberly Annette Sides
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
J. Kincaid Smith
one thousand nine hundred and 80 hereby certify that on the 1st day of March
State of Indiana, Groom Dennis Roy Widner at Brownsburg County of Hendricks,
and, Bride Kimberly Annette Sides of Woodbury County, State of Iowa
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 Woodbury County, State of Iowa
Dated this 1st day of March, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of March, 1980
Signed: J. Kincaid Smith
Official Designation Minister
Signed: Shen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Kimberly Annette Sides
Date of Birth Month Day Year
July 11 1958
Place of Birth (State or foreign country)
Sioux City, Iowa
Residence Address Street or R. R. City County State
1328 S Cornelia, Sioux City, Iowa
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Charles Dean Sides
Residence of father (if deceased so state): Sioux City, Iowa
Birthplace of father (State or foreign country): Nebraska
9. Full maiden name of mother: Patricia Ann Reed
Residence of mother (if deceased so state): Brownsburg, Ind.
Birthplace of mother (State or foreign country): Nebraska

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed: Kimberly A. Sides
New Address:

Subscribed and sworn to before me this 29 day of Feb, 1980
Shen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

Form Prescribed By
Indiana State Board
Health under Author-
ity of LC 31-1332
Effective July 1, 1967

MALE
Medical Exa
Name of Ph

ALL QUESTIONS
shall be filed in an

Name

Date of Birth

Place of Birth (State)

Residence Address

Previous Marital Status

Last Marriage Ended By

Date of birth verified by

Other (Specify)

1. Are you now or have

If answer is "yes" ha

2. Are you afflicted with

3. Are you related to the

4. Are you now under 18

5. Are you now under 18

6. List the full names of

7. Are you required by a

dependent children?

If answer is "yes" do

compliance with any

8. Full name of father

Residence of father

Birthplace of father

9. Full maiden name of m

Residence of mother

Birthplace of mother

State of Indiana

County of

NEW

Subscribed and sworn to

Glen M.

CONSENT OF PAREN

We, the parents, of this

signs, state facts which render the consent of the other parent unnecessary

State of Indiana

County of

Signed

Signed

Subscribed and sworn to before me this

day of

19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS

County

Circuit

Court by written order issued

3-day waiver

and filed

in

Clerks Office

authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the

of Indiana dated the

day of

19

and

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

hereby certify that on the

day of

County of

at

County, State of

of

County, State of

and, Bride

of

County, State of

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of

HENDRICKS

County

Dated this

day of

19

Signed

Official Designation

day of

19

Clerk

Signed

HENDRICKS

Circuit Court

filed and recorded in accordance with the laws of the State of Indiana this

RECORD OF MARRIAGE

Hendricks

INSERT NAME OF COUNTY

COUNTY

Name (Print in Full)

GROOM

Last Jobe First David Middle W.
Residence (Address) Rt. 1 Box 246

City or Town Lizton
County Hendricks
State Indiana

Is Residence Inside City Limits?
Yes ☐ No ☒
Is Residence on a Farm?
Yes ☐ No ☒

Usual Occupation Military (U.S. Army)

COLOR OR RACE
White ☒ Negro ☐
Other ☐ (Specify)

Age of Groom 18
Place of Birth (State or Foreign Country) Indiana

PREVIOUS MARITAL STATUS

Never Married ☒

LAST MARRIAGE ENDED BY:

Death ☐ Annulment ☐

Divorce ☐ Total Number of Previous Marriages

BRIDE

Name (Legal Name before this Marriage—Print in Full)

Last Sublett First Denise Middle J.
Residence (Address) Rt. 1 Box 40

City or Town Danville
County Hendricks
State Ind.

Is Residence Inside City Limits?
Yes ☐ No ☒
Is Residence on a Farm?
Yes ☐ No ☒

Usual Occupation None

COLOR OR RACE
White ☒ Negro ☐
Other ☐ (Specify)

Age of Bride 20
Place of Birth (State or Foreign Country) Indiana

PREVIOUS MARITAL STATUS

Never Married ☒

LAST MARRIAGE ENDED BY:

Death ☐ Annulment ☐

Divorce ☐ Total Number of Previous Marriages

PLACE OF MARRIAGE

City or Town Lizton
County Hendricks

Signature of Groom
David W. Jobe

Signature of Bride (Legal Name Before This Marriage)

Denise J. Sublett

Date Signed March 7, 1980

OFFICIANT

Name Douglas K. Pogue

Title

Minister

Address

510 S. Green St.

City

Brownsburg

Phone Number 852-4545

CLERK OF COURT: Detach Record of Marriage and forward same at close of each calendar month to
Indiana State Board of Health, 1330 West Michigan Street, Indianapolis, Indiana 46206

Date of Recording Book Page

Signed Clerk of Circuit Court

Insert Name of County

signs, state facts which render the consent of the other parent unnecessary

State of Indiana, HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

State of Indiana, HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

State of Indiana, HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 79
File 41
3-3-80
Date of Application

MALE
Medical Examination Report Dated 2-26-80
Name of Physician Cecil H. Bullard

FEMALE
Medical Examination Report Dated 2-12-80
Name of Physician James M. Vandiver

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)"

MALE APPLICANT

Name First Jonathan Middle Peter Last Northrup
Date of Birth Month August Day 31 Year 1952
Place of Birth (State or foreign country) New York State
Residence Address Street or R. R. City Fresno County Fresno State California
2852 E Paul
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Driver's Lic.
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
 - If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
- If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Herbert Paul Northrup
Residence of father (if deceased so state): Haverford, Penn.
Birthplace of father (State or foreign country): New Jersey
9. Full maiden name of mother: Mary Eleanor Pearson
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Iowa

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed X Paul Peter Northrup
New Address: 2852 East Paul Fresno Ca 93710

Subscribed and sworn to before me this 7 day of March, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7 day of March, 1980, authorizing the joining together as husband and wife of Jonathan Peter Northrup and Melissa J. Lewellyn.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Vernon Noecker hereby certify that on the 8 day of March, 1980, at Indianapolis, County of Marion, State of Indiana, Groom Jonathan Peter Northrup of Fresno, County, State of California, and Bride Melissa J. Lewellyn of Hendricks, County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 8 day of March, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of March, 1980.
Signed Vernon Noecker, Pastor
Official Designation Zion Evangelical United Ch. of Christ
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Melissa Middle J Last Lewellyn
Date of Birth Month June Day 1 Year 1955
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. City Plainfield County Hendricks State Ind.
RR #1 Box 408
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Driver's license w/picture
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
 - If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
- If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Arville Leroy Lewellyn
Residence of father (if deceased so state): RR1 Box 408, Plainfield Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Evelyn Lucille Gunther
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed X Melissa J. Lewellyn
New Address: 2852 E Paul Avenue Fresno CA 93710

Subscribed and sworn to before me this 3 day of March, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 80

File 41

3-3-80

Date of Application

MALE
Medical Examination Report Dated 2-28-80

Name of Physician Glenn Baker

FEMALE

Medical Examination Report Dated 2-28-80

Name of Physician Glenn Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Jerry Middle Ray Last Wolfe
Date of Birth Month July Day 25 Year 1934
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. 602 P. Lakeside Dr. City Plainfield County Hendricks State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Ray L. Wolfe
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Myrtle Marie Walz
Residence of mother (if deceased so state) 4850 W. Beach St., Indianapolis
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Jerry R. Wolfe

New Address 602 P. Lakeside Dr., Plainfield

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

FEMALE APPLICANT

Name First Donna Middle J. Last Winings
Date of Birth Month July Day 4 Year 1933
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. 602 P. Lakeside Dr. City Plainfield County Hendricks State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Walter E. Anderson
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ma Donna C. Miller
Residence of mother (if deceased so state) 4253 English, Indianapolis
Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Donna J. Winings

New Address 602 P. Lakeside Dr., Plainfield

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior #2 Court by written order issued 3 day waiver and filed
in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1980, authorizing the joining together as husband and wife
of Indiana dated the 3rd day of March and Donna J. Winings

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Maurer hereby certify that on the 3 day of March

at Danville, County of Hendricks

one thousand nine hundred and 88 of Hendricks County, State of Indiana

State of Indiana, Groom Jerry Ray Wolfe of Hendricks County, State of Indiana

and, Bride Donna J. Winings of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.

Dated this 3 day of March, 1980. Signed John C. Maurer
Official Designation Judge _____, 1980.
3 day of March
Signed Glen M. Harvey HENDRICKS Clerk
Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 81

File Apr. 4, 1980
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 2-20-80
Name of Physician Carl Hendrick

FEMALE
Medical Examination Report Dated 2-20-80
Name of Physician Carl Hendrick

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)"

MALE APPLICANT

Name David L. Caldwell
Date of Birth July 2, 1940
Place of Birth (State or foreign country) Ind.
Residence Address 7487 Rockleigh Ave. Marion Ind.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

Dean A. Caldwell
Denise M. Caldwell

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Unknown
Residence of father (if deceased so state) _____
Birthplace of father (State or foreign country) _____

9. Full maiden name of mother Annetta Hamilton
Residence of mother (if deceased so state) Ind.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed David L. Caldwell
New Address 7487 Rockleigh Ave. Apt B

Subscribed and sworn to before me this 4 day of Mar., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Mae Louise Yelley
Date of Birth Sept 1, 1951
Place of Birth (State or foreign country) Ind.
Residence Address 23371 Center Plainfield Ind.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

Michael Yelley
Robert Yelley

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Walter Gibson
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Mildred Parker
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Mae Louise Yelley
New Address 7487 Rockleigh Ave. Apt B

Subscribed and sworn to before me this 4 day of Mar., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
in _____ Court by written order issued _____ and filed _____
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 10 day of March, 1980, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Paul E. Keller and Mae Louise Yelley

one thousand nine hundred and 80 hereby certify that on the 14 day of March
State of Indiana, Groom David L. Caldwell at Camby, County of Marion
and, Bride Mae Louise Yelley of Marion County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, State of Indiana
Dated this 14 day of March, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this _____
Signed Paul E. Keller Official Designation Minister
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 82

File

3-4-80
Date of Application**MALE**

Medical Examination Report Dated 2-26-80

Name of Physician E. Kouraney

FEMALE

Medical Examination Report Dated 2-26-80

Name of Physician E. Kouraney

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Robert B. Anglin
Date of Birth 3 20 1962
Place of Birth (State or foreign country) Homona California
Residence Address 220 S. Jefferson Danville Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify)

Drivers License up picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Robert Glen Anglin
Residence of father (if deceased so state): Danville Ind.
Birthplace of father (State or foreign country): Oklahoma
9. Full maiden name of mother: Edna Janette Stover
Residence of mother (if deceased so state): Danville Ind.
Birthplace of mother (State or foreign country): W. Virginia

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed

X Robert B. Anglin

New Address

57 Port Sylvia

Subscribed and sworn to before me this 4 day of March, 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed

Father

Signed

Mother

Subscribed and sworn to before me this day of 19.

Clerk

FEMALE APPLICANT

Name Debra S. Guthrie
Date of Birth 10 28 1960
Place of Birth (State or foreign country) Indpls Ind.
Residence Address RR Box 404 Elletts Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Bobbie Gene Guthrie
Residence of father (if deceased so state): Elletts Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Marilyn Sue Evans
Residence of mother (if deceased so state): Elletts Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed

X Debra S. Guthrie

New Address

57 Port Sylvia apt. C

Subscribed and sworn to before me this 4 day of March, 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed

Father

Signed

Mother

Subscribed and sworn to before me this day of 19.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 3-day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 19____, authorizing the joining together as husband and wife

of Indiana dated the _____ day of _____, 19____, and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, _____ hereby certify that on the _____ day of _____

at _____ County of _____

one thousand nine hundred and _____ of _____ County, State of _____

State of Indiana, Groom _____ of _____ County, State of _____

and, Bride _____ of _____ County, State of _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

Dated this _____ day of _____, 19____.

Signed

Donald Endsley

Official Designation

Minister

Signed

Glen M. Harvey

HENDRICKS

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 82

File

3-4-80
Date of Application

MALE

Medical Examination Report Dated 2-26-80

Name of Physician E. Kouraney

FEMALE

Medical Examination Report Dated 2-26-80

Name of Physician E. Kouraney

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Robert B. Anglin
Date of Birth 3 20 1962
Place of Birth (State or foreign country) Monrovia California
Residence Address 220 S. Jefferson Danville Ind. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) Drivers License up picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are
- Are
- List

FEMALE APPLICANT

Name Debbie S. Guthrie
Date of Birth 10 28 1960
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address RR1 Box 404 Elletts Ind. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐

I, Robert G. Anglin, hereby give my consent for
my son, Robert B. Anglin to
marry Debbie Sue Guthrie.

Subscribed and sworn to before me this 29th day of February

19 80.

Robert G. Anglin
(Robert G. Anglin)

Martha Louise Huckstep
(Martha Louise Huckstep)
Notary Public
Resides in Hendricks County, Indiana.

My commission expires:
July 18, 1980

Subscribed and sworn to before me this 29th day of February
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONS

We, the

signs,

I, Lynette Anglin, hereby give my consent for
my son, Robert G. Anglin to
marry Debbie Sue Guthrie.

Subscribed and sworn to before me this 29th day of February

19 80.

Lynette Anglin
(Lynette Anglin)

Martha Louise Huckstep
(Martha Louise Huckstep)
Notary Public
Resides in Hendricks County, Indiana.

My commission expires:
July 18, 1980

of In

Be

I, ...

one

Stat

and, Bride Debbie S. Guthrie of Hendricks County, State of Indianawere by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.Dated this 8 day of March, 19 80Signed Donald C. AndersonOfficial Designation Ministerday of June, 19 80Signed Glen M. Harvey

HENDRICKS

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 83
File 41
3-4-80
Date of Application

MALE
Medical Examination Report Dated 2-29-80
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 2-27-80
Name of Physician A. N. Scudder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name David A. Rose
Date of Birth Jan 5 1945
Place of Birth (State or foreign country) Indiana
Residence Address 5098 W. Fowler, Bloomington, Monroe, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Divorce license w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Dale Henry Rose
Residence of father (if deceased so state) Nashville, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Altha Mullis
Residence of mother (if deceased so state) Nashville, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Glen M. Harvey

New Address 5098 W. Fowler Rd. Bloomington, Ind.

Subscribed and sworn to before me this 4 day of March, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed

Signed

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

FEMALE APPLICANT

Name Cheryl L. Overton
Date of Birth April 16 1947
Place of Birth (State or foreign country) Hammond, Indiana
Residence Address 409 Weston, Brownsburg, Hendricks, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Divorce license w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Frank George Breneman
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Greece
9. Full maiden name of mother Loris Ruby Ratliff
Residence of mother (if deceased so state) Brownsburg, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cheryl L. Overton

New Address 5098 W. Fowler Road

Subscribed and sworn to before me this 4 day of March, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed

Signed

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
in Clerk's Office County Superior #2 Court by written order issued 3 day waiver and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana, dated the 4th day of March, 1980, authorizing the joining together as husband and wife
of David A. Rose and Cheryl L. Overton
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, C. Glen Burnside, hereby certify that on the 9 day of March,
one thousand nine hundred and 80, at Brownsburg, County of Hendricks,
State of Indiana, Groom David A. Rose and Bride Cheryl L. Overton of Monroe County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County, State of Indiana,
Dated this 9 day of March, 1980.

Signed C. Glen Burnside
Official Designation Minister
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of March, 1980.

Form Prescribed By
Indiana State Board of
Health under Authority
of LC 31-1-3-2
Effective July 1, 1937

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 84

File

3-5-80

Date of Application

MALE

Medical Examination Report Dated 2-8-80

Name of Physician Charles James

FEMALE

Medical Examination Report Dated 2-8-80

Name of Physician Charles James

ALL QUESTIONS MUST BE ANSWERED. LC 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Daniel Middle Joe Last Bluff
Date of Birth Month 6 Day 12 Year 1959
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address Box 34 Oakhurst B'burg Hend. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Harold W. Bluff
Residence of father (if deceased so state): Marion Co. Ind.
Birthplace of father (State or foreign country): Illinois

9. Full maiden name of mother: Beatrice - Gilbert
Residence of mother (if deceased so state): Marion Co. Ind.
Birthplace of mother (State or foreign country): Mississippi

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed X Daniel J. Bluff

New Address SAME

Subscribed and sworn to before me this 5 day of March, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name First Regina Middle Laraine Last Bishop
Date of Birth Month 6 Day 7 Year 1940
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address Box 34 Oakhurst B'burg Hend. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Thelford M. Bishop
Residence of father (if deceased so state): Zionsville Ind.
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Patricia Dawson
Residence of mother (if deceased so state): Zionsville Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed X Regina L. Bishop

New Address SAME

Subscribed and sworn to before me this 5 day of March, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1980, authorizing the joining together as husband and wife
of Indiana dated the 10 day of March, and _____ and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Woodrow W. Kennell hereby certify that on the 5th day of April,
at Zionsville, County of Boone,
of Hendricks, County, State of Indiana,
one thousand nine hundred and 80 of Boone, County, State of Indiana,
State of Indiana, Groom Daniel Joe Gluff of Hendricks, County, State of Indiana,
and, Bride Regina Laraine Bishop of Hendricks, County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.

Dated this 5 day of April, 1980. Signed Woodrow W. Kennell
Official Designation Pastor
9 day of April, 1980
Signed Glen M. Harvey HENDRICKS Clerk
Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 85

File

March 5, 1980
Date of ApplicationForm Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 3-4-80
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 3-4-80
Name of Physician Wm. Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Michael Jennings
Date of Birth 11 11 1954
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 650 Elm St. Plainfield, In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Wm. L. Jennings
Residence of father (if deceased so state) Plainfield, In.
Birthplace of father (State or foreign country) Minnesota
9. Full maiden name of mother Martha Lorraine Jensen
Residence of mother (if deceased so state) Plainfield, In.
Birthplace of mother (State or foreign country) Minnesota

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Michael Jennings
New Address 6324 Hallister Dr. Indpls.

Subscribed and sworn to before me this 5th day of March, 1980
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
of Indiana dated the 11th day of March, 1980, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Dewey A. Thackston and Martha Kirkpatrick
one thousand nine hundred and 80 hereby certify that on the 15 day of March
State of Indiana, Groom Michael Jennings at Plainfield Christian Church County of Hendricks
and, Bride Martha Kirkpatrick of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana
Dated this 15 day of March, 1980

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of March, 1980.
Signed Dewey A. Thackston Official Designation Minister of the Gospel
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Martha Kirkpatrick
Date of Birth July 4 1949
Place of Birth (State or foreign country) Indpls, In.
Residence Address 6324 Hallister Dr. Speedway, In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Widows License w/ picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Wm. L. Hupp
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha K. Payne
Residence of mother (if deceased so state) Indpls, In.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Martha Kirkpatrick
New Address 6324 Hallister Dr. Indpls.

Subscribed and sworn to before me this 5th day of March, 1980
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-1-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 86

File 41

3-6-80
Date of ApplicationMALE
Medical Examination Report Dated 3-3-80

Name of Physician James Black

FEMALE

Medical Examination Report Dated 3-3-80

Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. IC 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Larry Middle Dean Last DeWees
Date of Birth Month Nov Day 7 Year 1950
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. 235 Bridgeport Rd City Laurel County Marion State Ind
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

p Other (Specify) Driver's License w/picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children:

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Donald M. DeWeesResidence of father (if deceased so state): DeceasedBirthplace of father (State or foreign country): Indiana (?)9. Full maiden name of mother: Marion S. BradleyResidence of mother (if deceased so state): 235 Bridgeport Rd, Laurel, Ind.Birthplace of mother (State or foreign country): Conn.State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKSSigned Larry DeWeesNew Address 203C Harbour Town DrSubscribed and sworn to before me this 6th day of March, 1980.Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

FEMALE APPLICANT

Name First Theresa Middle Marie Last Spencer
Date of Birth Month Sept Day 13 Year 1955
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. 653 W. Morris St. City Plainfield County Hendricks State Ind.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

p Other (Specify) Driver's License w/picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children:

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Richard S. EmgeResidence of father (if deceased so state): 653 W. Morris St., Plainfield, Ind.Birthplace of father (State or foreign country): Indiana9. Full maiden name of mother: Rita J. WhiteResidence of mother (if deceased so state): SameBirthplace of mother (State or foreign country): OhioState of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKSSigned Theresa M. SpencerNew Address 203C Harbour Town Dr, Plainfield, Ind.Subscribed and sworn to before me this 6th day of March, 1980.Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior #1 Court by written order issued 3 day Whiner and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 6th day of March, 1980, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1. Rev. H. Phillip Isgrigg hereby certify that on the 7 day of March, _____

one thousand nine hundred and 80 at Indianapolis County of Marion

State of Indiana, Groom Larry Dean DeWees of Marion County, State of Indiana

and, Bride Theresa Marie Spencer of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 6 day of March, 1980. Signed Rev. H. Phillip Isgrigg

Official Designation United Methodist day of March, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of March, 1980. Signed Glen M. Harvey HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

HENDRICKS County

No. 87

File
March 6, 1980
Date of Application

MALE
Medical Examination Report Dated 3-1-80
Name of Physician James Southard

FEMALE
Medical Examination Report Dated 3-1-80
Name of Physician James Southard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)"

MALE APPLICANT

Name First Middle Last
Alan L Herron
Date of Birth Month Day Year
1 28 56
Place of Birth (State or foreign country)
Indiana
Residence Address Street or R. R. City County State
295 E Columbia Danville Hendricks Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Roger Lee Herron
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Ill
9. Full maiden name of mother Helma Mae Rogers
Residence of mother (if deceased so state) Clayton, Indiana
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Alan L Herron

New Address 295 E. Columbia Danville Ind.

Subscribed and sworn to before me this 6 day of March, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11th day of March, 1980, authorizing the joining together as husband and wife of Alan L Herron and Tommy L Swanson.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Wayne Dunlap, hereby certify that on the 15 day of March, 1980, at Danville, County of Hendricks, State of Indiana, Groom Alan L Herron and, Bride Tommy L Swanson, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 15 day of March, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1980.

Signed Rev. Wayne Dunlap
Official Designation Minister
21 day of March, 1980.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Tommy L Swanson
Date of Birth Month Day Year
3 7 61
Place of Birth (State or foreign country)
Ohio
Residence Address Street or R. R. City County State
93 S Walnut Danville Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Edward Donald Swanson
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) W. Virginia
9. Full maiden name of mother Shirley Marie Monigold
Residence of mother (if deceased so state) Indiana
Birthplace of mother (State or foreign country) Ohio
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Tommy L Swanson

New Address 295 E. Columbia St. Danville Ind.

Subscribed and sworn to before me this 6 day of March, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 88

File 41

3-6-80

Date of Application

MALE

Medical Examination Report Dated 2-5-80

Name of Physician Bill E. Greeland

FEMALE

Medical Examination Report Dated 2-5-80

Name of Physician Bill E. Greeland

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Charles Middle Last Becker
Date of Birth October 19 1960
Place of Birth (State or foreign country) Beech Grove
Residence Address 7428 Rockleigh Ave City Indpls. State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Charles Albert Becker
Residence of father (if deceased so state): Indpls, In.

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Bethel Elmarie Little

Residence of mother (if deceased so state): Same

Birthplace of mother (State or foreign country): Missouri

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed: Charles A. Becker

New Address: 7428 Rockleigh Ave

Subscribed and sworn to before me this 6 day of Mar, 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Glenda Middle Last Stewart
Date of Birth October 26 1962
Place of Birth (State or foreign country) Salina
Residence Address 431 Hickory Street or R. R. Kansas City Clay County State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Glenn Oliver Stewart
Residence of father (if deceased so state): Hickory Ave. Clayfield, In.

Birthplace of father (State or foreign country): Pennsylvania

9. Full maiden name of mother: Brenda Fern Bamfield

Residence of mother (if deceased so state): Newanna Indpls, In.

Birthplace of mother (State or foreign country): Salina, Kansas

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed: Glenda E. Stewart

New Address: 7428 Rockleigh Ave

Subscribed and sworn to before me this 6 day of Mar, 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

Signed: Glenn O. Stewart Father

Signed: Brenda F. Stewart Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued _____ and filed in _____

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, authorizing the joining together as husband and wife

of Indiana dated the 17th day of March, 1980, and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____

I, _____ hereby certify that on the 22 day of March, 1980, at _____, County of _____, State of _____, Indiana

one thousand nine hundred and _____ of _____ County, State of _____, Indiana

State of Indiana, Groom Charles A. Becker of _____ County, State of _____, Indiana

and, Bride Glenda E. Stewart of _____ County, State of _____, Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 22 day of March, 1980

Signed: Donald C. Cuddeley

Official Designation: Minister

Signed: _____ day of _____, 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 89
File 41
Date of Application 3-6-80

MALE
Medical Examination Report Dated 2-29-80
Name of Physician Eric A. Clark

FEMALE
Medical Examination Report Dated 2-29-80
Name of Physician Eric A. Clark

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First David Middle Weber Last
Date of Birth Month December Day 19 Year 1957
Place of Birth (State or foreign country) Indianapolis
Residence Address 7244 Griffith Rd. City Indpls County Ind State Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify):

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Harry J. Weber
Residence of father (if deceased so state): Indpls, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Ruth A. Weber
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Indiana
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of:

Signed: X David P. Weber

New Address: 6417 Consulate Ct Apt 6328, Indpls.

Subscribed and sworn to before me this 6 day of Mar, 1980
Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of:

Signed:

Father

Signed:

Mother

Subscribed and sworn to before me this day of 1980
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 10 day of March, 1980, authorizing the joining together as husband and wife of David P. Weber and Kimberly A. Moore.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Rev. Richard Jore hereby certify that on the 15 day of March, 1980, at Plainfield, Marion County, State of Indiana, Groom David P. Weber and, Bride Kimberly A. Moore of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 15 day of March, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of March, 1980.

Signed: Rev. Richard Jore
Official Designation: Roman Catholic Priest
Signed: Ellen M. Harvey
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 90

File 41

3-7-80

Date of Application

MALE

Medical Examination Report Dated 3-4-80

Name of Physician Larry D. Lowell

FEMALE

Medical Examination Report Dated 3-4-80

Name of Physician Larry D. Lowell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license w/picture

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?
- Are you afflicted with a transmissible disease?
- Are you related to the female applicant closer than second cousin?
- Are you now under the influence of intoxicating liquor?
- Are you now under the influence of a narcotic drug?
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children?

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

- Full name of father Charles Russell Meyers

Residence of father (if deceased so state) Deceased

Birthplace of father (State or foreign country) Indiana

- Full maiden name of mother Dorotha Jean Oakbaum

Residence of mother (if deceased so state) 412 Box 13 M, Danville, Ind.

Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Vincent Paul Joseph Meyers

New Address 411 S. Kentucky

Subscribed and sworn to before me this 7 day of March, 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____, Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?
- Are you afflicted with a transmissible disease?
- Are you related to the male applicant closer than second cousin?
- Are you now under the influence of intoxicating liquor?
- Are you now under the influence of a narcotic drug?
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children?

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

- Full name of father Edward Delano Mc Donald

Residence of father (if deceased so state) 412 Box 326, Danville, Ind.

Birthplace of father (State or foreign country) Indiana

- Full maiden name of mother Betty Jane Kemp

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Cheryl D. Mc Donald

New Address 411 S. Kentucky

Subscribed and sworn to before me this 7 day of March, 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior #1 Court by written order issued 3 day waiver and filed
in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1980, authorizing the joining together as husband and wife

of Indiana dated the 7th day of March, 1980, and Cheryl D. Mc Donald

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1. Earl T. Bonham hereby certify that on the 8 day of March

one thousand nine hundred and 80 at Danville, County of Hendricks,

State of Indiana, Groom Vincent Paul Meyers of Hendricks County, State of Indiana,

and, Bride Cheryl Denise Mc Donald of Hendricks County, State of Indiana,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS

County.

Dated this 8 day of March, 1980.

Signed Earl T. Bonham

Official Designation United Methodist Pastor

March, 1980.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of March, 1980.

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 91
File 41
3-7-80
Date of Application

MALE
Medical Examination Report Dated 2-29-80
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 2-29-80
Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name David E. Hix, Jr.
Date of Birth December 20, 1956
Place of Birth (State or foreign country) Indiana
Residence Address 3603 S. CLARKS CREEK RD, INDIANAPOLIS, IN
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # 14784

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: David Edward Hix, Sr.
Residence of father (if deceased so state): 3603 S. CLARKS CREEK RD, INDIANAPOLIS, IN
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Katherine Louise Bradbury
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed David E. Hix, Jr.

New Address 3603 S. CLARKS CREEK RD

Subscribed and sworn to before me this 7th day of March, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

Signed

Father

Signed

Mother

Subscribed and sworn to before me this day of 1980.
Clerk

FEMALE APPLICANT

Name Roxanne Tompkins
Date of Birth April 24, 1957
Place of Birth (State or foreign country) Indiana
Residence Address 630 HANOVER DR, NEW WHITELAND, IN
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # 313

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Gordon Lee Tompkins
Residence of father (if deceased so state): 630 HANOVER DR, NEW WHITELAND, IN
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Barbara Ann Waddle
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Roxanne Tompkins

New Address 3603 S. CLARK CREEK RD.

Subscribed and sworn to before me this 7th day of March, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

Signed

Father

Signed

Mother

Subscribed and sworn to before me this day of 1980.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 11th day of March, 1980, authorizing the joining together as husband and wife of David E. Hix, Jr. and Roxanne Tompkins. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, E. Dale Canull, one thousand nine hundred and 80, hereby certify that on the 29 day of March, at New Whiteland, County of Johnson, State of Indiana, Groom David E. Hix, Jr. of Hendricks County, State of Indiana, and, Bride Roxanne Tompkins of Johnson County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County. Dated this 29 day of March, 1980.

Signed E. Dale Canull

Official Designation Minister

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of April, 1980.

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 92

File 41

3-7-80

Date of Application

MALE

Medical Examination Report Dated 3-5-80

Name of Physician Joseph C. Herlin

FEMALE

Medical Examination Report Dated 3-5-80

Name of Physician Joseph C. Herlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license 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 Donald Gregory Neff
Date of Birth March 2, 1952
Place of Birth (State or foreign country) Indianapolis
Residence Address RR 1 Box 35 North Salem, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Name Pamela Jo Williams
Date of Birth April 3, 1952
Place of Birth (State or foreign country) Crawfordsville
Residence Address RR 1 Box 35 North Salem, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic.

☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children.

Jami Lea Neff

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Donald Gene Neff

Residence of father (if deceased so state): North Salem, Ind.

Birthplace of father (State or foreign country): Indiana

Full maiden name of mother: Lain Elizabeth Dougherty

Residence of mother (if deceased so state): Same

Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS County of HENDRICKS

I depose and state the information given in this application is true and correct.

Signed Donald Gregory Neff

New Address RR 1 Box 35 North Salem

Subscribed and sworn to before me this 7 day of March, 1980.

Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS County of HENDRICKS

I depose and state the information given in this application is true and correct.

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____, Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS County of HENDRICKS

I depose and state the information given in this application is true and correct.

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed _____

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Indiana dated the 11 day of March, 1980, authorizing the joining together as husband and wife Donald Gregory Neff and Pamela Jo Williams

I further remembered, the following marriage certificate was filed in my office, to-wit:

Rev. Lawrence E. Dettner hereby certify that on the 15 day of March, 1980, at North Salem, County of Hendricks, State of Indiana

Groom Donald Gregory Neff of Hendricks County, State of Indiana

Bride Pamela Jo Williams of Hendricks County, State of Indiana

by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

and this 15 day of March, 1980

Signed Rev. Lawrence E. Dettner Minister

Official Designation _____, 1980

Signed Glen M. Harney Clerk

HENDRICKS Circuit Court

and recorded in accordance with the laws of the State of Indiana this 18 day of March, 1980

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 93
File 41
Date of Application 3-10-80Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977MALE
Medical Examination Report Dated 2-28-80
Name of Physician Irving CohenFEMALE
Medical Examination Report Dated 2-28-80
Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Bryan Pettijohn
Date of Birth Month Day Year
June 2 1957
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. City County State
214 N. Vine, Plainfield Hendricks Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree☒ Other (Specify) Dr. Irving Cohen W. Pettijohn

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Ronald Eugene Pettijohn
Residence of father (if deceased so state): 405 W. Main, Plainfield, Ind.
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Barbara Jean McCarty
Residence of mother (if deceased so state): Detroit, Michigan
Birthplace of mother (State or foreign country): Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Bryan PettijohnNew Address: 215 N. Vine St.Subscribed and sworn to before me this 10th day of March, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14 day of March, 1980, authorizing the joining together as husband and wife of Bryan A. Pettijohn and Rae Jean Herman. Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joel Carl Hunter, hereby certify that on the 23rd day of March, 1980, at Mr. Auburn United Methodist Church of Johnson County, State of Indiana, Groom: Bryan A. Pettijohn and, Bride: Rae Jean Herman of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana. Dated this 23 day of March, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of March, 1980.
Signed: Joel Carl Hunter Official Designation: Clergyman
Signed: Glen M. Harvey Clerk HENDRICKS Circuit CourtFEMALE APPLICANT
Name First Middle Last
Rae Jean Herman
Date of Birth Month Day Year
November 8 1961
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. City County State
734 Meadow Lane, Plainfield Hendricks Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree☒ Other (Specify) Dr. Irving Cohen W. Pettijohn

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Charles Warren La Roche
Residence of father (if deceased so state): 734 Meadow Lane, Plainfield, Ind.
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Monica Annaine Taylor
Residence of mother (if deceased so state): same
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Rae Jean HermanNew Address: 215 N. Vine St.Subscribed and sworn to before me this 10th day of March, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 94

File

3-10-80

Date of Application

MALE

Medical Examination Report Dated 3-6-80

Name of Physician Carl Heinlein

FEMALE

Medical Examination Report Dated 3-6-80

Name of Physician Carl Heinlein

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Wallace Bruce Clark
Date of Birth 3 8 1960
Place of Birth (State or foreign country) Indpls Ind.
Residence Address 537 Hickory Dr. Danville Hend. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Wallace D. Clark
Residence of father (if deceased so state) Zionville Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Anita C. Pedigo
Residence of mother (if deceased so state) Danville Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed X Wallace B. Clark
New Address 889 W. Clinton
Subscribed and sworn to before me this 10 day of March, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

FEMALE APPLICANT

Name Sandra Kaye Scott
Date of Birth 9 1959
Place of Birth (State or foreign country) Albany Kentucky
Residence Address 889 Clinton Danville Hend. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Howard G. Scott
Residence of father (if deceased so state) Indpls Ind.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Dorothy J. Broce
Residence of mother (if deceased so state) Indpls Ind.
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed X Sandra K. Scott
New Address 889 W. Clinton
Subscribed and sworn to before me this 10 day of March, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
HENDRICKS County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1980, authorizing the joining together as husband and wife of Indiana dated the 14th day of Mar.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Stanley A. Johnson and Sandra K. Scott
hereby certify that on the 15 day of March,
at Danville, County of Hendricks,
one thousand nine hundred and 80 of Hendricks County, State of Indiana,
State of Indiana, Groom Wallace Clark of Hendricks County, State of Indiana,
and, Bride Sandra Scott of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.

Dated this 15 day of March, 1980.
Signed Stanley A. Johnson
Official Designation Ordained Minister
18 day of March, 1980
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 95
File 3-10-80
Date of Application

MALE
Medical Examination Report Dated 3-10-80
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 3-10-80
Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Wilford Horsley
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Juanita McKinnis
Residence of mother (if deceased so state): deceased
Birthplace of mother (State or foreign country): Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Andrew Horsley

New Address 120 WILLIAMS DR. Brownsburg

Subscribed and sworn to before me this 10 day of Mar, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21 day of March, 1980, authorizing the joining together as husband and wife of Andrew M. Horsley and Jill Janen Garner. Be it further remembered, the following marriage certificate was filed in my office, to-wit: Larry A. Stafford hereby certify that on the 12th day of April, 1980, at Fayette County of Boone State of Indiana, Groom Andrew M. Horsley and, Bride Jill Janen Garner of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana. Dated this 12th day of April, 1980.

Signed Larry A. Stafford

Official Designation Pastor, Mt. Taber Baptist Church

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of April, 1980.

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 96

File 41

Date of Application 3-11-80

MALE
Medical Examination Report Dated 2-19-80
Name of Physician J. E. Widdifield

FEMALE
Medical Examination Report Dated 2-19-80
Name of Physician J. E. Widdifield

ALL QUESTIONS MUST BE ANSWERED TO 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Timothy Ray Gibson
Date of Birth January 8 1960
Place of Birth (State or foreign country) Kentucky
Residence Address 3420 Hunt St. Indpls, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children: _____

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Howard Raymond Gibson
Residence of father (if deceased so state): Indpls, Indiana
Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Ola Mae Scott
Residence of mother (if deceased so state): Indpls, Ind.
Birthplace of mother (State or foreign country): Kentucky

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed: Timothy R. GibsonNew Address: 3420 Hunt St Indpls, Ind.

Subscribed and sworn to before me this 11 day of March, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____

Father

Signed _____

Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Christine Helga Brandt
Date of Birth March 31 1962
Place of Birth (State or foreign country) Berlin, Germany
Residence Address 3420 Hunt St, Indpls, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Passport

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children: _____

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Harri Brandt
Residence of father (if deceased so state): Berlin, Germany
Birthplace of father (State or foreign country): Berlin, Germany
9. Full maiden name of mother: Margot Hildegard
Residence of mother (if deceased so state): deceased
Birthplace of mother (State or foreign country): Berlin, Germany

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed: Christine Helga BrandtNew Address: 3420 Hunt St Indianapolis, Ind.

Subscribed and sworn to before me this 11 day of March, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____

Signed _____

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties.
HENDRICKS County Circuit Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 11 day of March, 1980, authorizing the joining together as husband and wife of Timothy Ray Gibson and Christine Helga Brandt.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, R. E. Halls hereby certify that on the 14 day of March, 1980, at Indianapolis, County of Mason, State of Indiana, Groom Timothy Ray Gibson of Hendricks County, State of Indiana, and, Bride Christine Helga Brandt of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 11 day of March, 1980.
Signed R. E. Halls
Official Designation Baptist Minister, 1980
Signed Glen M. Harvey HENDRICKS Clerk
Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 96

File 41

Date of Application 3-11-80

MALE

Medical Examination Report Dated 2-19-80

Name of Physician H. E. Widdifield

FEMALE

Medical Examination Report Dated 2-19-80

Name of Physician H. E. Widdifield

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Timothy Ray Gibson
Date of Birth January 8 1960
Place of Birth (State or foreign country) Glasgow, Kentucky
Residence Address 3420 Nutt St. Indpls, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify):

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Howard Raymond Gibson
Residence of father (if deceased so state): Indpls, Indiana
Birthplace of father (State or foreign country): Kentucky

9. Full maiden name of mother: Ola Mae Scott
Residence of mother (if deceased so state): Indpls, Ind.
Birthplace of mother (State or foreign country): Kentucky

State of Indiana, } as: I depose and state the in this application is to
County of HENDRICKS

Signed: Timothy R. GibsonNew Address: 3420 Nutt St. IndplsSubscribed and sworn to before me this 11 day of MaGlen M. Harvey Clerk HENDRICKS

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } as:
County of HENDRICKS

Signed

Signed

Subscribed and sworn to before me this _____ day of _____

To Whom It May Concern:

I Harri Brandt give my consent for my daughter
Christine Brandt, born on 31 March 1962 to emigrate
to the United States of America for the purpose
of marrying Mr Timothy Gibson, born on 8 January
1960, currently residing in Indianapolis, Indiana.

Harri Brandt

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Circuit Court by written order issued 3 day waiver and filed
in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 11 day of March, 1980, authorizing the joining together as husband and wife

of Timothy Ray Gibson and Christine Helga Brandt
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, R. E. Halls, hereby certify that on the 14 day of March,
at Indianapolis, County of Mason,
one thousand nine hundred and 80, County, State of Indiana,
State of Indiana, Groom Timothy Ray Gibson of Hendricks County, State of Indiana,
and, Bride Christine Helga Brandt of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, HENDRICKS

Dated this 11 day of March, 1980. Signed R. E. Halls
Official Designation Baptist Minister, 1980.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of March, 1980.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 97
File 3-11-80
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 3-11-80
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 3-11-80
Name of Physician David Hadley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Arthur C Russell
Date of Birth Month 3 Day 3 Year 1960
Place of Birth (State or foreign country) Goodlettsville Tennessee
Residence Address RT Box 455 Ellettsville Ind.

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License & picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Johnny Farris Russell
Residence of father (if deceased so state) Plainfield Ind.

Birthplace of father (State or foreign country) Birmingham Alabama

9. Full maiden name of mother Francis Lee Fehman

Residence of mother (if deceased so state) Plainfield Ind.

Birthplace of mother (State or foreign country) Nashville Tennessee

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Arthur C Russell

New Address N. Carolina

Subscribed and sworn to before me this 11 day of March, 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 15 day of Mar, 1980, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Buddy Fehman hereby certify that on the 17 day of March, 1980, at Plainfield, County of Hendricks, State of Indiana, Groom Arthur Curtis Russell and, Bride Christina Marie Taylor of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15 day of March, 1980.

Signed Buddy Fehman
Official Designation Minister

Signed Glen M. Harvey
Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of March, 1980.

Signed Glen M. Harvey
Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 98

File

Date of Application

MALE

Medical Examination Report Dated

3/11/80

Name of Physician

M.D. Scammon, M.D.

FEMALE

Medical Examination Report Dated

3/11/80

Name of Physician

M.D. Scammon, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Raymond First Bruce Middle Wright Last
Date of Birth December Month 21 Day 1934 Year
Place of Birth (State or foreign country) Emmetsburg
Residence Address 5011 Brandtman Dr. Indpls City Indpls County Indpls State Ind
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License (picture)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.
William Ray Wright
Steven Bruce

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Raymond Virgil Wright
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Louise VanderVelde
Residence of mother (if deceased so state) Emmetsburg, Iowa
Birthplace of mother (State or foreign country) Arkansas

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Raymond Bruce WrightNew Address 38 Jennifer Ln. BrownsburgSubscribed and sworn to before me this 13 day of March, 1980

Glen M. Harvey, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Patricia First Anne Middle Cavanagh Last
Date of Birth June Month 25 Day 1944 Year
Place of Birth (State or foreign country) Indianapolis
Residence Address 38 Jennifer Ln. Brownsburg Ind. City Brownsburg County Indpls State Ind
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License (picture)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.
Jane Ellen
William Robert
Linda Jean

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Clarence Moulton
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Edna E. Pittbress
Residence of mother (if deceased so state) Indianapolis, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Patricia A. CavanaghNew Address 38 Jennifer Ln. BrownsburgSubscribed and sworn to before me this 13 day of March, 1980

Glen M. Harvey, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued _____ and filed in _____

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 18 day of March, 1980, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1. Clifford L. Carmichael hereby certify that on the 22 day of March, _____, County of Hendricks, State of Indiana, Groom Raymond Bruce Wright of Marion County, State of Indiana, and, Bride Patricia Ann Cavanagh of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 18 day of March, 1980.

Signed Clifford L. CarmichaelOfficial Designation United Methodist MinisterSigned Glen M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of March, 1980.

Re-marriage
STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 99
File 41
3-14-80
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 3-11-80
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 3-11-80
Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)"

MALE APPLICANT

Name Raymond Joseph Campbell
Date of Birth March 28 1942
Place of Birth (State or foreign country) Vincennes
Residence Address 21 Glenda Dr. Plainfield, In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
- If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Joseph Wesley Campbell
Residence of father (if deceased so state) Plainfield, In.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Shelma Lavaghn Burlington
Residence of mother (if deceased so state) Greencastle
Birthplace of mother (State or foreign country) Missouri

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Raymond Joseph Campbell
New Address 21 Glenda Dr. Plainfield, In.

Subscribed and sworn to before me this 14 day of Mar, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
HENDRICKS County Hendricks Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 14 day of March, 1980, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glen M. Harvey, hereby certify that on the 14 day of March, 1980, at Danville, County of Hendricks, State of Indiana, Groom Raymond Joseph Campbell and Sandra Sue Crowell

one thousand nine hundred and 80 hereby certify that on the 14 day of March, 1980, at Danville, County of Hendricks, State of Indiana, Groom Raymond Joseph Campbell and Sandra Sue Crowell were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, State of Indiana

Dated this 14 day of March, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of March, 1980.

Signed Glen M. Harvey
Official Designation Clerk, Hendricks Co.
Signed Glen M. Harvey
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 100

File

3-17-80

Date of Application

MALE

Medical Examination Report Dated 3-4-80

Name of Physician Wm. Edward M.D.

FEMALE

Medical Examination Report Dated 3-4-80

Name of Physician Wm. Edward M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?
- Are you afflicted with a transmissible disease?
- Are you related to the female applicant closer than second cousin?
- Are you now under the influence of intoxicating liquor?
- Are you now under the influence of a narcotic drug?
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children?

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father James William Shields
Residence of father (if deceased so state) Franklin, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Winifred Rose Martindale
Residence of mother (if deceased so state) Franklin, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: [Signature] New Address: 407 West Mainfield

Subscribed and sworn to before me this 17th day of March, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1980
Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?
- Are you afflicted with a transmissible disease?
- Are you related to the male applicant closer than second cousin?
- Are you now under the influence of intoxicating liquor?
- Are you now under the influence of a narcotic drug?
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children?

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Robert Paul Pedigo
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Edna Mae Daum
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Barbara Ann Pedigo New Address: 407 West Mainfield

Subscribed and sworn to before me this 17th day of March, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1980
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed

in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the of Indiana dated the 21st day of March, 1980, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dewey A. Shackston hereby certify that on the 22nd day of March, 1980, at Plainfield, County of Hendricks, State of Indiana, Groom Hugh Allen Shields of Hendricks County, State of Indiana, and, Bride Barbara Ann Pedigo of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 22nd day of March, 1980.

Signed: Dewey A. Shackston Official Designation: Minister of the Gospel

15th day of April, 1980

Signed: Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

No. 101
File _____
Date of Application 3-17-80

MALE
Medical Examination Report Dated 3-15-80
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated 3-15-80
Name of Physician M. O. Scamahorn

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)"

MALE APPLICANT

Name Richard W. Hall
Date of Birth 7 15 1954
Place of Birth (State or foreign country) Frankfort, Ind.
Residence Address 912 Lawrence Ave Joseph Marion Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Milton Joseph Hall
Residence of father (if deceased so state) Bowling Green, Kentucky
Birthplace of father (State or foreign country) Michigan Michigan
9. Full maiden name of mother Muriel Elaine Lew
Residence of mother (if deceased so state) Bowling Green, Kentucky
Birthplace of mother (State or foreign country) Michigan Michigan

State of Indiana, HENDRICKS ss: I depose and state the information given in this Application is true and correct.

Signed X Richard W. Hall

New Address RR 2 Box 132 Brownsburg

Subscribed and sworn to before me this 17 day of March 1980
Glen M. Harway Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, HENDRICKS ss: }

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 17 day of March 1980, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Sam S. Robertson

I, Douglas K. Cague hereby certify that on the 20 day of March 1980, at Brownsburg, County of Hendricks

State of Indiana, Groom Richard Wm. Hall of Marion County, State of Indiana
and, Bride Samela S. Robertson of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
Dated this 20 day of March, 1980.

Signed Douglas K. Cague
Official Designation Minister
24 day of March, 1980

Signed Glen M. Harway Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Sam S. Robertson
Date of Birth 7 18 1956
Place of Birth (State or foreign country) Lexington, Ind.
Residence Address RR 2 Box 132 Brownsburg Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

Stacy Lynn Robertson

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father John R. Barber
Residence of father (if deceased so state) Brownsburg, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred Lois Weddle
Residence of mother (if deceased so state) Brownsburg, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this Application is true and correct.

Signed X Pamela S. Robertson

New Address RR 2 Box 132 Brownsburg

Subscribed and sworn to before me this 17 day of March 1980
Glen M. Harway Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, HENDRICKS ss: }

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 102

File

March 17, 1980
Date of Application

MALE

Medical Examination Report Dated 3/4/80

Name of Physician Jarvis Cohen, M.D.

FEMALE

Medical Examination Report Dated 3/4/80

Name of Physician Jarvis Cohen, M.D.

ALL QUESTIONS MUST BE ANSWERED I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Michael J. Larr
Date of Birth July 12 1951
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address 5883-B Liberty Ct. Indpls. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Divine License (picture)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: George Arthur Larr
Residence of father (if deceased so state): Libanon, Ind.
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Margaret Anna Brunken
Residence of mother (if deceased so state): Libanon, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Michael J. LarrNew Address R-3, Box 172, Danville, In 46122

Subscribed and sworn to before me this 17 day of March, 1980
Shirley M. Wrenny Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Janet Corcoran Payne
Date of Birth March 10 1948
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address RR# 3 Box 172 Danville Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Ralph Thomas Corcoran
Residence of father (if deceased so state): Plainfield, Ind.
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Christine Owen
Residence of mother (if deceased so state): Deceased
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Janet Corcoran PayneNew Address RR3 Box 172, Danville, In 46122

Subscribed and sworn to before me this 17 day of March, 1980
Shirley M. Wrenny Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed in _____ County _____ Court by written order issued _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 21 day of Mar, 1980, authorizing the joining together as husband and wife of Michael J. Larr and Janet Corcoran Payne

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, L. Eugene Ton hereby certify that on the 22 day of March, 1980, at Indianapolis, County of Marion, State of Indiana, Groom Michael J. Larr of Hendricks County, State of Indiana, and, Bride Janet Corcoran Payne of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 24th day of March, 1980
Signed L. Eugene Ton Minister
Official Designation _____
26 day of March, 1980
Signed _____ Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed _____ Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 103
File
March 18, 1980
Date of Application

MALE
Medical Examination Report Dated 3/13/80
Name of Physician Wm. A. Edwards, MD

FEMALE
Medical Examination Report Dated 3/13/80
Name of Physician Wm. A. Edwards, MD

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Gregory Ward Mowery
Date of Birth July 10 1961
Place of Birth (State or foreign country) Marion Co. Indiana
Residence Address 9 Stearns Dr. P.O. Box 1000 Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Charles W. Mowery
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Betty Joyce Gregory
Residence of mother (if deceased so state): Plainfield, Ind.
Birthplace of mother (State or foreign country): Tennessee

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Gregory Ward Mowery
New Address Hill Crest Apts. Plainfield

Subscribed and sworn to before me this 18 day of March 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County _____ Court by written order issued 3 day & age waiver and filed
in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18 day of March 1980, authorizing the joining together as husband and wife
of Gregory Ward Mowery and Teresa Lynn Sharp
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Wm. J. Evans, hereby certify that on the 22 day of March 1980, at the home of Lige Love, County of Owen, State of Indiana, Groom Gregory Ward Mowery and, Bride Teresa Lynn Sharp, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 22 day of March 1980.

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of March 1980.
Signed Rev. Wm. J. Evans
Official Designation minister
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Teresa Lynn Sharp
Date of Birth September 14 1963
Place of Birth (State or foreign country) Putnam Co. Ind.
Residence Address R.R. #2 Box 98 Quincy Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: James Franklin Sharp
Residence of father (if deceased so state): Quincy, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Jeanette Sackett
Residence of mother (if deceased so state): Quincy, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Teresa Lynn Sharp
New Address Hill Crest Apts. Plainfield

Subscribed and sworn to before me this 18 day of March 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed James F. Sharp Father
Signed Jeanette Sharp Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 104

File

March 18, 1980
Date of Application

MALE
Medical Examination Report Dated 3-5-80
Name of Physician W. Edwards M.D.

FEMALE
Medical Examination Report Dated 3-5-1980
Name of Physician Wm. Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Laurence Middle R. Last Northern
Date of Birth Month 10 Day 12 Year 1952
Place of Birth (State or foreign country) Indianapolis In.
Residence Address Street or R. R. 201 Osborne Ave. City Pittsboro County In. State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/ picture A308-56-8452

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Laurence R. Northern
Residence of father (if deceased so state) Indpls. In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Roberta L. Dugger
Residence of mother (if deceased so state) Mooreville, In.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Laurence R. NorthernNew Address 201 Osborne Pittsboro

Subscribed and sworn to before me this 18 day of March, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name First Pamela Middle J. Last Northern
Date of Birth Month 10 Day 21 Year 1953
Place of Birth (State or foreign country) Indianapolis In.
Residence Address Street or R. R. 201 Osborne Ave. City Pittsboro County In. State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/ picture A308-60-2150

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father William R. Hendricks
Residence of father (if deceased so state) Indianapolis, In.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Helen Joan Simon
Residence of mother (if deceased so state) Indianapolis, In.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Pamela J. NorthernNew Address 201 Osborne Ave. Pittsboro

Subscribed and sworn to before me this 18 day of March, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 21st day of March, 1980, authorizing the joining together as husband and wife Lawrence R. Northern and Pamela J. Northern.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John R. Canedy hereby certify that on the 29 day of March,
one thousand nine hundred and 80 at Indianapolis, County of Marion,
State of Indiana, Groom Lawrence R. Northern of Hendricks County, State of Indiana,
and, Bride Pamela J. Northern of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 29 day of March, 1980

Signed John R. CanedyOfficial Designation Pastor April 7, 1980Signed Glen M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

No. 105
File 3-18-80
Date of Application

MALE
Medical Examination Report Dated 3-13-80
Name of Physician Michael Nealey

FEMALE
Medical Examination Report Dated 3-13-80
Name of Physician Michael Nealey

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)"

MALE APPLICANT

Name Herman E. Portwood
Date of Birth 6 24 26
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 328 Ace Lane Bburg Hend. Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children.
Ann Marie Portwood
John Frederick Portwood

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father John Papa Portwood
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Hend. Co. Ind.
9. Full maiden name of mother Kathleen Doris Crouch
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Hend. Co. Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Herman E. Portwood

New Address 328 ace ave Brownburg Ind.

Subscribed and sworn to before me this 18 day of March 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18 day of March 1980, authorizing the joining together as husband and wife of Herman E. Portwood and Lisa M. Stafford.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Vincin Helton, hereby certify that on the 21 day of March 1980, at Danville, County of Hendricks, State of Indiana, Groom Herman E. Portwood and, Bride Lisa Mae Stafford of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 21 day of March, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of March, 1980.
Signed Vincin Helton
Official Designation Judge, Hendricks Superior Court
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Lisa M. Stafford
Date of Birth 3 23 58
Place of Birth (State or foreign country) Boone Co. Ind.
Residence Address RR2 Box 266 Danville Hend. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Wilbur Dale Stafford
Residence of father (if deceased so state) Danville Ind.
Birthplace of father (State or foreign country) Tipton Ind.
9. Full maiden name of mother Alpha Mae Wright
Residence of mother (if deceased so state) Danville Ind.
Birthplace of mother (State or foreign country) Boone Co. Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Lisa M. Stafford

New Address 328 ace ave Brownburg Ind.

Subscribed and sworn to before me this 18 day of March 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____, Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 106

File 41

3-18-80

Date of Application

MALE
Medical Examination Report Dated 3-17-80

Name of Physician Clarence H. Thomas

FEMALE

Medical Examination Report Dated 3-17-80

Name of Physician Clarence H. Thomas

ALL QUESTIONS MUST BE ANSWERED TO 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Jon Middle R. Last Jones
Date of Birth Month March Day 18 Year 1963
Place of Birth (State or foreign country) Indianapolis
Residence Address RR 1 Box 28 City Pittsboro County Ind. State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Kenneth Wayne Jones

Residence of father (if deceased so state): Pittsboro, Ind.

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Susan Roberta Coleman

Residence of mother (if deceased so state): Same

Birthplace of mother (State or foreign country): Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Jon R Jones

New Address 7001 W 34th St. Indpls.

Subscribed and sworn to before me this 18 day of Mar., 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued J. Day Waiver + Reg. Reg. and filed Clerks authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

We do Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1980, authorizing the joining together as husband and wife of Indiana dated the 18th day of March, and Michelle C. Lynch

and it is further remembered the following marriage certificate was filed in my office, to-wit:

Donald E. Raymond hereby certify that on the 21 day of March

at Linton, County of Hendricks

one thousand nine hundred and 80 at Hendricks County, State of Indiana

State of Indiana, Groom Jon R. Jones of Hendricks County, State of Indiana

and, Bride Michelle A. Lynch of Hendricks County, State of Indiana

ere by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS

ated this 21 day of March, 1980.

Signed Donald E. Raymond

Official Designation Minister, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of March, 1980.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 106

File 41

3-18-80

Date of Application

MALE
Medical Examination Report Dated 3-17-80
Name of Physician Clarence H. Thomas

FEMALE
Medical Examination Report Dated 3-17-80
Name of Physician Clarence H. Thomas

ALL QUESTIONS MUST BE ANSWERED. IC 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Jon Middle Last Jones
Date of Birth Month March Day 18 Year 1963
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. City County State
Box 28 Cirtabara In.
Previous Marital Status Never Married ☒ OR
Last Marriage Ended By Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by ☐ Birth Certificate ☐

FEMALE APPLICANT

Name First Michele Middle Last Lynch
Date of Birth Month April Day Year 1963
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. City County State
Box 182A Lexington In.
Previous Marital Status Never Married ☒ OR
Last Marriage Ended By Death ☐ Divorce ☐ Annulment ☐

March 18, 1980

Our daughter, Michele Ann Lynch, has our
permission to obtain a marriage license
and to be married to Jon Robert Jones.

Beverly F. Lynch.
Michael J. Lynch

State of Indiana
County of Hendricks SS:

Subscribed and sworn before me the undersigned
this 18th day of March 1980.

Rosanne Drew, Notary Public

My commission expires 2-2-82
Residing in Hendricks County, Indiana

No ☒ Yes ☐
No ☐ Yes ☐
No ☒ Yes ☐
No ☒ Yes ☐
No ☒ Yes ☐
No ☒ Yes ☐

No ☐ Yes ☐

Satisfactory proof that you are in

Lynch

Day

the information given
is true and correct.

Lynch
Indpls,
Mar. 1980.

HENDRICKS Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give our
signs, state facts which render the consent of the

State of Indiana, Hendricks
County of

Signed

Signed

Subscribed and sworn to before me this

COMPLETE IF MARRIAGE LICENSE

HENDRICKS

County

Be It Remembered, that

of Indiana dated the 18th

Be it further remembered the following

I, Donald E. Jones

one thousand nine hundred and

State of Indiana, Groom Jon

and, Bride Michele

were by me united in marriage as autho

County.

Dated this 21

day of

Filed and recorded in accordance with the laws of the State of Indiana this

Signed Glen M. Harvey

HENDRICKS Clerk Circuit Court

March 15, 1980

Our son, Jon Robert Jones,
has our permission to obtain
a marriage license and
to be married to Michele
Ann Lynch.

Susan R. Jones
Kenneth W. Jones

State of Indiana
County of Hendricks SS:

Subscribed and sworn before me the undersigned
this 15th day of March 1980.

Geneve Rae Schenck, Notary Public

My commission expires 1-14-84
Residing in Hendricks County, Indiana.

Signed Glen M. Harvey HENDRICKS Clerk Circuit Court

Marriage. If only one parent
unnecessary

Father

Mother

19

Clerk

named parties, the

and filed

Circuit Court

husband and wife

Hendricks

Indiana

Hendricks

Hendricks

Hendricks

Hendricks

Hendricks

Hendricks

Hendricks

Hendricks

Hendricks

Hendricks

Hendricks

Hendricks

Hendricks

Hendricks

Hendricks

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS CountyNo. 107
File
3-19-80
Date of ApplicationForm Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977MALE
Medical Examination Report Dated 3-12-80
Name of Physician Kenneth GrayFEMALE
Medical Examination Report Dated 3-12-80
Name of Physician Kenneth Gray

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Wallace Perrigo
Date of Birth Month Day Year
5 5 1931
Place of Birth (State or foreign country) New Mexico
Residence Address Street or R. R. City County State
1812 Black Rock Rd. Plnfeld Hend. Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Carl Edward Woolsey
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Irene Service
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Indiana
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed X Wallace Perrigo
New Address 1812 Black Rock Rd. PlnfeldSubscribed and sworn to before me this 19 day of March, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 24 day of March, 1980, authorizing the joining together as husband and wife of Wallace Perrigo and Jo Ann Schneider. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Rev. E. Mark Case, hereby certify that on the 25 day of March, 1980, at Indianapolis, County of Marion, State of Indiana, Groom Wallace Perrigo and Bride Jo Ann Schneider of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County. Dated this 25 day of March, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of March, 1980.
Signed Rev. E. Mark Case
Official Designation Clergyman
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 108

File 41

Mar 19, 1980
Date of ApplicationMALE
Medical Examination Report Dated 3-15-80

Name of Physician David B. Haggard

FEMALE

Medical Examination Report Dated 3-15-80

Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Charles Middle L. Last Nelson
Date of Birth August 16 1930
Place of Birth (State or foreign country) Danville
Residence Address RR 3 City Cloverdale, In State In

Previous Marital Status: Never Married ☐ ORLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Carl Ernest Nelson

Residence of father (if deceased so state): R15 Brazil, In.

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Pearl Elizabeth Mitchell

Residence of mother (if deceased so state): Danville, In.

Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed: Charles Louis Nelson

New Address: RR #3 Cloverdale Indiana

Subscribed and sworn to before me this 19 day of March, 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Georgeanna E. Middle E. Last Plock
Date of Birth June 9 1957
Place of Birth (State or foreign country) Terre Haute
Residence Address 127 N. West City Clayfield, In State In

Previous Marital Status: Never Married ☐ ORLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: George Henry Plock

Residence of father (if deceased so state): Clayfield, In.

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Jo Anne Elaine Marley

Residence of mother (if deceased so state): Same

Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed: Georgeanna Elaine Plock

New Address: RR 3 Cloverdale, In

Subscribed and sworn to before me this 19 day of Mar, 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued

in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the

of Indiana dated the 25th day of March, 1980, authorizing the joining together as husband and wife

Charles L. Nelson and Georgeanna E. Plock

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 25 day of March

one thousand nine hundred and 80 at Danville, County of Hendricks

State of Indiana, Groom Charles L. Nelson of Putnam County, State of Indiana

and, Bride Georgeanna E. Plock of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of

County.

Dated this 25 day of March, 1980.

Signed: John C. Mowrer

Official Designation: Judge

26 day of March, 1980.

Clerk

Signed: Glen M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 109
File
Date of Application 3-19-80

MALE
Medical Examination Report Dated 3-18-80

Name of Physician Robert A. M. Callum M.D.

FEMALE

Medical Examination Report Dated 3-18-80

Name of Physician Robert A. M. Callum M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name David L. Dalglish IV
Date of Birth 12/14/1958
Place of Birth (State or foreign country) Indianapolis, In
Residence Address 166 Prairie Parkway Brownsburg, Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Driver's License w/ picture
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father David L. Dalglish III
Residence of father (if deceased so state) Indianapolis, In
Birthplace of father (State or foreign country) Wisconsin
9. Full maiden name of mother Mary Jane Wolfe
Residence of mother (if deceased so state) Brownsburg, In
Birthplace of mother (State or foreign country) Evansville, In

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed David L. Dalglish IV
New Address 801 WINDSOR RD Round Rock TX 78664

Subscribed and sworn to before me this 19 day of March, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

FEMALE APPLICANT

Name Sheryl L. Guilfoil
Date of Birth 8/25/1959
Place of Birth (State or foreign country) Indianapolis, In
Residence Address 166 Prairie Parkway Brownsburg, Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Driver's License w/ picture
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father James W. Guilfoil
Residence of father (if deceased so state) Austin, Texas
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Ann Cook
Residence of mother (if deceased so state) Austin, Texas
Birthplace of mother (State or foreign country) Indpls, In

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Sheryl L. Guilfoil
New Address 801 WINDSOR RD Round Rock TX

Subscribed and sworn to before me this 19 day of March, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed _____ in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the _____ day of _____, 19____
David L. Dalglish IV and Sheryl L. Guilfoil
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Phil Barrett, hereby certify that on the _____ day of _____, 19____
one thousand nine hundred and _____ at Indianapolis, _____ County of _____
State of Indiana, Groom David L. Dalglish IV of _____
and, Bride Sheryl L. Guilfoil of _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this _____ day of _____, 19____

Signed Phil Barrett

Official Designation Pastor
Signed Glen M. Harvey HENDRICKS Circuit Court
31 day of March, 1980

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 110File 3-20-80

Date of Application

MALE

Medical Examination Report Dated 3-12-80Name of Physician Eric Clark M.D.

FEMALE

Medical Examination Report Dated 3-12-80Name of Physician Eric Clark M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Steven Lee Manning
Date of Birth 4 18 1961
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Box 479, Peoria, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Kenneth Manning
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Velma Louise Bushong
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Steve Lee ManningNew Address Box 24 North SalemSubscribed and sworn to before me this 20 day of March, 1980.

Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Denise Kathleen Russell
Date of Birth Aug 17 1962
Place of Birth (State or foreign country) Greencastle, Ind.
Residence Address Box 291 North Salem, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Robert Bill Russell
Residence of father (if deceased so state) North Salem, Ind.
Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Bever Kay Meyers
Residence of mother (if deceased so state) North Salem, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Denise Kathleen RussellNew Address Box 24 North SalemSubscribed and sworn to before me this 20 day of March, 19____.

Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed Robert B Russell FatherSigned Bever K Meyers Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
HENDRICKS County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 19____, authorizing the joining together as husband and wife of Indiana dated the 24th day of March.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Earl C. Davis hereby certify that on the 28 day of March,
one thousand nine hundred and 80 at North Salem, County of Hendricks,
State of Indiana, Groom Steven Lee Manning of Hendricks County, State of Indiana,
and, Bride Denise Kathleen Russell of Hendricks County, State of Indiana.

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____

Dated this 28 day of March, 1980. Signed Earl C. Davis, B.D.
Clergyman

Official Designation _____ March _____, 1980

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Signed Glen M. Hawley HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 111
File 41
Date of Application 3-20-80

MALE
Medical Examination Report Dated 3-13-80
Name of Physician Carl L. Heinlein

FEMALE
Medical Examination Report Dated 3-13-80
Name of Physician Carl L. Heinlein

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Paul D. Pickett
Date of Birth May 31 1954
Place of Birth (State or foreign country) Indiana
Residence Address 11 #1 Box 47, Lexington, Hendricks, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Driver's license + Dugit Card
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
 - If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Richard Douglas Pickett
Residence of father (if deceased so state): 497 N. 16th St, Phoenix, Ariz.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Gladys Waskom
Residence of mother (if deceased so state): same
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of: Hendricks

Signed: Paul D. Pickett
New Address: 53 Elm St. Jamestown

Subscribed and sworn to before me this 20 day of March, 1980.
Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of: Hendricks

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1980.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 25 day of March, 1980, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Wayne V. Stine

one thousand nine hundred and 80 hereby certify that on the 28 day of March
State of Indiana, Groom Paul D. Pickett at Jamestown U.M. Church, County of Boone
and, Bride Beverly S. Hardy of Boone County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 29 day of March, 1980

Signed Wayne V. Stine
Official Designation Minister
31 day of March, 1980
Signed Glen M. Hawley Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Beverly S. Hardy
Date of Birth September 7 1954
Place of Birth (State or foreign country) Ohio
Residence Address 53 Elm St., Jamestown, Hendricks, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Driver's license w/ picture
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
 - If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

Lisa Renee
Jamie Adell

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Charles Basil Emland
Residence of father (if deceased so state): Summit, Ohio
Birthplace of father (State or foreign country): Ohio
9. Full maiden name of mother: Mary Lou Thomas
Residence of mother (if deceased so state): same
Birthplace of mother (State or foreign country): Ohio

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of: Hendricks

Signed: Beverly S. Hardy
New Address: 53 Elm St. Jamestown

Subscribed and sworn to before me this 20 day of March, 1980.
Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of: Hendricks

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1980.
Clerk

Prescribed By
State Board of
under Authority
311-2
July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 112

File 3-21-80
Date of Application

MALE Medical Examination Report Dated 3-18-80

Name of Physician David Hadley

QUESTIONS MUST BE ANSWERED TO (If 1-4-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense")

MALE APPLICANT

Name First Middle Last
Loren E. Heald
Date of Birth Month Day Year
3 12 1913

Place of Birth (State or foreign country) Hendricks Co., Indiana

Residence Address Street or R. R. City County State
Box 270, Plainfield, Ind.Marital Status: Never Married ☐ ORMarriage Ended By: Death ☒ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) Divorcee

Are you now or have you ever been adjudged to be of unsound mind?

No ☒ Yes ☐

If answer is "yes", has the adjudication been removed?

No ☐ Yes ☐

Are you afflicted with a transmissible disease?

No ☒ Yes ☐

Are you related to the female applicant closer than second cousin?

No ☒ Yes ☐

Are you now under the influence of intoxicating liquor?

No ☒ Yes ☐

Are you now under the influence of a narcotic drug?

No ☒ Yes ☐

List the full names of any dependent children.

Are you required by any court order or orders to support the above dependent children?

No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

Name of father: Emmett David Heald

Residence of father (if deceased so state): deceased

Place of father (State or foreign country): Iowa

Maiden name of mother: Clara Peacock

Residence of mother (if deceased so state): deceased

Place of mother (State or foreign country): Indiana

HENDRICKS

I depose and state the information given in this application is true and correct.

Signed Loren E. Heald

New Address: P.O. Box 270 Plainfield Ind.

Subscribed and sworn to before me this 21 day of March, 1980

Helen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

HENDRICKS

ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

STATE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____

County _____ Court by written order issued _____

authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____

dated the 25th day of March, 1980, authorizing the joining together as husband and wife

Loren E. Heald and Helen M. Hardin

where remembered, the following marriage certificate was filed in my office, to-wit:

James D. Wilson hereby certify that on the 29th day of March

and nine hundred and 80 at Plainfield

Indiana, Groom Loren E. Heald of Hendricks County, State of Indiana

do Helen M. Hardin of Hendricks County, State of Indiana

were united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS

s. 29 day of March, 1980.

Signed James D. Wilson

Official Designation Minister (Soc. of Friends)

1 day of April, 1980.

Signed Helen M. Harvey Clerk HENDRICKS Circuit Court

recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 113
File 41
Date of Application 3-21-80

MALE
Medical Examination Report Dated 3-18-80
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 3-18-80
Name of Physician Eric Clark

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First James Middle Ward Last Ward
Date of Birth Month June Day 28 Year 1953
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. P.O. Box 163, Danville, Hendricks, Ind.
City Danville County Hendricks State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Driver's license w/picture
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: William Cecil Ward
Residence of father (if deceased so state): P.O. Box 163, Danville, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Jesse Elencia Chapman
Residence of mother (if deceased so state): Deceased
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed James H. Ward
New Address 105 RD 400E Apt 8.

Subscribed and sworn to before me this 21st day of March, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 25th day of March, 1980, authorizing the joining together as husband and wife of James H. Ward and Cindy L. Lester.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Rev. Kenneth E. Vetter
one thousand nine hundred and 80 hereby certify that on the 5 day of April
State of Indiana, Groom James H. Ward at Barlett Chapel U. M. C., County of Hendricks
and, Bride Cindy L. Lester of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 5 day of April, 1980.

Signed Rev. Kenneth E. Vetter
Official Designation Pastor
8 day of April, 1980.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Signed _____
Official Designation _____
_____ day of _____, 19____.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 114

File 41

3-21-80

Date of Application

MALE

Medical Examination Report Dated 3-15-80

Name of Physician Joseph C. Kerlin

FEMALE

Medical Examination Report Dated 3-15-80

Name of Physician Joseph C. Kerlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) # 4119
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- ☐ Other (Specify) # 113-50-070000
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Ray Samuel Burch
Residence of father (if deceased so state): 103 Mackey Rd, Danville, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Betty Jan Zimmerman
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Indiana

8. Full name of father: Odell Harper
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Lillian Perkins
Residence of mother (if deceased so state): 5855 W. 46th St, Indianapolis, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed: Ronald Ray Burch
New Address: 6803 W. 11th St, Indianapolis, Ind 46224
Subscribed and sworn to before me this 21st day of March, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

Signed: Rose Marie Syzen
New Address: 6803 W. 11th St, Indianapolis, Ind 46224
Subscribed and sworn to before me this 21st day of March, 1980.
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 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 } ss:
County of: Hendricks
Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1980.
Clerk

State of Indiana, Hendricks } ss:
County of: Hendricks
Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1980.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 3-day Harvey and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 21st day of March, 1980, authorizing the joining together as husband and wife of Ronald Ray Burch and Rose Marie Syzen.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, E. David Frazier hereby certify that on the 5 day of April, 1980, at Indianapolis, County of Marion, State of Indiana, Groom: Ronald Ray Burch, of Hendricks County, State of Indiana, and, Bride: Rose Marie Syzen, of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 5 day of April, 1980.
Signed: E. David Frazier
Official Designation: Minister
14 day of April, 1980.
Signed: Glen M. Harvey Clerk HENDRICKS Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 115
File 41
Date of Application 3-21-80

MALE
Medical Examination Report Dated 3/15-80
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 3/15-80
Name of Physician David Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Robert Steven Mitchell
Date of Birth Dec. 12 49
Place of Birth (State or foreign country) Ind.
Residence Address 5702 Lakeland Shapls Hend. Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children:
Jeremiah Mitchell

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Wm A. Mitchell
Residence of father (if deceased so state): Shapls. Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: J. Ann Pryor
Residence of mother (if deceased so state): Shapls. Ind.
Birthplace of mother (State or foreign country): Mich.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Robert S. Mitchell

New Address 546 Spruce St

Subscribed and sworn to before me this 21 day of Mar, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 26 day of March, 1980, authorizing the joining together as husband and wife of Robert Steven Mitchell and Kathryn Jean Patterson. Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, G. Dayle Cain, hereby certify that on the 28 day of March, 1980, at Brownsburg, Hendricks County, State of Indiana, Groom Robert Steven Mitchell and, Bride Kathryn Jean Patterson of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28 day of March, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of March, 1980.

Signed Glen M. Harvey
Official Designation Minister Manilla Church of Christ
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 116

File 41

Mar 21, 1980
Date of Application

MALE

Medical Examination Report Dated 3-18-80

Name of Physician Wm. D. Edwards

FEMALE

Medical Examination Report Dated 3-18-80

Name of Physician Wm. D. Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Middle Last
Casey Gerald Carpenter
Date of Birth Month Day Year
June 19 1959
Place of Birth (State or foreign country)
Beech Grove, Ind.
Residence Address Street or R. R. City County State
68 N. 4th Ave. Beech Grove, Ind.
Previous Marital Status Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father George Edward Carpenter

Residence of father (if deceased so state) Indpls., Ind.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Thelma LaBonne Norris

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Casey G. Carpenter

New Address 68 North 4th Avenue Beech Grove

Subscribed and sworn to before me this 21 day of Mar., 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed / Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Middle Last
Karen Gail Scott
Date of Birth Month Day Year
June 13 1960
Place of Birth (State or foreign country)
Indianapolis
Residence Address Street or R. R. City County State
PR 3 Box 448 Plainfield, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Gerald Edwin Scott

Residence of father (if deceased so state) Plainfield, Ind.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Patricia Ann Hunt

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Karen Gail Scott

New Address 68 N. 4th Ave Beech Grove

Subscribed and sworn to before me this 21 day of Mar., 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed

in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court

of Indiana dated the 26 day of Mar., 1980, authorizing the joining together as husband and wife

Casey Gerard Carpenter and Karen Gail Scott

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 29 day of March

I, Rev. William P. Hendricks hereby certify that on the 29 day of March

one thousand nine hundred and 80 at Washington Township, County of Hendricks,

State of Indiana, Groom Casey Gerard Carpenter of Marion County, State of Indiana

and, Bride Karen Gail Scott of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of

County.

Dated this 26 day of March, 1980.

Signed Rev. William P. Hendricks

Official Designation Pastor, Avon Christian Church

1 day of April, 1980

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

No. 117

File _____

HENDRICKS

County

Date of Application 3-24-80

MALE

Medical Examination Report Dated 3-13-80Name of Physician A. Scudder

FEMALE

Medical Examination Report Dated 3-13-80Name of Physician A. Scudder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name David Wayne Neely
Date of Birth 1/17/61
Place of Birth (State or foreign country) Indiana
Residence Address RR #5 Brownsburg Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic. w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Raymond L. Neely
Residence of father (if deceased so state) Brownsburg, Ind
Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Janelle Tongate
Residence of mother (if deceased so state) Brownsburg, Ind
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this Application is true and correct.
County of _____

Signed David Wayne NeelyNew Address Port Hope Indpls

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____

Father

Signed _____

Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk _____

FEMALE APPLICANT

Name Vicki Leigh Brooks
Date of Birth 3/17/63
Place of Birth (State or foreign country) Indiana
Residence Address 7 Johnson Ct. Brownsburg Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Fred Alfred Brooks
Residence of father (if deceased so state) Brownsburg
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Clorice June Dye
Residence of mother (if deceased so state) Brownsburg
Birthplace of mother (State or foreign country) W. Va

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Vicki BrooksNew Address Port Hope Indpls

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____

Father

Signed June Brooks

Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed _____ in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28 day of March, 1980, authorizing the joining together as husband and wife of David Wayne Neely and Vicki Leigh Brooks.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Dennis L. Dodson, hereby certify that on the 29 day of March, 1980, at Corinth Church, County of Hendricks, State of Indiana, Groom David Wayne Neely and, Bride Vicki Leigh Brooks of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 28 day of March, 1980.

Signed Rev. Dennis L. DodsonOfficial Designation Ministerday of 1st APRIL, 1980Signed Gless M. HarveyClerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

FEMALE
Medical Examination Report Dated 3-13-80
Name of Physician A. Scudder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to practice in any profession, occupation, or business, by means of a false statement or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

FEMALE APPLICANT

Name ^{First} Vicki ^{Middle} Leigh ^{Last} Brooks

Date of Birth Month 3 Day 12 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address Street or R. R. City County State
7 Johnson Ct. Brownsburg Ind.

Previous Marital Status Never Married ☒ OR

Last Marriage Ended By Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic w/ Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐

2. Are you afflicted with a transmissible disease? No ☒ Yes ☐

3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐

4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children. No ☐ Yes ☐

Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Fred Alfred Books
Residence of father (if deceased so state): Brownsburg
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Clorice June Dye
Residence of mother (if deceased so state): Brownsburg
Birthplace of mother (State or foreign country): W. Va.

State of Indiana, }
HENDRICKS } ss: I depose and state the information given
in this application is true and correct.

Signed Yicki Brooks
New Address Port Hope Indiana

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk HENDRICKS Circuit Court

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I, Fred A. Brook, hereby give my consent for
my daughter, Vicki Leigh Brook to
marry David Wayne Neely

Subscribed and sworn to before me this 26 day of MARCH 19 88.

Richard Rounder
Notary Public
RICHARD ROUNDER

one **RESIDENT of BOONE Co**
State of MISSOURI

and, Bride. Vicki Leigh Brooks of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.
Dated this 28 day of March 19 80

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of APRIL, 1921

Signed Rev. Dennis L. Dodson
Official Designation Minister

Signed Glen M. Harvey
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

3-24-80
Date of Application

Prescribed By
Indiana State Board of
Health under Authority
C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 3-17-80
Name of Physician Loren Martin

FEMALE
Medical Examination Report Dated 3-17-80
Name of Physician Loren Martin

QUESTIONS MUST BE ANSWERED TO C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense will be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Byron First Anderson Middle Lynn Last
Date of Birth 3 Month 30 Day 1957 Year
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 408 Wabash St., Ellettsville, Ind.
Previous Marital Status: Never Married ☒ OR
Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____
Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
Are you afflicted with a transmissible disease? No ☒ Yes ☐
Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
Are you now under the influence of a narcotic drug? No ☒ Yes ☐
List the full names of any dependent children _____

Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

Full name of father George Anderson
Residence of father (if deceased so state) Danville Ind.
Birthplace of father (State or foreign country) Indiana
Full maiden name of mother Beth G. Harvey
Residence of mother (if deceased so state) Danville Ind.
Birthplace of mother (State or foreign country) Minnesota

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Byron L. Anderson
New Address 408 WABASH PLAINFIELD, IN 46168
Subscribed and sworn to before me this 24 day of March, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
HENDRICKS County _____ Court by written order issued _____
_____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We do Remembered, there was filed in my office a marriage license issued by the clerk of the _____
Indiana dated the 1st day of April, 1980, authorizing the joining together as husband and wife
Byron L. Anderson and Vicky Lynn Rover
it further remembered, the following marriage certificate was filed in my office, to-wit:
Thomas M. Mullins hereby certify that on the 2 day of April,
at Indianapolis County of Marion,
of Hendricks County, State of Indiana,
of Hendricks County, State of Indiana,
and, Bride Vicky Lynn Rover 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, _____
Subscribed and sworn to before me this 1 day of April, 1980.
Signed Thomas M. Mullins
Official Designation Minister April, 1980
Glen M. Harvey Clerk
Subscribed and sworn to before me this 7 day of _____, 19____.
Signed _____
_____ Clerk

FEMALE APPLICANT

Name Vicky First Lynn Middle Rover Last
Date of Birth 7 Month 2 Day 1956 Year
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 408 Wabash St., Ellettsville, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children _____

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Donald R. Rover
Residence of father (if deceased so state) Clinton Tennessee
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara M. Benton
Residence of mother (if deceased so state) Clinton Tennessee
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Vicky Lynn Rover
New Address 408 Wabash, Plfd 46168
Subscribed and sworn to before me this 24 day of March, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

Form Prescribed by
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 119
File 41
Date of Application 3-25-80

MALE
Medical Examination Report Dated 3-22-80
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 3-22-80
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)"

MALE APPLICANT

Name First Gerald Middle R. Last Stewart
Date of Birth Month May Day 21 Year 1941
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. 5570 Paradise Ct. City Martinsville, Ind. County Ind. State Ind.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children:
Christie Lynn

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Claude J. Stewart
Residence of father (if deceased so state): Beech Grove, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Ruby L. Blaco
Residence of mother (if deceased so state): Deceased
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Gerald R. Stewart
New Address 5570 Paradise Ct.

Subscribed and sworn to before me this 25 day of mar, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this 25 day of mar, 1980.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of May, 1980, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ and _____ hereby certify that on the _____ day of _____, 1980, at _____, County of _____, State of _____, Groom _____ and _____ of _____ County, State of _____, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS

Dated this _____ day of _____, 1980.
Signed _____
Official Designation _____ day of _____, 1980.
Signed _____ Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1980.
Signed _____ Clerk
HENDRICKS Circuit Court

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STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 121

File

March 25, 1980
Date of Application

MALE

Medical Examination Report Dated 3-14-80

Name of Physician William T. Wolfe Jr.

FEMALE

Medical Examination Report Dated 3-25-80

Name of Physician William T. Wolfe Jr.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Ernest Howard Coffman Jr.
Date of Birth July 14 1960
Place of Birth (State or foreign country) Indianapolis
Residence Address RR #1 Box 194 Plainfield, In
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Ernest Howard Coffman Sr.
Residence of father (if deceased so state): Plainfield, In
Birthplace of father (State or foreign country): Ohio

9. Full maiden name of mother: Doris M. Cummings
Residence of mother (if deceased so state): Plainfield, In
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed: Ernest H. Coffman Jr.
New Address: 5121 W. Beecher

Subscribed and sworn to before me this 25 day of March, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Penny Roshell DeGolyer
Date of Birth May 13 1961
Place of Birth (State or foreign country) Indianapolis
Residence Address 5121 West Beecher Indpls. In
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Willard Raymond DeGolyer
Residence of father (if deceased so state): Indianapolis, In
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Wayne Loretta Wise
Residence of mother (if deceased so state): Indianapolis, In
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed: Penny Roshell DeGolyer
New Address: 5121 W. Beecher

Subscribed and sworn to before me this 25th day of March, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 19____, authorizing the joining together as husband and wife
of Indiana dated the _____ day of _____ and Penny Roshell DeGolyer
Ernest Howard Coffman, Jr. and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Carl M. Hazel hereby certify that on the 28 day of March,
at Rainbow Ares Church of God County of Hendricks,
State of Indiana, Groom R Ernest Howard Coffman, Jr. County, State of Indiana
and, Bride Penny Roshell DeGolyer County, State of Indiana
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. Marion
Dated this 28 day of March, 1980
Signed Carl M. Hazel
Official Designation Minister April 1, 1980
Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed Glen M. Harvey HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

No. 120

File 3-20-80
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 3-20-80
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 3-20-80
Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. If 31-1-3-6 prescribed "False statement" - Whoever procures the issuance of a license to marry by any false statement, representation or promise shall be fined in any sum not exceeding five hundred dollars (\$500.00).

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City State
3431 S. Smith Rd. Indianapolis Ind.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/ picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐

6. List the full names of any dependent children
Randall Wayne Collins

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Ralph Wymen
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Mayesville Ky.
9. Full maiden name of mother: Esther Marie Cohn
Residence of mother (if deceased so state): Brownburg Ind.
Birthplace of mother (State or foreign country): Greengfield Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: X Ronald W. Collins
New Address: 3431 S. Smith Rd.

Subscribed and sworn to before me this 25 day of March 80.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____ 19 ____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1st day of April 1980, authorizing the joining together as husband and wife of Ronald W. Collins and Rita Sue Shannon.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Paul J. Brenton, hereby certify that on the 12th day of April 1980, at Hendricks County, State of Indiana, Groom Ronald W. Collins and, Bride Rita Sue Shannon, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 12 day of April 1980.

Signed Paul J. Brenton
Official Designation Pro Temp.

Signed Glen M. Harvey, 12 day of April 1980.
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____ 19 ____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 122
File 3-26-80
Date of Application

MALE
Medical Examination Report Dated 3-24-80
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 3-24-80
Name of Physician A. N. Scudder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Larry L. McAllister
Date of Birth 11 Month 6 Day 1941 Year
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 1321 S. Belmont City Indianapolis County Marion State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License & picture

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Bernie McAllister

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Bernie L. McAllister
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indianapolis, Ind.
9. Full maiden name of mother Bertrude Mabel Cobley
Residence of mother (if deceased so state) Indianapolis, Ind.
Birthplace of mother (State or foreign country) Greenfield, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Larry L. McAllister

New Address 420 E. Enderly

Subscribed and sworn to before me this 26 day of March, 1980
Glenn M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Trudy A. Plummer
Date of Birth 3 Month 3 Day 1944 Year
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address 420 Enderly City Brownsville County Hendricks State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License & picture

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Patricia Sue, Leslie Lee, Jay David, Jonathan

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Howard Michael Truax
Residence of father (if deceased so state) Lebanon, Ind.
Birthplace of father (State or foreign country) Exeter, Ind.
9. Full maiden name of mother June Anna Lucille Carr
Residence of mother (if deceased so state) Lebanon, Ind.
Birthplace of mother (State or foreign country) Louisville, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Trudy A. Plummer

New Address 420 Enderly Ave

Subscribed and sworn to before me this 26 day of March, 1980
Glenn M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court

of Indiana dated the 24 day of March, 1980, authorizing the joining together as husband and wife

of Larry L. McAllister and Trudy A. Plummer

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Charles E. Chestnut hereby certify that on the 24 day of May

at Indianapolis, County of Marion, State of Indiana

one thousand nine hundred and 80 of Marion County, State of Indiana

State of Indiana, Groom Larry L. McAllister of Hendricks County, State of Indiana

and, Bride Trudy A. Plummer of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

County. 24 day of May, 1980

Dated this _____ day of _____, 19____
Signed Charles E. Chestnut
Official Designation Minister, 1980

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of May, 1980
Signed Glenn M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 123

File 41

3-26-80

Date of Application

MALE
Medical Examination Report Dated 3-17-80
Name of Physician Nelson Gaddy

FEMALE
Medical Examination Report Dated 3-17-80
Name of Physician Nelson Gaddy

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Charles Middle Lee Last Lutes
Date of Birth Month August Day 6 Year 1953
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. Oakhurst Mobile Home Park #67, Brownsburg, Indiana
City Brownsburg County Hendricks State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license w/picture
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Charles Lowell Lutes
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Evelyn Christine Adams
Residence of mother (if deceased so state) Florence, Arizona
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Charles L. Lutes
New Address Oakhurst M-H-P #67 Brownsburg

Subscribed and sworn to before me this 26th day of March, 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ County _____ Court dated the _____ day of _____, 19____, authorizing the joining together as husband and wife of _____ and _____.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, _____ hereby certify that on the _____ day of _____, 19____, at _____ P.M., _____ County of _____ State of Indiana, Groom _____ and _____ of _____ County, State of _____ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____.

Dated this _____ day of _____, 19____.

Signed _____ Official Designation _____ Minister, Stilesville Christian Church

Signed _____ day of _____, 19____.

Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

FEMALE APPLICANT

Name First Carla Middle Sue Last Farthing
Date of Birth Month April Day 5 Year 1961
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. Oakhurst, Brownsburg, Hendricks, Ind.
City Brownsburg County Hendricks State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐

2. Are you afflicted with a transmissible disease? No ☒ Yes ☐

3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐

4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Oscar Paul Farthing
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Helen Louise Harris
Residence of mother (if deceased so state) Greencastle, Indiana
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Carla Sue Farthing
New Address 67 Oakhurst Brownsburg

Subscribed and sworn to before me this 26th day of March, 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

_____, Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 124

File

March 27, 1980
Date of Application

MALE
Medical Examination Report Dated 3-24-80
Name of Physician Joseph C. Kurlin MD

FEMALE
Medical Examination Report Dated 3-24-80
Name of Physician Joseph C. Kurlin MD

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Clyde Middle V. Last Trainer
Date of Birth Month 4 Day 34 Year 1914
Place of Birth (State or foreign country) Michigan
Residence Address RR #1 Box 127 Pittsboro, In City Pittsboro County In State In

Previous Marital Status: Never Married ☐ ORLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree☒ Other (Specify) Drivers LicenseAre you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐If answer is "yes", has the adjudication been removed? No ☐ Yes ☐Are you afflicted with a transmissible disease? No ☒ Yes ☐Are you related to the female applicant closer than second cousin? No ☒ Yes ☐Are you now under the influence of intoxicating liquor? No ☒ Yes ☐Are you now under the influence of a narcotic drug? No ☒ Yes ☐

List the full names of any dependent children:

Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

Full name of father: Arthur TrainerResidence of father (if deceased so state): deceasedBirthplace of father (State or foreign country): ColoradoFull maiden name of mother: Mabel GibbsResidence of mother (if deceased so state): deceasedBirthplace of mother (State or foreign country): MichiganState of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.County of HENDRICKSSigned Clyde V. TrainerNew Address RR #1, Box 127, Pittsboro, INSubscribed and sworn to before me this 27 day of March, 1980Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
HENDRICKS County _____ Court by written order issued _____
_____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court _____
Indiana dated the 27 day of March, 1980, authorizing the joining together as husband and wife _____
and _____
it further remembered, the following marriage certificate was filed in my office, to-wit: _____
hereby certify that on the 28 day of March, _____
at Danville, County of Hendricks, _____
of Hendricks County, State of Indiana, _____
of Hendricks County, State of Indiana, _____
of _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
dated this 28 day of March, 1980.Signed Raymond H. DuffOfficial Designation Christian Minister, 1980day of AprilSigned Glen M. Harvey HENDRICKS Circuit Court

led and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 125

File

3-28-80

Date of Application

MALE

Medical Examination Report Dated 3-20-80

Name of Physician William A. Edwards

FEMALE

Medical Examination Report Dated 3-20-80

Name of Physician William A. Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Bobby Kent Frazier
Date of Birth Month 23 Year 1941
Place of Birth (State or foreign country) Mattoon Ill.
Residence Address R.R. 2 Box 171 W. Clayton Ind. Ind.

Previous Marital Status: Never Married ☐ ORLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree☒ Other (Specify)

Drivers License w picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
- If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children

Larry Kent Frazier
Brian Keith Frazier

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Lester Lee Frazier

Residence of father (if deceased so state): Plfld. Ind.

Birthplace of father (State or foreign country): Mattoon Ill.

9. Full maiden name of mother: Ludona Ann Zehner

Residence of mother (if deceased so state): Plfld. Ind.

Birthplace of mother (State or foreign country): Effingham, Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Bobby Kent Frazier

New Address: Same

Subscribed and sworn to before me this 28 day of March 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, HENDRICKS } ss:
County of

Signed

Father

Signed

Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County, Circuit Court by written order issued 3-day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28 day of March 1980, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: and Luella Patricia Farrell

I, Rev. Richard Jore, hereby certify that on the 29 day of March

one thousand nine hundred and 80, at Plainfield, County of Hendricks

State of Indiana, Groom Bobby Kent Frazier, of Hendricks County, State of Indiana

and, Bride Luella Patricia Farrell, of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS

Dated this 29 day of March 1980.

Signed Rev. Richard Jore

Official Designation Roman Catholic Priest

2 day of April 1980

Signed Glen M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 126

File

3-28-80

Date of Application

MALE

Medical Examination Report Dated March 25, 1980

Name of Physician Harry J. Stout III MD

FEMALE

Medical Examination Report Dated March 25, 1980

Name of Physician Harry J. Stout III MD

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Wilbur Middle Levern Last Woke
Date of Birth Month Aug Day 10 Year 1945
Place of Birth (State or foreign country) Clarksville, In
Residence Address Street or R. R. 1705 Jerry Dr. City Lebanon County Hendricks State Indiana
Previous Marital Status: Never Married ☐ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
113-45-045-663

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
Wilbur L. Woke

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Garrett L. Woke
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Sarah C. Platt
Residence of mother (if deceased so state) Lebanon, In
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Wilbur L. Woke

New Address 1705 Jerry Dr. Lebanon

Subscribed and sworn to before me this 28 day of March, 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

FEMALE APPLICANT

Name First Terri Middle Sue Last Gulley
Date of Birth Month July Day 27 Year 1955
Place of Birth (State or foreign country) Indianapolis, In
Residence Address Street or R. R. R.R. #3 Box 117 City Danville County Hendricks State Indiana
Previous Marital Status: Never Married ☐ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
113-55-0268129

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Phillip Lash
Residence of father (if deceased so state) Colfax In
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy G. Putter
Residence of mother (if deceased so state) Linton, In
Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Terri Gulley

New Address 1705 Jerry Dr. Lebanon

Subscribed and sworn to before me this 28th day of March, 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
HENDRICKS County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 19____, authorizing the joining together as husband and wife of Indiana dated the _____ day of _____ and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ day of _____

I, _____ hereby certify that on the _____ day of _____, County of _____

one thousand nine hundred and _____ at _____ County, State of _____

State of Indiana, Groom _____ of _____ County, State of _____

and, Bride _____ of _____ County, State of _____ HENDRICKS

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

County _____

Dated this _____ day of _____, 19____ Signed _____

Official Designation _____, 19____

Signed _____ day of _____ Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____ HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 127
File
Date of Application 3-28-80

MALE
Medical Examination Report Dated 3-28-80
Name of Physician Fred Hendricks

FEMALE
Medical Examination Report Dated 3-28-80
Name of Physician Fred Hendricks

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name William Wood
Date of Birth 12/6/1946
Place of Birth (State or foreign country) Red Springs, N. Carolina
Residence Address PO Box 4023, Indianapolis, Ind.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License & picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: William Chester Wood
Residence of father (if deceased so state): Indpls Ind.
Birthplace of father (State or foreign country): Crawfordville Ind.
9. Full maiden name of mother: Doris Carolyn Atkinson
Residence of mother (if deceased so state): Indpls Ind.
Birthplace of mother (State or foreign country): N. Carolina

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: William R. Wood
New Address: PO Box 4023 Indianapolis 46240

Subscribed and sworn to before me this 28 day of March, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1980.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28 day of March, 1980, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Elder McSwain Greer, Jr.

one thousand nine hundred and 80 hereby certify that on the 6 day of April, State of Indiana, Groom William Ray Wood at Indianapolis, County of Marion

and, Bride Margo Ruth Aaron of Marion County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana

Dated this 6 day of April, 1980

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of April, 1980

Signed: Elder McSwain Greer, Jr.
Official Designation: Pastor

Signed: Glen M. Harvey
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Margo Ruth Aaron
Date of Birth 11/20/1954
Place of Birth (State or foreign country) Terre Haute, Ind.
Residence Address 228 Box 250, Indpls Ind.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: William B. Aaron
Residence of father (if deceased so state): Zephyrhills Florida
Birthplace of father (State or foreign country): Zephyrhills Kentucky
9. Full maiden name of mother: Monna M. Eldredge
Residence of mother (if deceased so state): Zephyrhills, Florida
Birthplace of mother (State or foreign country): W. Terre Haute

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Margo R. Aaron
New Address: PO Box 4023 Indianapolis 46240

Subscribed and sworn to before me this 28 day of March, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1980.
Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 128

File

Mar. 28, 1980
Date of Application

MALE

Medical Examination Report Dated 3-25-80

Name of Physician Glenn Baker

FEMALE

Medical Examination Report Dated 3-25-80

Name of Physician Glenn Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Kurt Ronald Haines
Date of Birth 4 26 1961
Place of Birth (State or foreign country) Ind.
Residence Address 4 Marianna Ct. Brownsburg, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Laverne Haines
Residence of father (if deceased so state): Brownsburg, Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Rena Morrical
Residence of mother (if deceased so state): Brownsburg, Ind.
Birthplace of mother (State or foreign country): Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed

New Address

Subscribed and sworn to before me this 28 day of Mar, 1980
Glenn M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed

Father

Signed

Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Elizabeth Lyons
Date of Birth 12 7 1960
Place of Birth (State or foreign country) Ind.
Residence Address RT 6 Box 105 Brownsburg, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Wm. D. Lyons
Residence of father (if deceased so state): Brownsburg, Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Jodelle Boyer
Residence of mother (if deceased so state): Winnsville, Ga.
Birthplace of mother (State or foreign country): Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed

New Address

Subscribed and sworn to before me this 28 day of Mar, 1980
Glenn M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed

Father

Signed

Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County _____ Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1980, authorizing the joining together as husband and wife
of Indiana dated the 3rd day of April and Elizabeth Anne Lyons

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 4th day of April
I, Jerry R. Nash hereby certify that on the _____ day of _____
at Hendricks (Brownsburg, County of Hendricks, State of Indiana)
one thousand nine hundred and 80 of Hendricks, County, State of Indiana
State of Indiana, Groom Kurt Ronald Haines of Hendricks, County, State of Indiana
and, Bride Elizabeth Anne Lyons of Hendricks, County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.
Dated this 4th day of April, 1980

Signed Jerry R. Nash
Official Designation Minister
7 day of April, 1980

Signed Glenn M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 129
File 3-31-80
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 3-13-80
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 3-13-80
Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Alan W. James
Date of Birth 8/22/1940
Place of Birth (State or foreign country) Terre Haute Ind.
Residence Address 296 N. Mill St. Pltfd. Hend. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license & picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Carl D. James
Residence of father (if deceased so state): Stelleville Ind.
Birthplace of father (State or foreign country): Terre Haute Ind.
9. Full maiden name of mother: Clara D. Coletti
Residence of mother (if deceased so state): Stelleville Ind.
Birthplace of mother (State or foreign country): Terre Haute Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Alan W. James

New Address 296 N. Mill St. Apt #1 Plainfield

Subscribed and sworn to before me this 31 day of March, 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ in _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 4th day of April, 1980, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Alan W. James and Gail L. Rivers

1. Thomas E. Chittenden, Jr. hereby certify that on the 12th day of April, 1980, at Plainfield, County of Hendricks, State of Indiana

one thousand nine hundred and eighty and, Bride Gail L. Rivers of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12th day of April, 1980.

Signed Thomas E. Chittenden, Jr.
Official Designation Minister
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Gail
Date of Birth 12/27/1960
Place of Birth (State or foreign country) Indpls Ind.
Residence Address R1 Box 346 Pltfd. Hend. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license & picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Alban Everett Rivers
Residence of father (if deceased so state): Pltfd Ind.
Birthplace of father (State or foreign country): Indpls Ind.
9. Full maiden name of mother: Louanna Kroll
Residence of mother (if deceased so state): Pltfd. Ind.
Birthplace of mother (State or foreign country): Virginia

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Gail L. Rivers

New Address 296 N. Mill St Apt 1

Subscribed and sworn to before me this 31 day of March, 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of LC 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 130

File

March 31 1980
Date of Application

MALE

Medical Examination Report Dated 3-28-80

Name of Physician James Black M.D.

FEMALE

Medical Examination Report Dated 3-28-80

Name of Physician James Black M.D.

ALL QUESTIONS MUST BE ANSWERED LC 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Robert Owen Johnson Jr.
Date of Birth 5 12 1960
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 24 Parkwood Brownburg, In.

Previous Marital Status: Never Married ☒ ORLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree☐ Other (Specify):

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children:

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Robert Owen Johnson Sr.
Residence of father (if deceased so state): Brownburg, In.
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Judith Annette Hanson
Residence of mother (if deceased so state): Brownburg, In.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Robert Owen Johnson Jr.
New Address: 24 Parkwood Dr.

Subscribed and sworn to before me this 31 day of March, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: _____ Father
Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 7th day of April, 1980, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D. Wilson hereby certify that on the 11th day of April, 1980, at Brownburg, County of Hendricks, State of Indiana, Groom Robert Owen Johnson Jr. and, Bride Julie Ann Waymire of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 11th day of April, 1980.

Signed: Joseph D. Wilson
Official Designation: Minister, 1980

Signed: Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

FEMALE APPLICANT

Name Julie Ann Waymire
Date of Birth 4 2 1961
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 25 Robinwood Brownburg, In.

Previous Marital Status: Never Married ☒ ORLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree☒ Other (Specify):

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children:

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Glen Allen Waymire
Residence of father (if deceased so state): Brownburg, In.
Birthplace of father (State or foreign country): Ill.

9. Full maiden name of mother: Virginia Lynn Bloemer
Residence of mother (if deceased so state): Indiana Brownburg
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Julie A. Waymire
New Address: 24 Parkwood Dr.

Subscribed and sworn to before me this 31 day of March, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: _____ Father
Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 131
File Mar. 31, 1980
Date of Application

MALE
Medical Examination Report Dated 3-28-80
Name of Physician W. H. Jones

FEMALE
Medical Examination Report Dated 3-28-80
Name of Physician W. H. Jones

ALL QUESTIONS MUST BE ANSWERED. IC 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Larry McDaniel
Date of Birth Oct 8 1958
Place of Birth (State or foreign country) Ind
Residence Address 245 N. Vine Plainfield Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Dr. Lamine

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7 Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8 Full name of father Wm McDaniel
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Ind.

9 Full maiden name of mother Deloris Scott
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Larry McDaniel
New Address 245 N. Vine #4 Plainfield, Ind.

Subscribed and sworn to before me this 31 day of Mar, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____, _____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 4th day of April, 1980, authorizing the joining together as husband and wife of Larry H. McDaniel and Olive Louise Gaskins.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. McLane hereby certify that on the 5th day of April, 1980, at Eminence, County of Morgan, State of Indiana, Groom Larry McDaniel and, Bride Olive Gaskins of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County, State of _____ Indiana.
Dated this 5 day of April, 1980.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1980
Signed Rev. McLane Official Designation Baptist Minister
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Olive Louise Gaskins
Date of Birth July 3 1957
Place of Birth (State or foreign country) Ky
Residence Address 245 N. Vine Plainfield Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Dr. Lamine

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Wm. Douglas Gaskins

7 Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8 Full name of father Dudley Estep
Residence of father (if deceased so state) Indpls. Ind.
Birthplace of father (State or foreign country) Ky

9 Full maiden name of mother Ada Baker
Residence of mother (if deceased so state) Indpls. Ind.
Birthplace of mother (State or foreign country) Ky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Olive Louise Gaskins
New Address 245 N. Vine Plainfield Ind

Subscribed and sworn to before me this 31 day of Mar, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____, _____ Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-4-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 132
File 4-1-80
Date of Application

MALE
Medical Examination Report Dated 3-28-80
Name of Physician D. Kaurany

FEMALE
Medical Examination Report Dated 3-28-80
Name of Physician D. Kaurany

ALL QUESTIONS MUST BE ANSWERED. IC 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name David Murray
Date of Birth 10 11 1956
Place of Birth (State or foreign country) Colorado
Residence Address 4919 S. Six Points Rd. Indpls. Ind.
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Drivers License upstated
- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: William T. Murray
Residence of father (if deceased so state): Moonsville Ind.
Birthplace of father (State or foreign country): Mooreville Ind.

9. Full maiden name of mother: Bonny J. Jones
Residence of mother (if deceased so state): West Virginia
Birthplace of mother (State or foreign country): Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed David William Murray
New Address 4919 S. Six Points Rd
Subscribed and sworn to before me this 1 day of April, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

FEMALE APPLICANT

Name Connie Sue Dugger
Date of Birth 11 4 1962
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address 4919 S. Six Points Rd. Indpls. Ind.
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Harold H. Dugger
Residence of father (if deceased so state): Pittsburg Ind.
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Alice Faye Phelps
Residence of mother (if deceased so state): Indpls. Ind.
Birthplace of mother (State or foreign country): Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Connie Dugger
New Address 4919 S. Six Points Rd
Subscribed and sworn to before me this 1 day of April, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed _____ Father
Signed Alice Faye Dugger Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior #2 Court by written order issued 3-day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the _____ day of _____, 1980, authorizing the joining together as husband and wife of David W. Murray and Connie Sue Dugger.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Serge Cristy, hereby certify that on the 5th day of April,
one thousand nine hundred and 80, at Moonsville, County of Morgan,
State of Indiana, Groom David W. Murray of Hendricks County, State of Indiana,
and, Bride Connie Sue Dugger of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 1st day of April, 1980.
Signed Serge Cristy
Official Designation Minister
21st day of April, 1980
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 138

File 4-3-80
Date of Application

MALE
Medical Examination Report Dated 4-1-80
Name of Physician J. Thomas Heira

FEMALE
Medical Examination Report Dated 4-1-80
Name of Physician J. Thomas Heira

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Eddie A. Myers
Date of Birth 10/28/1935
Place of Birth (State or foreign country) Danville Ind.
Residence Address RR2 Box 222 Danville Hendricks Ind.

Previous Marital Status: Never Married ☐ ORLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree☒ Other (Specify) Drivers License & picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

Jessica Myers

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Henry A. Myers

Residence of father (if deceased so state): Danville Ind.

Birthplace of father (State or foreign country): Boone Co. Ind.

9. Full maiden name of mother: Pearl Buckingham

Residence of mother (if deceased so state): Danville Ind.

Birthplace of mother (State or foreign country): Catlin Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed: Eddie A. Myers

New Address: RR2 Box 222 Danville Ind.

Subscribed and sworn to before me this 3 day of April, 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed

Father

Signed

Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior Court by written order issued 3 day waiver and filed
in Clerk Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 3 day of April, 1980, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Stanley A. Johnson and Julia R. Land

one thousand nine hundred and 80 hereby certify that on the 5 day of April
State of Indiana, Groom Eddie A. Myers at Danville, County of Hendricks

and, Bride Julia R. Land of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.

Dated this 5 day of April, 1980.

Signed Stanley A. Johnson

Official Designation Minister
9 day of April, 1980

Signed Glen M. Harvey HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 134
File 41
Date of Application 4-3-80

MALE
Medical Examination Report Dated 3-28-80
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 3-28-80
Name of Physician David M. Hadley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name William Joe Herrin
Date of Birth 5 Month 12 Day 1940 Year
Place of Birth (State or foreign country) Shoemaker, Kentucky
Residence Address P.O. Box 65, Ams, Hen, Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Divorce license w/picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Melinda Sue Herrin

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Eaton Herrin

Residence of father (if deceased so state) Cootesville, Ind.

Birthplace of father (State or foreign country) Montana

9. Full maiden name of mother Lela Agnes VanHook

Residence of mother (if deceased so state) Cootesville, Ind.

Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William Joe Herrin

New Address P.O. Box 65, Ams.

Subscribed and sworn to before me this 3 day of April, 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Cheryl Lynn Powell
Date of Birth 8 Month 5 Day 1952 Year
Place of Birth (State or foreign country) Indpls., Indiana
Residence Address 2002 High Eagle Trail, Indpls., Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Lisa Rene Powell
Marcia Hednn Powell

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Harold Harmon Cook

Residence of father (if deceased so state) Nashville, Indiana

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Helen Marie Powers

Residence of mother (if deceased so state) Nashville, Indiana

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cheryl Lynn Powell

New Address P.O. Box 65, Ams.

Subscribed and sworn to before me this 3 day of April, 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1980, authorizing the joining together as husband and wife of Indiana dated the 3 day of April

William Joe Herrin and Cheryl Lynn Powell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, J. V. Bales hereby certify that on the 5 day of April

one thousand nine hundred and 80 at Hendricks Court House, County of Hendricks,

State of Indiana, Groom William J. Herrin of Hendricks County, State of Indiana,

and, Bride Cheryl L. Powell of Marion County, State of Indiana,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 5 day of April, 1980. Signed J. V. Bales

Official Designation Judge, 1980.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____