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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 441

File

August 25, 1980
Date of Application

MALE
Medical Examination Report Dated 8-22-80
Name of Physician R. J. Stegemoller

FEMALE
Medical Examination Report Dated 8-22-80
Name of Physician R. J. Stegemoller

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

MALE APPLICANT

Name: First Douglas; Middle W.; Last Edwards
Date of Birth: Month June; Day 16; Year 1960
Place of Birth (State or foreign country): Lebanon Indiana
Residence Address: Box 16; Street or R. R. North Salem; City; County; 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) # 7113

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

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

Signed Doug. W. Edwards
New Address Box 16 600 W. Pearl St. North Salem In.

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Lynda; Middle J.; Last Spurlock
Date of Birth: Month May; Day 22; Year 1959
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: RR 4; Street or R. R. Clayton; City; County; State Indiana
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers Lic 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 Robert Vernon Spurlock
   Residence of father (if deceased so state) Clayton, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alberta Maxine Weddle
   Residence of mother (if deceased so state) Clayton, Indiana
   Birthplace of mother (State or foreign country) Indiana

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

Signed Lynda J. Spurlock
New Address Box 16 600 W. Pearl St. North Salem

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29th day of Aug., 1980., authorizing the joining together as husband and wife Douglas W. Edwards and Lynda J. Spurlock
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Stanley A. Johnson hereby certify that on the 20 day of Sept., one thousand nine hundred and 80 at Danville, County of Hend., State of Indiana, Groom Douglas W. Edwards of Hend. County, State of Ind., and, Bride Lynda J. Spurlock of Hend. County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 20 day of Sept, 1980.

Signed Stanley A. Johnson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of Sept., 1980.

Signed Helen M. Hadley Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1957

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 442

File 8-25-80
Date of Application

MALE
Medical Examination Report Dated 8-19-80
Name of Physician Peter Foster M.D.

FEMALE
Medical Examination Report Dated 8-11-80
Name of Physician Herbert Osler

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

MALE APPLICANT

Name: First Ricky Middle Carl Last Massey
Date of Birth: Month 4 Day 21 Year 1959
Place of Birth (State or foreign country) Arizona
Residence Address: Street or R. R. Box 127 City Plainfield County In State

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

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

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

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

Signed Ricky Massey

New Address

Subscribed and sworn to before me this 28 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Diane Middle L. Last Schulien
Date of Birth: Month 4 Day 10 Year 57
Place of Birth (State or foreign country) Fort Wayne, Ind.
Residence Address: Street or R. R. City County State

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

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

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

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

Signed Diane L. Schulien

New Address 681 River Manor Apt 103

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 28 day of August, 1980, authorizing the joining together as husband and wife Ricky E. Massey and Diane L. Schulien

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

I, Mary J. Russell hereby certify that on the 7 day of Oct, at P'fld. County, State of Ind., one thousand nine hundred and 80 of Hend. County, State of Ind., State of Indiana, Groom Ricky E. Massey of Hend. and, Bride Diane L. Schulien were by me united 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 Oct., 1980. Signed Mary Jane Russell

Official Designation 1st Deputy Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of Oct, 1980

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 443

File

8-26-80
Date of Application

MALE
Medical Examination Report Dated 8-25-80
Name of Physician James Black, M.D.

FEMALE
Medical Examination Report Dated 8-25-80
Name of Physician James Black, M.D.

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

MALE APPLICANT

Name: First Jerry Middle Lee Last Schutte

Date of Birth: Month 5 Day 27 Year 1958

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

Residence Address: Street or R. R. 513 S. Green City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed X Jerry Schutte
New Address 2428 N Gerrard

Subscribed and sworn to before me this 26 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Sheri Middle Denise Last Stonerock

Date of Birth: Month 9 Day 18 Year 1963

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

Residence Address: Street or R. R. 2428 N. Gerrard City Speedway County Marion State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate # 4144 ☐ Judicial Decree

☐ Other (Specify)

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

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

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

Signed X Sheri Stonerock
New Address 2428 N. Gerrard

Subscribed and sworn to before me this 26 day of Aug., 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, County of HENDRICKS } ss:

Signed X Anthony P. Stonerock Father

Signed Patricia E. Stonerock Mother

Subscribed and sworn to before me this 26 day of Aug., 1980.
Glen M. Harney Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3 day & Age Rest 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* August, 1980, *authorizing the joining together as husband and wife* Jerry Lee Schutte *and* Sheri D. Stonerock

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

I, Joseph D Wilson *hereby certify that on the* 19 *day of* Sept., *one thousand nine hundred and* 80 *at* Bklyn, *County of* Hend., *State of Indiana, Groom* Jerry Lee Schutte *of* Hend. *County, State of* Ind. *and, Bride* Sheri D. Stonerock *of* Marion *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 19 *day of* Sept, 1980.

Signed Joseph D. Wilson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* Sept, 1980.

Signed Glen M. Harney *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 444

File

8-26-80 Date of Application

MALE
Medical Examination Report Dated 8-15-80
Name of Physician Calumet AFS, Michigan

FEMALE
Medical Examination Report Dated 8-21-80
Name of Physician Ballenger, Glen R., D.O.

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

MALE APPLICANT

Name: First Randall Middle J. Last Abel

Date of Birth: Month June Day 19 Year 1962

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R.R. R. #2 Box 79 City Danville County Hend. State Indiana

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
#K-027-62

☐ Other (Specify)

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

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

State of Indiana, County of HENDRICKS } ss:

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

Signed Randall J. Abel

New Address PO. BOX 17 CALUMET AFS MI 49913

Subscribed and sworn to before me this 26 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Kristen Middle K. Last Collier

Date of Birth: Month 9 Day 26 Year 1960

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

Residence Address: Street or R.R. 114 William Dr. City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
#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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

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

State of Indiana, County of HENDRICKS } ss:

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

Signed x Kristen K. Collier

New Address P.O. Box 17 Calumet AFS MI. 49913

Subscribed and sworn to before me this 26 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... 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 ..... of Indiana dated the 26 day of August, 1980, authorizing the joining together as husband and wife Randall J. Abel and Kristen K. Collier

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

I, William Pappano hereby certify that on the 29 day of August, at Brownsburg, County of Hend., one thousand nine hundred and 80 of Hend., County, State of Ind., State of Indiana, Groom Randall Abel of Hend., County, State of Ind., and, Bride Kristen K. Collier of Hend., were by me united 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 August, 19.... Signed William Pappano

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of Sept, 1980

Signed Glen M. Harney Clerk HENDRICKS Circuit Court

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No. 445

File 8-26-80

Date of Application

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated 8-20-80
Name of Physician Louise Mooney

FEMALE
Medical Examination Report Dated 8-20-80
Name of Physician Louise Mooney

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

MALE APPLICANT

Name: First Robert Middle D. Last Youngqreen

Date of Birth: Month 12 Day 18 Year 60

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R.1 City Hanna County Ind. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Rose A. Youngqreen
   Residence of father (if deceased so state) Hanna Ind.
   Birthplace of father (State or foreign country) LaCrosse, Ind.
9. Full maiden name of mother Josephine A. Dennett
   Residence of mother (if deceased so state) Dane
   Birthplace of mother (State or foreign country) Chicago, Ill.

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

Signed Robert D Youngqreen
New Address 5554 W 1800S LaCrosse In 46348

Subscribed and sworn to before me this 26 day of Aug, 1980.

Ellen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Jody Middle D. Last Kelly

Date of Birth: Month 10 Day 15 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R.R. 2 Box 309 City Hadaga County Ind State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Jody Kelley
New Address 5554 West 1800S LaCrosse In

Subscribed and sworn to before me this 26 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 2 *day of* Sept, 19 80, *authorizing the joining together as husband and wife* Robert D. Youngqreen *and* Jody D. Kelley
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Laurence E. Dettner *hereby certify that on the* 6 *day of* Sept., *one thousand nine hundred and* 80 *at* North Salem, *County of* Hend., *State of Indiana, Groom* Robert D. Youngqreen *of* Lyn Pate *County, State of* Ind. *and, Bride* Jody D. Kelley *of* Hadaga *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 6 *day of* Sept, 19 80.

Signed Laurence Dettner
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* Sept, 19 80.

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. 4416

File

August 26, 1980
Date of Application

MALE
Medical Examination Report Dated 8-25-80
Name of Physician David M. Hadley md.

FEMALE
Medical Examination Report Dated 8-25-80
Name of Physician David M. Hadley md.

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

MALE APPLICANT

Name: First Timothy Middle Jon Last Baker

Date of Birth: Month July Day 11 Year 1962

Place of Birth (State or foreign country) Indiana

Residence Address: 1420 Street or R. R. Pierce 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) Military ID.

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

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

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

Signed Timothy Jon Baker
New Address Philadelphia, PENN

Subscribed and sworn to before me this 26 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Carolyn Middle Sue Last Daykuff

Date of Birth: Month July Day 17 Year 1962

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

Residence Address: 15 Elm 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Gerald Daykuff
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alice Laverne Williams
   Residence of mother (if deceased so state) Arizona
   Birthplace of mother (State or foreign country) Tennessee

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

Signed Carolyn Sue Daykuff
New Address Philadelphia, PENN

Subscribed and sworn to before me this 26 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Ct. #2 Court by written order issued 3 day Waiver and filed in 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 ....., 19..80, authorizing the joining together as husband and wife of Indiana dated the 26 day of August and Timothy Jon Baker and Carolyn Sue Daykuff

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

I, John C. Mowen hereby certify that on the 28th day of August, one thousand nine hundred and eighty at Danville, County of Hendricks, State of Indiana, Groom Timothy Jon Baker of Hendricks County, State of Indiana, and, Bride Carolyn Sue Daykuff of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28th day of August, 19 80. Signed John C. Mowen

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 28th day of August, 1980.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 447

File 8-27-80

Date of Application

MALE
Medical Examination Report Dated 8-26-80

Name of Physician William A. Edwards

FEMALE
Medical Examination Report Dated 8-26-80

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: First Daniel Middle C. Last Harris

Date of Birth: Month Feb. Day 6 Year 59

Place of Birth (State or foreign country) Ind.

Residence Address: 6265 Mission Lane Apt C Norcross, Ga.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

Signed ☒ Daniel C Harris

New Address 9933C West National Circle Tucker, Georgia 30085

Subscribed and sworn to before me this 27 day of Aug., 1980

Helen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Belinda Middle D. Last Brownewell

Date of Birth: Month Aug. Day 26 Year 62

Place of Birth (State or foreign country) Ind.

Residence Address: R R #1, Box 282 Street or R. R. Camby City Ind. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

Signed ☒ Belinda Brownewell

New Address 9933C W. National Circle Tucker, Ga. 30085

Subscribed and sworn to before me this 27 day of Aug., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court Court by written order issued Daisies (3 days) 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* Aug., 19 80, *authorizing the joining together as husband and wife* Daniel C. Harris *and* Belinda D. Brownewell

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

I, Dan Burch *hereby certify that on the* 6 *day of* Sept, *one thousand nine hundred and* 80 *at* 170 Church St., *County of* Morgan, *State of Indiana, Groom* Daniel C. Harris *of* Gwinnette *County, State of* Georgia *and, Bride* Belinda D. Brownewell *of* Hendricks *County, State of* Indiana, *were by me united 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* Sept, 19 80.

Signed Dan Burch

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* Sept, 19 80.

Signed Helen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 448

File 8-27-80
Date of Application

MALE
Medical Examination Report Dated 8-27-80
Name of Physician H.C. Moss

FEMALE
Medical Examination Report Dated 8-27-80
Name of Physician H.C. Moss

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 O. Last Ault

Date of Birth: Month 8 Day 31 Year 32

Place of Birth (State or foreign country) Ga.

Residence Address: Street or R. R. RR 18 Box 124K City Indpls. County , State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Drivers lic w/picture

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

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

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

Signed x William O Ault

New Address RR#18 Box 124K

Subscribed and sworn to before me this 27 day of Aug., 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, County of ..... } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Joyce Middle M. Last Covert

Date of Birth: Month 6 Day 25 Year 45

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 18 Box 124K City Indpls. County , State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Drivers 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.
   Kathleen Covert
   Angela Covert

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 B. McMinton Jr.
   Residence of father (if deceased so state) Indpls., Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Beulah M. Blancett
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ky.

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

Signed x Joyce M. Covert

New Address RR#18 Box 124K

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Dep. Ct. #1 Court by written order issued Waiver (3 day) 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 ....., 19.80., authorizing the joining together as husband and wife of Indiana dated the 27 day of Aug. and Joyce M. Covert William O. Ault

Be it further remembered, the following marriage certificate was filed in my office, to-wit: and hereby certify that on the 27th day of Sept.,

I, Joseph D. Wilson at Brownsburg, County of Hend, State of Indiana, do hereby certify that on the 27th day of Sept. one thousand nine hundred and 80 at Brownsburg, County, State of Ind., State of Indiana, Groom William O. Ault of Hend. County, State of Ind., and, Bride Joyce M. Covert of Hend. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27 day of Sept., 19.80. Signed Joseph Wilson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Sept., 19.....

Signed Ellen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 449

File

8-28-80
Date of Application

MALE
Medical Examination Report Dated 8-22-80
Name of Physician Wm Stone

FEMALE
Medical Examination Report Dated 8-22-80
Name of Physician Wm Stone

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

MALE APPLICANT

Name: First Paul Middle Joseph Last Kopczynski

Date of Birth: Month Nov. Day 26 Year 1948

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 9716 Ramona City Indpls County Hend. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Dr. License

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

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

State of Indiana, County of HENDRICKS } ss:

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

Signed Paul J. Kopczynski
New Address 9716 RONDA DR

Subscribed and sworn to before me this 28th day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Vamesa Middle Gay Last Patton

Date of Birth: Month Jan Day 14 Year 1954

Place of Birth (State or foreign country) La.

Residence Address: Street or R. R. 9716 Ramona City Indpls County Hend State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Dr. License

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

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

State of Indiana, County of HENDRICKS } ss:

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

Signed Vamesa G Patton
New Address 9716 Ramona Dr.

Subscribed and sworn to before me this 28 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 3 day of Sept, 1980, authorizing the joining together as husband and wife Paul J. Kopczynski and Vamesa G. Patton

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

I, Richard Jone hereby certify that on the 27 day of Sept, one thousand nine hundred and 80 at Plainfield, County of Hend, State of Indiana, Groom Paul J. Kopczynski of Hend County, State of Ind and, Bride Vamesa G. Patton of Hend County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3 day of Sept, 1980.

Signed Richard Jone
Official Designation Roman Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Sept, 1980.

Signed Alex M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-6-2
Effective July 1, 1973

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 450

File

8-28-80 Date of Application

MALE
Medical Examination Report Dated 8-22-80
Name of Physician M. Seamahorn, M.D.

FEMALE
Medical Examination Report Dated 8-22-80
Name of Physician M. Seamahorn, M.D.

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

MALE APPLICANT

Name: First Donald Middle W. Last Barton

Date of Birth: Month 7 Day 31 Year 1948

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

Residence Address: Street or R. R. 2111 Braebury Village, Apt. #8, City Indpls, County Marion, State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Drivers 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.
   Christopher Barton, 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 Chester Ray Barton
   Residence of father (if deceased so state) Ottawa, Kansas
   Birthplace of father (State or foreign country) Kansas
9. Full maiden name of mother Harriet Skiles
   Residence of mother (if deceased so state) Ottawa, Kansas
   Birthplace of mother (State or foreign country) Indiana

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

Signed Donald W. Barton

New Address 15 William Dr., Brownsburg

Subscribed and sworn to before me this 28 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Cheryl Middle C. Last Mabbitt

Date of Birth: Month 7 Day 26 Year 1957

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

Residence Address: Street or R. R. 15 Williams Dr. City Brownsburg, County Hend., State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers Lic. w/picture

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

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

Signed Cheryl C. Mabbitt

New Address 15 Willian Dr., Brownsburg

Subscribed and sworn to before me this 28 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 2nd *day of* Sept. *, 19*80*, and* Cheryl C. Mabbitt

Donald W. Barton

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

I, Joseph D. Wilson *hereby certify that on the* 5 *day of* Sept. *,*

one thousand nine hundred and 80 *at* Brownsburg *, County of* Hend. *,*

State of Indiana, Groom Donald W. Barton *of* Marion *County, State of* Ind. *,*

and, Bride Cheryl C. Mabbitt *of* Hend *County, State of* Ind *,*

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

Dated this 5 *day of* Sept *, 19*80*. Signed* Joseph D. Wilson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* Sept *, 19*80*.*

Signed Helen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 457

File

8-28-80
Date of Application

MALE
Medical Examination Report Dated 8-28-80
Name of Physician Robert W. Kirtley M.D.

FEMALE
Medical Examination Report Dated 8-28-80
Name of Physician Robert Kirtley M.D.

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

MALE APPLICANT

Name: First Jeffrey Middle A. Last Smith

Date of Birth: Month Aug Day 27 Year 1958

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

Residence Address: Street or R. R. R # 1 Box 104 City Lizton County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License #1314-50-8127

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

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

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

Signed Jeffrey A. Smith
New Address RR 1 Box 104 Lizton

Subscribed and sworn to before me this 28th day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Kathleen Middle M. Last Roell

Date of Birth: Month 9 Day 23 Year 1960

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

Residence Address: Street or R. R. 6119 W. 32nd Place City Indpls. County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
#1,3-60-088084

☐ Other (Specify) .....

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

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

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

Signed Kathy M. Roell
New Address RR 1 Box 104 Lizton

Subscribed and sworn to before me this 28th day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5 *day of* Sept, 19 80, *authorizing the joining together as husband and wife* Jeffrey A. Smith *and* Kathleen M. Roell
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Kirby *hereby certify that on the* 20 *day of* Sept., *one thousand nine hundred and* 80 *at* Indpls., *County of* Marion, *State of Indiana, Groom* Jeffrey A. Smith *of* Hendricks *County, State of* Ind., *and, Bride* Kathleen M. Roell *of* Marion *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 20 *day of* Sept, 19 80.

Signed John C. Kirby
Official Designation Roman Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* Sept, 19 80.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 452
File 41
8-29-80 Date of Application

MALE
Medical Examination Report Dated 7-31-80
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 7-31-80
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 Richard Middle J. Last Cook
Date of Birth: Month Oct. Day 15 Year 1929
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 2217 Winchester Dr., City Indpls., County Johnson, State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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 Ambrose M. Cook
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Veronica Inez Saul
   Residence of mother (if deceased so state) Indianapolis, Indiana
   Birthplace of mother (State or foreign country) Indiana

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

Signed ☒ Richard J Cook
New Address RR17 Box 570, Indpls.

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

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

FEMALE APPLICANT

Name: First Sue Middle A. Last Sublett
Date of Birth: Month Sept. Day 30 Year 1937
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR #17, Box 570, City Indpls., County Hend., State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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.
   Laura Sue

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

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

Signed ☒ Sue A. Sublett
New Address RR17 Bx 570 Indpls.

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 2 day of Sept, 1980, authorizing the joining together as husband and wife Richard J. Cook and Sue A. Sublett.

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

I, Charles Roth hereby certify that on the 25 day of Oct., one thousand nine hundred and 80 at Indpls., County of Marion, State of Indiana, Groom Richard J. Cook of Ind., County, State of Ind., and, Bride Sue A. Sublett of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25 day of Oct, 1980. Signed Charles Roth
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Oct, 1980
Signed Helen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 453
File 41
8-29-80
Date of Application

MALE
Medical Examination Report Dated 8-25-80
Name of Physician Carl L. Heinlein

FEMALE
Medical Examination Report Dated 8-25-80
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: First Lawrence Middle Steffen Last Kuhns
Date of Birth: Month Oct. Day 16 Year 1946
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R. R. 145 S. Ind., Apt. A City Danville County Hend. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's license W/picture

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

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

Signed ✗ Lawrence S. Kuhns
New Address 145 South Indiana Apt. A Danville Ind.

Subscribed and sworn to before me this 29 day of Aug, 1980.
Helen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First ~~Bonita~~ Bonita Middle Lou Last Underwood
Date of Birth: Month Sept. Day 8 Year 1948
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 145 S. Ind., City Danville County Hend., State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Voter's Reg. # 01174

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   ~~-0-~~ Krista Lynn
   Cory Alan
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 H. Holt
   Residence of father (if deceased so state) Clearwater, Florida
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Martha Elizabeth Stephenson
   Residence of mother (if deceased so state) Clearwater, Florida
   Birthplace of mother (State or foreign country) Ohio

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

Signed ✗ Bonita L. Underwood
New Address 145 Apt A So. Indiana, Danville Ind.

Subscribed and sworn to before me this 29 day of Aug, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 4th *day of* Sept, 19 80, *authorizing the joining together as husband and wife* Lawrence S. Kuhns *and* Bonita L Underwood
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Edward D. Dickinson *hereby certify that on the* 10 *day of* Sept, *one thousand nine hundred and* 80 *at* Indpls., *County of* Marion, *State of Indiana, Groom* Lawrence S. Kuhns *of* Hend *County, State of* Hend, *and, Bride* Bonita L Underwood *of* Hend *County, State of* Hend, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 4 *day of* Sept, 19 80.

Signed Edward D Dickinson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* Sept, 19 80.

Signed Helen M Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-32
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 454

File 8-29-80
Date of Application

MALE
Medical Examination Report Dated 8-26-80
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 8-26-80
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: First Joseph Middle O. Last Goss

Date of Birth: Month 12 Day 18 Year 56

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

Residence Address: Street or R. R. 318 ½ Congress City Denton County Texas State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Joseph A Goss
New Address 318½ Congress Denton, TX

Subscribed and sworn to before me this 29 day of Aug., 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Laurie Middle H. Last Huggett

Date of Birth: Month 12 Day 3 Year 56

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

Residence Address: Street or R.R. 318 ½ Congress City Denton County State Texas

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard W. Haggett Jr.
   Residence of father (if deceased so state) Baton Rouge Louisiana
   Birthplace of father (State or foreign country) Minnesota
9. Full maiden name of mother Ethel C. Hadley
   Residence of mother (if deceased so state) Dane
   Birthplace of mother (State or foreign country) Ohio

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

Signed Laurie Huggett
New Address 318½ Congress, Denton, TX

Subscribed and sworn to before me this 29 day of Aug., 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

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 Supl Court by written order issued 3 day Waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the 29 day of Aug., 1980, authorizing the joining together as husband and wife Joseph A. Goss and Laurie H. Huggett

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

I, James R. Turbay hereby certify that on the 30 day of August, at Ind., County of Ind., one thousand nine hundred and 80 at Denton County, State of Texas, State of Indiana, Groom Joseph A. Goss of Denton County, State of Texas, and, Bride Laurie H. Huggett of Denton were by me united 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 August, 1980. Signed James R. Turbay

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of September, 1980

Signed Helen M. Harvey Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 455

File 8-29-80

Date of Application

MALE
Medical Examination Report Dated 8-26-80

Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 8-29-80

Name of Physician

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

MALE APPLICANT

Name: First Jeffrey Middle Scott Last Groover

Date of Birth: Month March Day 18 Year 1960

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 202 S. Rd. 425 E. City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Voter's Reg. #01645

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Floyd Wayne Groover
   Residence of father (if deceased so state) 202 S. Rd. 425 E, Danville, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy Lou Adamson
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

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

Signed Jeffrey [illegible]

New Address 202 So.

Subscribed and sworn to before me this 2na

Glen M. Haus

CONSENT OF PARENTS, PARENT OR GUARDI

We, the parents, of this applicant hereby give cons

signs, state facts which render the consent of the

State of Indiana, County of HENDRICKS } ss:

Signed

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Kim Middle [illegible] Last Shoulders

Date of Birth: Month 2 Day 29 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R 3 Box 210 City Danville, Ind. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

State of Indiana, County of HENDRICKS } ss:

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

Signed [illegible] Karen Shoulders Mother

Subscribed and sworn to before me this day of , 19

Clerk

I, WAYNE SHOULDERS, hereby give my consent for my DAUGHTER, KIMBERLY SHOULDERS to marry JEFFERY GROOVER.

Wayne Shoulders

Subscribed and sworn to before me this 2nd day of Sept 1

Robert L. Sherman
Notary Public

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2nd day of Sept., 1980, authorizing the joining together as husband and wife Jeffrey S. Groover and Kim Shoulders

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

I, Wayne Shoulders hereby certify that on the 6 day of Sept, one thousand nine hundred and 80 at Danville, County of Hend, State of Indiana, Groom Jeffrey S. Groover of Hend. County, State of Ind., and, Bride Kimberly S. Shoulders of Hend. County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 6 day of Sept, 1980.

Signed Wayne Shoulders

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of Sept, 1980.

Signed Karen M. Havens Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 456

File

8-29-80 Date of Application

MALE
Medical Examination Report Dated 8-29-80
Name of Physician Carl Heinlein

FEMALE
Medical Examination Report Dated 8-29-80
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: First Edward Middle D. Last McGuinness

Date of Birth: Month 6 Day 5 Year 1934

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR1 Box 40 City N. Salem County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) D. L. 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.
   Mary E. McGuinness
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 J. McGuinness
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Stella A. Forstall
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Edward D. McGuinness

New Address RR1 Box 140 N. Salem Ind.

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Karen Middle J. Last Kirsch

Date of Birth: Month 10 Day 8 Year 1951

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR1 Box 40 City N. Salem County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) D. L. 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.
   Loretta Katherine Kirsch
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Buel
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sally Lee VanArsdale
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Karen Kirsch

New Address RR 1 Box 140 N. Salem Ind.

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29th day of Aug, 1980, authorizing the joining together as husband and wife Edward D. McGuinness and Karen J. Kirsch

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

I, John C. Mauer hereby certify that on the 29 day of August, at Danville, County of Hend., one thousand nine hundred and 80 of Hendricks County, State of Ind., State of Indiana, Groom Edward D. McGuinness of Hendricks County, State of Ind., and, Bride Karen J. Kirsch of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 29 day of August, 1980. Signed John C. Mauer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of September, 1980

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 457

File

August 29, 1980
Date of Application

MALE
Medical Examination Report Dated 8-25-80
Name of Physician James Black MD.

FEMALE
Medical Examination Report Dated 8-25-80
Name of Physician James Black, MD.

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

MALE APPLICANT

Name: First Jeffrey Middle Wayne Last Brinkmen

Date of Birth: Month January Day 4 Year 1960

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

Residence Address: Street or R. R. 3853 N. Vinewood City Marion County Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Jeffrey Wayne Brinkman
New Address 3853 N Vinewood INDPLS, IN 46254

Subscribed and sworn to before me this 29 day of August, 19 80.

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Lisa Middle Ann Last Clark

Date of Birth: Month December Day 6 Year 1960

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

Residence Address: Street or R. R. R.R.# 2 Box 165H City Brownsburg County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Lisa Ann Clark
New Address R 3853 N Vinewood Indpls.

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 8th *day of* Sept, 19..... *authorizing the joining together as husband and wife* Jeffrey W. Brinkman *and* Lisa Ann Clark

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

I, Jerry Nash *hereby certify that on the* 29 *day of* Sept., *one thousand nine hundred and* 80 *at* Brownsburg, *County of* Hend., *State of Indiana, Groom* Jeffrey W. Brinkman *of* Marion *County, State of* Ind. *and, Bride* Lisa Ann Clark *of* Hendricks *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 29 *day of* Sept, 19 80.

Signed Jerry Nash

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* Sept, 19 80.

Signed Glen M Harvey *Clerk*

HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 458

File

8-29-80 Date of Application

MALE
Medical Examination Report Dated 8-26-80
Name of Physician Joseph Kerlin

FEMALE
Medical Examination Report Dated 8-26-80
Name of Physician Joseph Kerlin

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

MALE APPLICANT

Name: First Daniel Middle D. Last Disney

Date of Birth: Month May Day 24 Year 1953

Place of Birth (State or foreign country) Ind.

Residence Address: Box 326 Street or R. R. North Salem City County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) 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.
   Daniel Disney II
   Lawanna Disney
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Disney
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Virginia Campbell
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Ind.

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

Signed Daniel D. Disney

New Address RR2 Box 160 Roachdale, Ind.

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Betty Middle L. Last Lowins

Date of Birth: Month Jan Day 1 Year 1961

Place of Birth (State or foreign country) Ind.

Residence Address: Rt 1 Box 137 Street or R.R. North Salem City County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Dr. License

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

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

Signed Betty L Lowins

New Address RR2 Box 160 Roachdale IN

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 ....., 19.80., authorizing the joining together as husband and wife of Indiana dated the 3rd day of Sept. and Daniel D. Disney and Betty L. Lowins

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

I, John C. Mauer hereby certify that on the 15 day of Sept. one thousand nine hundred and 80 at Danville, County of Hend., State of Ind. State of Indiana, Groom Daniel D. Disney of Hend., County, State of Ind. and, Bride Betty L. Lowins of Hend., County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15 day of Sept., 19 80. Signed John C. Mauer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of Sept., 19 80.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 459

File

August 29, 1980
Date of Application

MALE
Medical Examination Report Dated 8-25-80

Name of Physician O. Kouiony

FEMALE
Medical Examination Report Dated 8-25-80

Name of Physician O. Kouiony

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

MALE APPLICANT

Name: First Van Middle W. Last Hayes

Date of Birth: Month Oct Day 30 Year 1956

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

Residence Address: Street or R. R. 906 Harlan St City Plainfield County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) 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 Jasper William Hayes
   Residence of father (if deceased so state) Indianapolis, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Pauline Jeanette Thompson
   Residence of mother (if deceased so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Indiana

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

Signed Van W. Hayes

New Address 906 Harlan Plainfield

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

..... Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Susan Middle M. Last Kiefer

Date of Birth: Month May Day 20 Year 1960

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

Residence Address: Street or R. R. 1520 Harlan Ct. City Plainfield County State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) ℓ

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

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

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

Signed Susan M. Kiefer

New Address 906 Harlan St. Plfd. In 46168

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 3 *day of* Sept, 19 80, *authorizing the joining together as husband and wife* Van William Hayes *and* Susan Marie Kiefer

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

I, Rev. Herman H. Fitz *hereby certify that on the* 6th *day of* Sept., *one thousand nine hundred and* 80 *at* Ind'pls., *County of* Marion, *State of Indiana, Groom* Van William Hayes *of* Hendricks *County, State of* Ind., *and, Bride* Susan M. Kiefer *of* Hendricks *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 6 *day of* Sept, 1980.

Signed Reverend Herman Fitz

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* Sept, 19 80.

Signed Helen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective June 1, 1957

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 460

File 8-29-80

Date of Application

MALE
Medical Examination Report Dated 8-29-80
Name of Physician Joseph Kerlin

FEMALE
Medical Examination Report Dated 8-29-80
Name of Physician Joseph Kerlin

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

MALE APPLICANT

Name: First David Middle D. Last Rohn

Date of Birth: Month 4 Day 8 Year 53

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 195 W. Main City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers lic w/picture

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

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

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

Signed X David D. Rohn
New Address RR2 Box 297 Danville

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Joan Middle B. Last Lambert

Date of Birth: Month 2 Day 4 Year 53

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 6125 Beech Dr. City Indpls. County Marion State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Drivers 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.
   Evan C. Lambert
   Carie A. Lambert

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

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

Signed X Joan Lambert
New Address RR 2 Box 297 Danville Ind.

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 5th day of Sept., 1980, authorizing the joining together as husband and wife David D. Rohn and Joan B. Lambert

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

I, John P. Rook hereby certify that on the 13 day of Sept., one thousand nine hundred and 80 at Danville, County of Hend., State of Ind., State of Indiana, Groom David D. Rohn of Hend., County, State of Ind., and, Bride Joan B. Lambert of Marion were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 13 day of Sept, 1980. Signed John P. Rook

Official Designation Episcopal Priest

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of Sept, 1980. Signed Ellen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 461

File 8-29-80

Date of Application

MALE
Medical Examination Report Dated 8-18-80

Name of Physician James B. Johnson

FEMALE
Medical Examination Report Dated 8-18-80

Name of Physician James B. Johnson

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

MALE APPLICANT

Name: First Timothy Middle — Last DeWeese

Date of Birth: Month 4 Day 6 Year 41

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 1579 Neal Ct. City Plfd. County — State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Drivers Lic w/post

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

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

Signed Timothy D. DeWeese

New Address 1579 NEAL CT, PLAINFIELD, IND, 46168

Subscribed and sworn to before me this 29 day of Aug, 19 80.

Wm M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Patsy Middle A. Last Walker

Date of Birth: Month 3 Day 19 Year 35

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. — City Cloverdale County — State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Drivers Lic w/post.

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

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

Signed Patsy A. Walker

New Address 1579 Neal Ct Plainfield, In

Subscribed and sworn to before me this 29 day of Aug, 1980.

Wm M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 3rd *day of* Sept., 1980, *authorizing the joining together as husband and wife* Timothy DeWeese *and* Patsy A. Walker

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

I, Edward Curtiss *hereby certify that on the* 3rd *day of* Sept., *one thousand nine hundred and* 80 *at* Avon, *County of* Hend., *State of Indiana, Groom* Timothy DeWeese *of* Hend. *County, State of* Ind. *and, Bride* Patsy A. Walker *of* Putnam *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 3 *day of* Sept, 1980.

Signed Edward Curtiss

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2nd *day of* Sept, 1980.

Signed Wm 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. 462
File 41
9-2-80 Date of Application

MALE
Medical Examination Report Dated 8-16-80
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 8-16-80
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

Name: First Michael Middle Roy Last Hamilton
Date of Birth: Month March Day 3rd Year 1950
Place of Birth (State or foreign country) Maryland
Residence Address: Street or R. R. 294 Clinton, City Danville, County Hendricks, State Indiana
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Illinois 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 Roy Elwood Hamilton
   Residence of father (if deceased so state) Danville, Indiana
   Birthplace of father (State or foreign country) West Virginia
9. Full maiden name of mother Winifred Elizabeth Houghton
   Residence of mother (if deceased so state) Dane
   Birthplace of mother (State or foreign country) West Virginia

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

Signed Michael Roy Hamilton
New Address 527 Harlan, Plainfield, Ind.
Subscribed and sworn to before me this 2 day of Sept. 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Mary Middle Ann Last Meyer
Date of Birth: Month Jan. Day 2 Year 1951
Place of Birth (State or foreign country) Nebraska
Residence Address: Street or R. R. 4930 Rue Vallee, Apt. 30, City Indpls, County Marion, State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) .....

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lorenz Fred Meyer
   Residence of father (if deceased so state) Lincoln, Nebraska
   Birthplace of father (State or foreign country) Nebraska
9. Full maiden name of mother Dorothy Ella Lenz Siemers
   Residence of mother (if deceased so state) Dane
   Birthplace of mother (State or foreign country) Nebraska

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

Signed x Mary Ann Meyer
New Address 527 Harlan Plainfield, Ind.
Subscribed and sworn to before me this 2 day of Sept. 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* Sept. *19* 80, *authorizing the joining together as husband and wife* Michael Roy Hamilton *and* Mary Ann Meyer, *Be it further remembered, the following marriage certificate was filed in my office, to-wit: I,* Richard Ross *hereby certify that on the* 4 *day of* Oct., *one thousand nine hundred and* 80, *at* Danville, *County of* Hend., *State of Indiana, Groom* Michael Roy Hamilton *of* Hend., *County, State of* Ind., *and, Bride* Mary Ann Meyer *of* Hend., *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 4 *day of* Oct, *19* 80. *Signed* Richard Ross
Official Designation Priest

Filed and recorded in accordance with the laws of the State of Indiana this 8 *day of* Oct. *19* 80. *Signed* Glen M. Harvey *Clerk* HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 463

File

9-2-80
Date of Application

MALE
Medical Examination Report Dated 8-28-80

Name of Physician A. Scudder, M.D.

FEMALE
Medical Examination Report Dated 8-28-80

Name of Physician A. Scudder, M.D.

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

MALE APPLICANT

Name: First Ronald Middle — Last Gent

Date of Birth: Month 8 Day 27 Year 1955

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

Residence Address: Street or R. R. 419 N. Vine, City Plainfield, County Hend., State Indiana

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Driver's 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.
   Adam J. Gent, age 3
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wm. Gent, Jr.
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Bessie Farris
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Kentucky

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

Signed X Ronald Gent

New Address 419 N. Vine St Plainfield.

Subscribed and sworn to before me this 2nd day of Sept., 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, County of HENDRICKS } ss:

Signed..... Father

Signed..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Roberta Middle D. Last Stanner

Date of Birth: Month 3 Day 11 Year 1957

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

Residence Address: Street or R. R. 1795 Keller Hill Rd., City Mooresville, County Morgan, State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) 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.
   Jeremiah P. Stanner, age 3
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert E. Dunn
   Residence of father (if deceased so state) Mooresville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Irma Kay Bates
   Residence of mother (if deceased so state) Mooresville, In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Roberta Stanner

New Address 415 N Vine Plainfield

Subscribed and sworn to before me this 2nd day of Sept., 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, County of HENDRICKS } ss:

Signed..... Father

Signed..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Sup # 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 2nd day of September, 1980, authorizing the joining together as husband and wife Ronald Gent and Roberta D. Stanner

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

I, Wilson Adkins hereby certify that on the 13 day of Sept., one thousand nine hundred and 80 at Mooresville, County of Morgan, State of Indiana, Groom Ronald Gent of Hend. County, State of Ind. and, Bride Roberta D. Stanner of Marion County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 13 day of Sept, 1980.

Signed Wilson Adkins

Official Designation Preacher

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of Sept., 1980.

Signed Glen M. Harney Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 464

File 9-2-80

Date of Application

MALE
Medical Examination Report Dated 8-31-80
Name of Physician Wm Edwards

FEMALE
Medical Examination Report Dated 8-31-80
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: First Dallis Middle S Last Thomas

Date of Birth: Month 5 Day 31 Year 38

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1645 E. Main St. City Plfd. County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) D L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Rodney A. Thomas
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Seth E. Thomas, Jr.
   Residence of father (if deceased so state) RR 4 Box 52 Bedford Ind.
   Birthplace of father (State or foreign country) Mo.
9. Full maiden name of mother Ouida Edge
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Mo.

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

Signed Dallis L. Thomas
New Address 1645 E. Main St. Plainfield, Ind. 46168

Subscribed and sworn to before me this 2 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Orlena Middle M. Last Smith

Date of Birth: Month 4 Day 12 Year 37

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 215 Ind. St. City Plfd. County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) D L w/ Pict

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 H. Lytle
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Annabelle E Brock
   Residence of mother (if deceased so state) 215 Ind. Plfd Ind.
   Birthplace of mother (State or foreign country) Ind.

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

Signed Orlena M. Smith
New Address 7645 E. main St. Plainfield Ind 46168

Subscribed and sworn to before me this 2 day of Sept, 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.....

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 Sept 1 Court by written order issued ..... and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... on the 2 day of Sept, 1980, authorizing the joining together as husband and wife of Indiana dated the ..... day of ..... and Dallas L. Thomas and Orlena M. Smith

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

I, Dewey A. Thackston hereby certify that on the 3rd day of Sept., one thousand nine hundred and 80 at Plfd County of Hend. County, State of Ind.

State of Indiana, Groom Dallas L. Thomas of Hend. County, State of Ind.

and, Bride Orlena M. Smith of Hend. County, State of Ind.

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

Dated this 3rd day of Sept, 1980. Signed Dewey A. Thackston

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of Sept., 1980.

Signed Helen M. Harvey Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 465

File

Sept. 3, 1980
Date of Application

MALE
Medical Examination Report Dated Aug. 28, 1980
Name of Physician N. A. Hanna

FEMALE
Medical Examination Report Dated Aug. 28, 1980
Name of Physician N. A. Hanna

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

MALE APPLICANT

Name: First Brad Middle C. Last Tolen

Date of Birth: Month Sept Day 4 Year 1956

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 1 Box 89 City Pittsboro County — State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) 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 Flavran Tolen
   Residence of father (if deceased so state) Artisian Co.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Thomasita Jurson
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ind.

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

Signed Brad C. Tolen
New Address R.R. #1 Bx 89 Pittsboro IN

Subscribed and sworn to before me this 3 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Novella Middle B. Last Patterson

Date of Birth: Month Mar. Day 3 Year 1953

Place of Birth (State or foreign country) N. Carolina

Residence Address: Street or R. R. Rt 1 Box 89 City Pittsboro County — State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Dr. License

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

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

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

Signed Novella Patterson
New Address RR1 Box 89 Pittsboro, Ind.

Subscribed and sworn to before me this 3 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... 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 3 day of Sept., 19 80, authorizing the joining together as husband and wife Brad C. Tolen and Novella Patterson

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

I, Wm C. McHaney hereby certify that on the 4 day of Sept, one thousand nine hundred and 80 at Snapps, County of Marion, State of Indiana, Groom Brad C. Tolen of Hendricks County, State of Ind. and, Bride Novella Patterson of Hendricks County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9 day of Sept, 1980.

Signed William C. McHaney
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 12 day of Sept., 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, 1967

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 466

File

9-3-80 Date of Application

MALE
Medical Examination Report Dated 9-2-80
Name of Physician Thomas Walker, M.D.

FEMALE
Medical Examination Report Dated 9-2-80
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: First Thomas; Middle Ralph; Last Woodward

Date of Birth: Month 3; Day 02; Year 1950

Place of Birth (State or foreign country): Ft. Meade, Md.

Residence Address: Street or R. R. 103 Valley Dr.; City W. Chester; County Chester; State Pa.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify): Drivers License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Dean Ralph Woodward
   Residence of father (if deceased so state): Houston, Texas
   Birthplace of father (State or foreign country): Arkansas
9. Full maiden name of mother: Margaret Anne Johnson
   Residence of mother (if deceased so state): W. Chester, Pa.
   Birthplace of mother (State or foreign country): Arkansas

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

Signed: Thom R Woodward

New Address: 103 Valley Dr. West Chester, PA 19380

Subscribed and sworn to before me this 3rd day of Sept. 19 80

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Laura; Middle Ellen; Last Blacker

Date of Birth: Month 2; Day 27; Year 1952

Place of Birth (State or foreign country): Dubuque, Iowa

Residence Address: Street or R. R. R. #2 Box 66 A; City Brownsburg; County Hend.; State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify): Drivers Lic w/ picture

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

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

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

Signed: Laura C. Blacker

New Address: 103 Valley Dr. West Chester PA 19380

Subscribed and sworn to before me this 3rd day of Sept., 19....

HENDRICKS 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 80, authorizing the joining together as husband and wife of Indiana dated the 15th day of Sept and Thomas Ralph Woodward and Laura Ellen Blacker

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

I, John M Hall hereby certify that on the 20 day of Sept, at Brownsburg, County of Hend., State of Ind., one thousand nine hundred and 80 Thomas Ralph Woodward of Chester, County, State of Ind., State of Indiana, Groom and, Bride Laura Ellen Blacker of Hend. HENDRICKS County, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15 day of Sept, 19 80. Signed John Hall

Official Designation Roman Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of Sept, 19 80

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 467

File

9-3-80
Date of Application

MALE
Medical Examination Report Dated 9-3-80
Name of Physician Joseph Kerlin

FEMALE
Medical Examination Report Dated 9-3-80.
Name of Physician Joseph Kerlin

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

MALE APPLICANT

Name: First Mark Middle H. Last Stanley

Date of Birth: Month 5 Day 16 Year 1955

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. PO Box 134 City Clayton County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers Licence w/picture

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

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

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

Signed X Mark Stanley
New Address Clayton, Ind
Subscribed and sworn to before me this 3 day of Sept, 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, County of ..... } ss:

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

FEMALE APPLICANT

Name: First Marsha Middle G. Last Collom

Date of Birth: Month 12 Day 19 Year 1961

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

Residence Address: Street or R. R. RR2 Box 432 City Clayton County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers Licence w/picture

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

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

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

Signed X Marsha Collom
New Address Clayton, In.
Subscribed and sworn to before me this 3 day of Sept, 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, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS, County Sup #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* ..... *day of* ....., 19....., *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, Steven W. Ramon *hereby certify that on the* 7 *day of* Sept., *one thousand nine hundred and* 80 *at* Clayton, *County of* Hend., *State of Indiana, Groom* Mark H. Stanley *of* Hend. *County, State of* Ind., *and, Bride* Marsha G. Collom *of* Hend. *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 7 *day of* Sept, 19 80.

Signed Steven W. Ramon
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this ~~11~~ 11 *day of* Sept, 19 80.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1975

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 4688

File 9-3-80

Date of Application

MALE
Medical Examination Report Dated 8-26-80
Name of Physician W.M. Edwards

FEMALE
Medical Examination Report Dated 8-26-80
Name of Physician W.M. 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 Kimberly Middle D. Last Wilson
Date of Birth: Month 5 Day 5 Year 61
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R.R. R9 Box 380 City Indpls. County State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree #5602
☒ Other (Specify) D. 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 Dean N. Wilson
   Residence of father (if deceased so state) Indpls. Ind
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Ruby Cobb
   Residence of mother (if deceased so state) Dead.
   Birthplace of mother (State or foreign country) Ga.

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

Signed Dean Wilson
New Address RR8 Box 374-D Indianapolis Ind

Subscribed and sworn to before me this 3 day of Sept, 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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First LaDonna Middle Last Wilson
Date of Birth: Month 8 Day 15 Year 62
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R.R. R2 Box 324 City Pdlp. County Ind. State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) D. Lic. + School Record

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

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

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

Signed LaDonna Wilson
New Address RR8 Box 374 D Indianapolis IN

Subscribed and sworn to before me this 3 day of Sept, 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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the 8th day of Sept., 19 80, authorizing the joining together as husband and wife Kimberly D. Wilson and LaDonna Wilson

Be it further remembered, the following marriage certificate was filed in my office, to-wit: hereby certify that on the 13 day of Sept, I, Paul Sayler at Indpls, County of Hend., State of Ind., one thousand nine hundred and 80 of Hend., County, State of Ind., State of Indiana, Groom Kimberly D. Wilson of Hend., County, State of Ind., and, Bride LaDonna Wilson were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 13 day of Sept, 19 80. Signed Paul Sayler
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of Sept, 1980. Signed Helen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 468

File

9-3-80
Date of Application

MALE
Medical Examination Report Dated 8-16-80
Name of Physician Edward Oschner

FEMALE
Medical Examination Report Dated 8-16-80
Name of Physician Edward Ochsner

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

MALE APPLICANT

Name: First Joel Middle K. Last Barr.

Date of Birth: Month 10 Day 15 Year 1955

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

Residence Address: 310 S. Addison Indpls. Marion Ind
Street or R. R. City County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) 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 James L. Barr
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ellen B. Fern
   Residence of mother (if deceased so state) Indpls Ind
   Birthplace of mother (State or foreign country) Indpls Ind

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

Signed X Joel K Barr
New Address 2310 S Addison 46222

Subscribed and sworn to before me this 3 day of September 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Deborah Middle L. Last Harper

Date of Birth: Month 6 Day 30 Year 1962

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

Residence Address: RR3 Box 57 Danville Hend Ind
Street or R. R. City County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed X Deborah L Harper
New Address 310 S. Addison Indpls Ind 462

Subscribed and sworn to before me this 3 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 3 *day of* Sept., 19 80., *authorizing the joining together as husband and wife* Joel K. Barr *and* Deborah L. Harper

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

I, Hollies Miller *hereby certify that on the* 6 *day of* Sept., *one thousand nine hundred and* 80 *at* Danville, *County of* Hend., *State of Indiana, Groom* Joel K. Barr *of* Marion *County, State of* Ind., *and, Bride* Deborah L. Harper *of* Marion *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 6 *day of* Sept, 19 80.

Signed Hollies Miller

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12 *day of* Sept, 19 80.

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 June 1, 1957

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 470
File 41
9-4-80 Date of Application

MALE
Medical Examination Report Dated 8-22-80
Name of Physician Ronald K. Stegemoller

FEMALE
Medical Examination Report Dated 8-22-80
Name of Physician Ronald K. Stegemoller

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

MALE APPLICANT

Name: First Donald Middle F. Last Billings
Date of Birth: Month March Day 8 Year 1947
Place of Birth (State or foreign country) Florida
Residence Address: Street or R. R. 24 Hyde Park Row 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) 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.
   Suzanne Marie
   Jennifer Louise
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be 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 Dale Billings, Jr.
   Residence of father (if deceased so state) Morocco, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn Hopkins Gordon, Jr.
   Residence of mother (if deceased so state) Indianapolis, Indiana
   Birthplace of mother (State or foreign country) Indiana

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

Signed x Donald F. Billings
New Address 24 Hyde Park Row B-burg.
Subscribed and sworn to before me this 4th day of Sept. 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

FEMALE APPLICANT

Name: First Linda Middle A. Last Garrigus
Date of Birth: Month Dec. Day 31 Year 1955
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 24 Hyde Park Row City Brownsburg County Hend. State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed x Linda A Garrigus
New Address 24 Hyde Park Row
Subscribed and sworn to before me this 4th day of Sept. 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 80 authorizing the joining together as husband and wife of Indiana dated the 9th day of Sept. and Donald F. Billings and Linda Ann Garrigus

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

I, Harold R. Walker hereby certify that on the 27 day of Sept., at 1499 Orchard Rd. Five Pts.; County of Morgan, one thousand nine hundred and 80, State of Ind., County, State of Ind., State of Indiana, Groom Donald F. Billings of Hendricks and, Bride Linda Ann Garrigus of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27 day of Sept, 1980. Signed Harold Walker
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Sept, 1980. Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 471

File 9-4-80

Date of Application

MALE
Medical Examination Report Dated 8-31-80

Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 8-31-80

Name of Physician William Edwards

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

MALE APPLICANT

Name: First Dennis Middle W. Last Elfer

Date of Birth: Month 5 Day 27 Year 57

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Box 65 City Cartersburg County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers lic. w/picture

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

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

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

Signed Dennis W. Elfer

New Address Box 65 Cartersburg

Subscribed and sworn to before me this 4 day of Sept, 19 80.

Ileen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Linda Middle C. Last Hent

Date of Birth: Month 7 Day 27 Year 57

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Box 65 City Cartersburg County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers lic. w/picture

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

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

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

Signed Linda C. Hent

New Address Box 65 Cartersburg

Subscribed and sworn to before me this 4 day of Sept, 19 80.

Ileen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 9th *day of* Sept., 19 80, *authorizing the joining together as husband and wife* Dennis W. Elfer *and* Linda C. Hent
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Donald B. Cain *hereby certify that on the* 13 *day of* Sept., *one thousand nine hundred and* 80 *at* Mooresville, *County of* Morgan, *State of Indiana, Groom* Dennis W. Elfer *of* Hend., *County, State of* Ind., *and, Bride* Linda C. Hent *of* Hend., *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 13 *day of* Sept., 19 80.

Signed Donald B. Cain

Official Designation Reverend

Filed and recorded in accordance with the laws of the State of Indiana this 16th *day of* Oct., 19 80.

Signed Ileen 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. 472

File

9-5-80 Date of Application

MALE
Medical Examination Report Dated 9-3-80
Name of Physician Ronald K. Stegmoller

FEMALE
Medical Examination Report Dated 9-27-80
Name of Physician Ronald Stegmoller

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

MALE APPLICANT

Name: First Perry Middle Emerson Last Miller

Date of Birth: Month Jul Day 28 Year 1918

Place of Birth (State or foreign country) Montgomery Co. Ohio

Residence Address: Street or R. R. R#1 8234 Colt Dr. City Plainfield County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) # 16214

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

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

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

Signed x Perry E Miller

New Address RR#1 8234 COLT DR, PLAINFIELD

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Roselie Middle Dawn Last

Date of Birth: Month Nov. Day 1 Year 1942

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

Residence Address: Street or R. R. 427 Roosevelt St. City Plainfield County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) # 7541

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

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

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

Signed Roselie Dawn

New Address RR1 8234 COLT DR PLAINFIELD, IN

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9th day of Sept, 19 80, authorizing the joining together as husband and wife Perry E. Miller and Roselie Dawn

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

I, James D. Wilson hereby certify that on the 13 day of Sept. one thousand nine hundred and 80 at Plfd. County of Hend. State of Indiana, Groom Perry E. Miller of Hend. County, State of Ind. and, Bride Roselie Dawn of Hend. County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 13 day of Sept., 19 80. Signed James D. Wilson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of Sept 1980

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 473

File

9-5-80
Date of Application

MALE
Medical Examination Report Dated 8-20-80
Name of Physician Dr. Peacock

FEMALE
Medical Examination Report Dated 9-25-80
Name of Physician Paul Schoon, M. D.

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

MALE APPLICANT

Name: First David Middle John Last Smiley

Date of Birth: Month 1 Day 04 Year 1960

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

Residence Address: Street or R. R. 2210 Lake Lanterns E. Dr. City Indpls. County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

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

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

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

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

Signed David John Smiley

New Address 2210 Lake Lanterns East Dr. Indpls, In 46234

Subscribed and sworn to before me this 5 day of Sept., 1980.

Glen M. Harney Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Carrie Middle Lynn Last Basham

Date of Birth: Month 12 Day 27 Year 1960

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

Residence Address: Street or R. R. 2525 Eaker Ct. City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drive'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 Ronald Gene Basham
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn Jane Taylor
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Carrie Lynn Basham

New Address 2525 Eaker Court Brownsburg, In 46112

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

Signed.....Father

Signed.....Mother

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

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 9th *day of* Sept, 1980, *authorizing the joining together as husband and wife* David John Smiley *and* Carrie Lynn Basham
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lawrence Czerniak *hereby certify that on the* 13 *day of* Sept., *one thousand nine hundred and* 80 *at* Brownsburg, *State of Indiana, Groom* David J. Smiley *of* Hend. *County, State of* Ind., *and, Bride* Carrie Lynn Basham *of* Hend. *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 13 *day of* Sept, 1980.

Signed Lawrence Czerniak
Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* Sept, 1980.

Signed Glen M. Harney *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 474
File 41
9-5-80
Date of Application

MALE
Medical Examination Report Dated 9-4-80
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 9-4-80
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 Ronald Middle Edward Last Lowe
Date of Birth: Month 7 Day 22 Year 1949
Place of Birth (State or foreign country) Clayton, Indiana
Residence Address: Street or R. R. 345 N. Vine, City Plainfield, County, State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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.
   Michelle Kay Lowe
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Chester W. Lowe
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia Lavonne Bolton
   Residence of mother (if deceased so state) Plainfield, Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed ☒ Ronald E Lowe

New Address 1712 S. Banner Ave Indianapolis Ind

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Rosa Middle Lynn Last Haggard
Date of Birth: Month 7 Day 27 Year 55
Place of Birth (State or foreign country) Indpls., Indiana
Residence Address: Street or R. R. 1712 S. Banner Ave., City Indpls., County, State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers 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.
   Nathan Alan Cox
   Amber Rene Haggard
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Haskell E. Smith
   Residence of father (if deceased so state) Indpls., Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Rosa Belle Freeman
   Residence of mother (if deceased so state) Indpls., Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Rosa L. Haggard

New Address 1712 S. Banner Ave. Indpls, Ind. 46241

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5 day of Sept, 19 80, authorizing the joining together as husband and wife Ronald E Lowe and Rosa L Haggard

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

I, Kenneth D Ferguson hereby certify that on the 6 day of Sept one thousand nine hundred and 80 at Emmerce, County of Morgan, State of Ind., Groom Ronald E Lowe of Marion County, State of Ind., and, Bride Rosa L Haggard of Marion County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 6 day of Sept, 19 80 Signed K. Dale Ferguson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of Sept, 19 80

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 475

File

9-5-80
Date of Application

MALE
Medical Examination Report Dated 8-26-80
Name of Physician Irving Cohen, M.D.

FEMALE
Medical Examination Report Dated 8-26-80
Name of Physician Irving Cohen, M.D.

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

MALE APPLICANT

Name: First James Middle E. Last Shockley

Date of Birth: Month 3 Day 15 Year 1930

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

Residence Address: Street or R. R. 631 E. Main St. City Plainfield County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
#30

☐ Other (Specify)

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

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

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

Signed James E. Shockley
New Address 712 Poplar St

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Marjorie Middle Louise Last Gaddie

Date of Birth: Month 10 Day 7 Year 1928

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

Residence Address: Street or R. R. 712 Poplar, City Plainfield, County Hend., State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
#46231

☐ Other (Specify)

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

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

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

Signed Marjorie L. Gaddie
New Address 712 Poplar St

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11th day of Sept., 1980, authorizing the joining together as husband and wife James E. Shockley and Marjorie L. Gaddie

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

I, Larry McMahon hereby certify that on the 19 day of Sept., one thousand nine hundred and 80 at Pltfd, County of Hend., State of Indiana, Groom James E. Shockley of Hend., County, State of Ind., and, Bride Marjorie L. Gaddie of Hend., County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19 day of Sept., 1980.

Signed Larry McMahon
Official Designation Pastor, St. Mark's Church (Episcop

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of Sept., 1980.

Signed Glen M. Harney Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1957

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 476

File

9-5-80 Date of Application

MALE
Medical Examination Report Dated 8-31-80
Name of Physician M. O. Scanlon, M. D.

FEMALE
Medical Examination Report Dated 9-2-80
Name of Physician M. O. Scanlon, 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 Omar Middle Michael Last Funk

Date of Birth: Month 1 Day 22 Year 1955

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

Residence Address: Street or R. R. P.O. Box 342 City Mooresville County Morgan State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree #35

☐ Other (Specify)

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

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

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

Signed Omar Michael Funk

New Address P.O. Box 342 Mooresville, Ind. 46158

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Lou Middle Ann Last Harlan

Date of Birth: Month 5 Day 24 Year 1960

Place of Birth (State or foreign country) Lebanon Indiana

Residence Address: Street or R. R. R. #1 Box 182 City Linton County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Lou Ann Harlan

New Address P.O. Box 342 Mooresville, IN 46158

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the 10th day of September, 19 80, authorizing the joining together as husband and wife Omar Michael Funk and Lou Ann Harlan

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

I, Raymond L. Rader hereby certify that on the 20 day of Sept., at Linton, County of Hend., State of Ind., one thousand nine hundred and 80, Groom Omar Michael Funk of Morgan County, State of Ind., and, Bride Lou Ann Harlan of Hendricks County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20 day of Sept, 19 80. Signed Raymond L. Rader

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Sept., 19 80. Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

5 568

No. 477

File

Sept 5, 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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Re Marriage

MALE
Medical Examination Report Dated 8-31-80
Name of Physician Joseph C. Kerlin MD.

FEMALE
Medical Examination Report Dated 8-31-80
Name of Physician Joseph C. Kerlin 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 Ronald, Middle Eugene, Last Smith

Date of Birth: Month Dec, Day 21, Year 1956

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

Residence Address: Street or R. R. 3603 S. Clarks Creek Rd., City Indpls., County, State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers License w/p. 305-68-0300

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

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

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

Signed Ronald E. Smith

New Address Same As Above

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

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Sherry, Middle E., Last Smith

Date of Birth: Month 9, Day 13, Year 1954

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R. R. 3603 S. Clarks Creek Rd., City Indpls., County, State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers License w/p. 3304-60-1586

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

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

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

Signed Sherry E. Smith

New Address Same as above

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

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of Sept., 1980, authorizing the joining together as husband and wife Ronald Eugene Smith and Sherry E. Smith

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

I, Dewey A. Shackston hereby certify that on the 20 day of Sept., one thousand nine hundred and 80 at Indpls., County of Hend., State of Indiana, Groom Ronald E. Smith of Hend. County, State of Ind., and, Bride Sherry E. Smith of Hend. County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20 day of Sept., 1980.

Signed Dewey A. Shackston

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of Sept, 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, 1972

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 428

File

Sept 8, 1980
Date of Application

MALE
Medical Examination Report Dated Sept. 3, 1980
Name of Physician C. Heinlein

FEMALE
Medical Examination Report Dated Sept 3, 1980
Name of Physician C. Heinlein

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

MALE APPLICANT

Name: First Robert Middle Leonard Last Selig

Date of Birth: Month Sept Day 15 Year 1954

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

Residence Address: Street or R. R. RR8 Box 324 City Indianapolis County Hendricks State Indiana

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers Lic 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.
   Sharon Lynn Selig 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 Robert Leonard Selig
   Residence of father (if deceased so state) Indianapolis, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carol Lynne England
   Residence of mother (if deceased so state) Jasper Indiana
   Birthplace of mother (State or foreign country) Indiana

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

Signed Robert Leonard Selig
New Address RR8 Box 324

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Deborah Middle Ann Last Fox

Date of Birth: Month March Day 14 Year 1961

Place of Birth (State or foreign country) Waco Texas Connally AFB Texas

Residence Address: Street or R. R. RR8 Box 324 City Indianapolis County State Indiana

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

Signed Deborah Ann Fox
New Address RR8 Box 324

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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* 80 *, authorizing the joining together as husband and wife* ..... *of Indiana dated the* 15 *day of* Sept ..... *and* Deborah Ann Fox ..... *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Daniel E. Finch ..... *hereby certify that on the* 7 *day of* November ..... *one thousand nine hundred and* 80 ..... *at* Ind ..... *, County of* Hend ..... *, State of Indiana, Groom* Robert L. Selig ..... *of* Hend ..... *County, State of* Ind ..... *, and, Bride* Deborah Ann Fox ..... *of* Hend ..... *County, State of* Ind ..... *, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 7 *day of* November ....., 19 80 .. *Signed* Daniel E. Finch

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* Dec Nov ....., 1980 .... *Signed* Helen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

5 570

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 1179

File 9-8-80

Date of Application

MALE
Medical Examination Report Dated 8-28-80

Name of Physician Seamahorn

FEMALE
Medical Examination Report Dated 8-28-80

Name of Physician Seamahorn

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

MALE APPLICANT

Name: First Duane Middle N. Last Burns

Date of Birth: Month 3 Day 3 Year 51

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. Box 71 City Lizton County Ind State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers Lic w/ picture

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wm. T. Burns
   Residence of father (if deceased so state) Lizton Ind.
   Birthplace of father (State or foreign country) Burney Ind.
9. Full maiden name of mother Betty Jo. Applegate
   Residence of mother (if deceased so state) Dana
   Birthplace of mother (State or foreign country) Indpls. Ind.

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

Signed Duane N Burns

New Address 221 N Lebanon Lizton Ind

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Diana Middle K. Last Ratliff

Date of Birth: Month 9 Day 15 Year 55

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. R 1 Box 190 City Lizton County Ind State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers Lic w/ picture

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

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

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

Signed Diana Kay Ratliff

New Address 221 N Lebanon Lizton Ind

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 16th *day of* Sept., 19 80, *authorizing the joining together as husband and wife* Duane N. Burns *and* Diana K. Ratliff

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

I, Franklyn Sweeney *hereby certify that on the* 27 *day of* September, *one thousand nine hundred and* 80 *at* Lizton, *County of* Hendricks, *State of Indiana, Groom* Duane N. Burns *of* Hendricks *County, State of* Ind. *and, Bride* Diana K. Ratliff *of* Hendricks *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 16 *day of* September, 19 80.

Signed Franklyn Sweeney

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* October, 19 80.

Signed Ellen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

571

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1965

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 480

File

Sept 9 1980
Date of Application

MALE
Medical Examination Report Dated 9-8-80
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 9-8-80
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 Harvey Middle Raymond Last Shoemaker Jr

Date of Birth: Month Oct Day 23 Year 1952

Place of Birth (State or foreign country) Chillicothe, Ohio

Residence Address: Street or R. R. 11080 W. Washington St. City Indianapolis County State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harvey Raymond Shoemaker Sr.
   Residence of father (if deceased so state) Novoda, Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Shirley Pauline Downs
   Residence of mother (if deceased so state) Bridgeport, Ohio
   Birthplace of mother (State or foreign country) Ohio

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

Signed Harvey Raymond Shoemaker Jr.

New Address 11080 W. Washington St.

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Nancy Middle Jane W Last Whitlow

Date of Birth: Month Sept Day 26 Year 1949

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

Residence Address: Street or R. R. 11080 W. Washington St. City Indianapolis County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) 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.
   Joseph W Whitlow 12
   Darwon W Whitlow 10
   William W Whitlow 6
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Elbert Whitlow
   Residence of father (if deceased so state) Plainfield, Indiana
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Betty Jean Lepies
   Residence of mother (if deceased so state) Plainfield, Indiana
   Birthplace of mother (State or foreign country) Indiana

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

Signed Nancy Jane W Whitlow

New Address 11080 W Washington St.

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 Sept, 1980, authorizing the joining together as husband and wife Harvey Raymond Shoemaker and Nancy Jane Whitlow

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

I, Hubert Kerr hereby certify that on the 13 day of Sept, at Pepl, County of Hend, State of Ind, one thousand nine hundred and 80 I joined in marriage, according to the laws of the State of Indiana, Groom Harvey Raymond Shoemaker of Hend, County, State of Ind, and, Bride Nancy Jane Whitlow of Hend, County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 13 day of Sept, 1980. Signed Hubert Kerr

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of Sept, 1980. Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

572

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 481

File

Sept. 10, 1980
Date of Application

MALE
Medical Examination Report Dated 8-18-80
Name of Physician Arcadio Alarcon

FEMALE
Medical Examination Report Dated 8-18-80
Name of Physician Arcadio Alarcon

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 D. Last Uhle

Date of Birth: Month Dec Day 12 Year 1936

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. RR 1 Box 486-B City Clayton County Hendricks State Indiana

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ 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 Arbie Arthur Uhle
   Residence of father (if deceased so state) RR 2, Canby, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Edna ~~Mae~~ Ann Matlock
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Donald D Uhle
New Address RR#1 Box 486 B Clayton Ind.

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Kathi Middle D. Last Laughrey

Date of Birth: Month Nov. Day 23 Year 1951

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 Box 286-B City Clayton County ~~Hendricks~~ State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) 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.
   Troy Davis

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Wm Kennedy
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Ga.
9. Full maiden name of mother Joan Kuykendall
   Residence of mother (if deceased so state) Decatur, Ill
   Birthplace of mother (State or foreign country) Okla.

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

Signed Kathi D. Laughrey
New Address RR 1 Box 486 B Clayton

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 2 *day of* Oct, 1980, *authorizing the joining together as husband and wife* Donald D. Uhle *and* Kathi D. Laughrey

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

I, Glen M. Harvey *hereby certify that on the* 2 *day of* Oct, *one thousand nine hundred and* 80 *at* Danville, *County of* Hend., *State of Indiana, Groom* Donald D. Uhle *of* Hend. *County, State of* Ind. *and, Bride* Kathi D. Laughrey *of* Hend. *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 2 *day of* Oct, 1980.

Signed Glen M. Harvey

Official Designation Clerk of Hend. Co.

Filed and recorded in accordance with the laws of the State of Indiana this 2 *day of* October, 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 Jan. 1, 1957

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 482

File

Sept. 10 1980 Date of Application

MALE
Medical Examination Report Dated Sept 6, 1980
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated Sept 6, 1980
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 Fred Middle W. Last Carroll

Date of Birth: Month May Day 18 Year 1958

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

Residence Address: Street or R. R. 11315 W. Washington St. City Indpls. County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) # 58-27886

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

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

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

Signed Fred W Carroll

New Address

Subscribed and sworn to before me this 10th day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Rosemary Middle Last Spencer

Date of Birth: Month 3 Day 21 Year 1946

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

Residence Address: Street or R. R. 11315 W. Washington St. City Indpls. County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree # 2051

☐ Other (Specify)

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

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

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

Signed Rosemary Spencer

New Address 11315 W. Washington

Subscribed and sworn to before me this 10th day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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* 15 *day of* September *and* Rosemary Spencer

Fred W. Carroll

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

I, Glen M. Harvey *hereby certify that on the* 15 *day of* Sept. *at* Danville, *County of* Hend. *one thousand nine hundred and* 80 *of* Hend. *County, State of* Ind. *State of Indiana, Groom* Fred W. Carroll *of* Hend. *County, State of* Ind. *and, Bride* Rosemary Spencer *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 15 *day of* Sept. *, 1980.* *Signed* Glen M. Harvey

Official Designation Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* Sept *, 1980.*

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

5 574

No. 483

File

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

September 10, 1980
Date of Application

MALE
Medical Examination Report Dated August 29, 1980
Name of Physician M. Seamahorn

FEMALE
Medical Examination Report Dated August 29, 1980
Name of Physician M. Seamahorn

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

MALE APPLICANT

Name: First Douglas Middle E. Last Anderson
Date of Birth: Month July Day 10 Year 1960
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R.R. 133 William Dr City Brownsburg County State Ind
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed Douglas E. Anderson
New Address 133 William Dr
Subscribed and sworn to before me this 10 day of September 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Tammy Middle L. Last Edens
Date of Birth: Month Nov. Day 29 Year 1959
Place of Birth (State or foreign country) Lebanon, Indiana
Residence Address: Street or R.R. P.O. Box 99 City Pittsboro, County Indiana State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed Tammy L. Edens
New Address 133 William Drive, Brownsburg
Subscribed and sworn to before me this 10 day of September, 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, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* Sept, 1980, *authorizing the joining together as husband and wife* Douglas Eric Anderson *and* Tammy Lee Ann Edens
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William Charles McShaw *hereby certify that on the* 27 *day of* Sept., *one thousand nine hundred and* 80 *at* Pittsboro, *County of* Hend., *State of Indiana, Groom* Douglas E. Anderson *of* Marion *County, State of* Ind *and, Bride* Tammy Lee Ann Edens *of* Hend. *County, State of* Ind, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 1st *day of* Oct, 1980.

Signed William Charles McShaw
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 *day of* October, 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. 485

File 9-10-80
Date of Application

MALE
Medical Examination Report Dated 9-9-80
Name of Physician Jon Wiersma

FEMALE
Medical Examination Report Dated 9-9-80
Name of Physician Jon Wiersma

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

MALE APPLICANT

Name: First Howard Middle W. Last Maxwell

Date of Birth: Month 4 Day 28 Year 53

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 1 Bx 194 City Pittsboro County Ind. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers lic w/pict.

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

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

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

Signed Howard W Maxwell
New Address RR1 Box 194 Pittsboro, IN

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Sherill Middle M. Last Glass

Date of Birth: Month 4 Day 1 Year 55

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 1 Bx 194 City Pittsboro County Ind. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers lic. w/pict.

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

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

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

Signed Sherill M. Glass
New Address RR1 Box 194 Pittsboro

Subscribed and sworn to before me this 10 day of 9, 19 80

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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 15 day of Sept, 19 80, authorizing the joining together as husband and wife Howard W. Maxwell and Sherill M. Glass

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

I, Robert E. Harris hereby certify that on the 20 day of Sept, at Pitt. County of Hend., State of Ind., one thousand nine hundred and 80 Groom Howard W. Maxwell of Hend. County, State of Ind., and, Bride Sherill M. Glass of Hend. County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15 day of Sept, 19 80. Signed Richard E Harris
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of Sept, 19 80. Signed Ellen M. Harvey Clerk HENDRICKS Circuit Court

5 576

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 485

File

Sept. 15 1980
Date of Application

MALE
Medical Examination Report Dated 9-9-80
Name of Physician C. J. O'Brian

FEMALE
Medical Examination Report Dated 9-9-80
Name of Physician C. J. O'Brian

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

MALE APPLICANT

Name: First Rue Middle P. Last Alexander

Date of Birth: Month Sept Day 30 Year 1923

Place of Birth (State or foreign country) Mass

Residence Address: Street or R. R. Rt 3 Sharland Apt #15 City Plainfield County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) 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.
   Jill L. Alexander

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

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

Signed Rue P. Alexander
New Address 143 N. Sugar Bee St

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Dora Middle M. Last Funke

Date of Birth: Month Mar Day 7 Year 1924

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 143 N. Sugar Bee 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) Dr. License

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

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

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

Signed Dora M. Funke
New Address 143 N. Sugar Bee, Indpls

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 19 *day of* Sept, 19 80, *authorizing the joining together as husband and wife* Rue P. Alexander *and* Dora M. Funke

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

I, R. B. Acheson *hereby certify that on the* 3 *day of* Oct., *one thousand nine hundred and* 80 *at* Indpls., *County of* Marion, *State of Indiana, Groom* Rue P. Alexander *of* Hend. *County, State of* Ind. *and, Bride* Dora M. Funke *of* Marion *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 3 *day of* Oct, 19 80.

Signed R. B. Acheson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* Oct, 19 80.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 486
File 41
9-15-80 Date of Application

MALE
Medical Examination Report Dated 9-5-80
Name of Physician Philip E. Johnston

FEMALE
Medical Examination Report Dated 9-5-80
Name of Physician Philip E. Johnston

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Constant

Date of Birth: Month Feb. Day 13 Year 1944

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 9880 W. 10th St., City Indpls, County ~~Marion~~ Hendricks, State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Drivers license W/picture

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Constant
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Jessie L. Wheeler
   Residence of mother (if deceased so state) 2216 Albany St, Beech Grove, Ind
   Birthplace of mother (State or foreign country) Kentucky

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

Signed X Charles L. Constant
New Address 9880 W 10th Lot 11-5 Indpls

Subscribed and sworn to before me this 15 day of Sept., 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, County of ..... } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Linda Middle D. Last Hill

Date of Birth: Month Dec. Day 17 Year 1952

Place of Birth (State or foreign country) Tennessee

Residence Address: Street or R. R. 9880 W. 10th St, City Indpls, County Hendricks, State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers license W/picture

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father E. Daniel Hill
   Residence of father (if deceased so state) Indiana (address unknown)
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Ruby Lucille Greene
   Residence of mother (if deceased so state) 832 S. Laurel, Indpls, Ind
   Birthplace of mother (State or foreign country) Tennessee

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

Signed X Linda D Hill
New Address 9880 W. 10th Lot 11-5 Indpls.

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 19 day of Sept, 1980, authorizing the joining together as husband and wife Charles L. Constant and Linda D. Hill

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

I, Myron Barnard hereby certify that on the 27 day of Sept., at Indpls., County of Marion, one thousand nine hundred and 80 State of Indiana, Groom Charles L. Constant of Hendricks County, State of Ind., and, Bride Linda D. Hill of Hendricks County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19 day of Sept, 1980. Signed Myron Barnard
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Sept., 1980.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

5 578

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 487
File 41
9-15-80
Date of Application

MALE
Medical Examination Report Dated Sept 10, 1980
Name of Physician Dr. Stout

FEMALE
Medical Examination Report Dated Sept 10, 1980
Name of Physician Dr Stout

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 L | Last Atwell
Date of Birth: Month Oct | Day 30 | Year 1944
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. 5944 Apache Wells | City Speedway | County | 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.
   Richard Atwell 12
   David Atwell 7
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter Steven Atwell
   Residence of father (if deceased so state) Englewood Col.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Orpha Elizabeth Long
   Residence of mother (if deceased so state) Martinsville, Indiana
   Birthplace of mother (State or foreign country) Ky.

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

Signed Timothy L Atwell
New Address 3603 Clarkscrk Rd #31

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

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Deborah | Middle Jean | Last Merriman
Date of Birth: Month June | Day 30 | Year 1956
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. 3603 Clarks Creek Rd. | City Indianapolis | County | State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

Signed Deborah J. Merriman
New Address 3603 Clarks Crk Rd. #51

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

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 15th *day of* Sept, 1980, *authorizing the joining together as husband and wife* Timothy L Atwell *and* Deborah J. Merriman
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Donald Endsley *hereby certify that on the* 11 *day of* Oct, *one thousand nine hundred and* 80 *at* Mooresville, *County of* Hend, *State of Indiana, Groom* Timothy L. Atwell *of* Hend *County, State of* Ind *and, Bride* Deborah J. Merriman *of* Hend *County, State of* Ind, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 11 *day of* Oct, 1980.

Signed Donald Endsley
Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* Oct, 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, 1959

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 488
File 41
9-16-80
Date of Application

MALE
Medical Examination Report Dated 9-11-80
Name of Physician D. Kourany

FEMALE
Medical Examination Report Dated 9-11-80
Name of Physician D Kourany

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

MALE APPLICANT

Name: First Timothy Middle R Last Lathan
Date of Birth: Month 9 Day 3 Year 1955
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. 532 Lawndale Ave City Plfd. County Hend State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers 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 Mark Lathan
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Opal Shaw
   Residence of mother (if deceased so state) Plainfield Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Tim Lathan
New Address 532 Lawndale Dr, Plainfield
Subscribed and sworn to before me this 16 day of Sept, 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Debra Middle L Last Skinner
Date of Birth: Month 2 Day 17 Year 1960
Place of Birth (State or foreign country) Indpls Ind
Residence Address: Street or R. R. 532 Lawndale Ave. City Plfd. County Hend State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers 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 Earl Skinner
   Residence of father (if deceased so state) Mooresville Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Janice K. Jones
   Residence of mother (if deceased so state) Indpls Ind.
   Birthplace of mother (State or foreign country) Indpls Ind

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

Signed X Debra Skinner
New Address 532 Lawndale Dr.
Subscribed and sworn to before me this 16 day of Sept, 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 20th day of Sept., 1980, authorizing the joining together as husband and wife Timothy R. Lathan and Debra L. Skinner

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

I, Mark S. Hays hereby certify that on the 4 day of Oct one thousand nine hundred and 80 at Plfd, County, State of Hend, State of Indiana, Groom Timothy R. Lathan of Hend, County, State of ....., and, Bride Debra L. Skinner 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 4 day of Oct, 1980. Signed Mark S. Hays
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of Oct, 1980.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

5 580

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 489
File 41
9-17-80
Date of Application

MALE
Medical Examination Report Dated 9-11-80
Name of Physician Walter McMannis

FEMALE
Medical Examination Report Dated 9-11-80
Name of Physician Walter McMannis

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 H. Last Stanley
Date of Birth: Month 5 Day 6 Year 44
Place of Birth (State or foreign country) Penn.
Residence Address: Street or R. R. 5419 Bradley Dr. City Indpls. County State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) D.L. w/ pict.

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

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

Signed ☒ James H Stanley
New Address 5419 Bradley Dr Indpls Ind

Subscribed and sworn to before me this 17 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Darlene Middle J. Last Stanley
Date of Birth: Month 3 Day 16 Year 51
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 5419 Bradley Dr. City Indpls. County State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☒ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) D.L. w/ pict.

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

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

Signed ☒ Darlene J Stanley
New Address 5419 Bradley Dr Indpls IND 46231

Subscribed and sworn to before me this 17 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 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* 17 *day of* Sept, 19 80, *authorizing the joining together as husband and wife* James H. Stanley *and* Darlene J. Stanley
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jay Scott Mann *hereby certify that on the* 20 *day of* Sept., *one thousand nine hundred and* 80 *at* Indpls., *County of* Hend., *State of Indiana, Groom* James H. Stanley *of* Hend. *County, State of* Ind., *and, Bride* Darlene J. Stanley *of* Hend. *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 20 *day of* Sept, 19 80.

Signed Jay Scott Mann
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* Sept., 19 80.

Signed Helen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-4-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 490
File 41
9-17-80
Date of Application

MALE
Medical Examination Report Dated 9-16-80
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 9-16-80
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 William Middle — Last Markey
Date of Birth: Month 10 Day 6 Year 55
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 339 N. Mill City Plfd. County — State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed William J. Markey
New Address RR2 Box 338, Danville In
Subscribed and sworn to before me this 17 day of Sept, 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.....

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

FEMALE APPLICANT

Name: First Gloria Middle — Last Rickett
Date of Birth: Month 3 Day 22 Year 54
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. R 2 Box 338 City Danville County — State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) D. & W/pict.

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

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

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

Signed Gloria Rickett
New Address RR2 Box 338 Danville In
Subscribed and sworn to before me this 17 day of Sept, 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.....

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17 day of Sept, 19 80, authorizing the joining together as husband and wife William Markey and Gloria Rickett

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

I, Joseph Stump hereby certify that on the 21st day of Sept., at Danville, County of Hend., one thousand nine hundred and 80 of Hend., County, State of Ind., State of Indiana, Groom William Markey of Hend., County, State of Ind., and, Bride Gloria Rickett were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17 day of Sept., 1980. Signed Joseph Stump
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of Sept, 1980. Signed Helen M. Harvey Clerk HENDRICKS Circuit Court

5 582

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 491

File 41

9-17-80
Date of Application

MALE
Medical Examination Report Dated 9-8-80

Name of Physician Kenneth L. Gray

FEMALE
Medical Examination Report Dated 9-8-80

Name of Physician Kenneth L. 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 Kenneth Middle G. Last Wills Jr.

Date of Birth: Month 12 Day 27 Year 1941

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

Residence Address: Street or R. R. 3632 Middlefield Dr. City Indpls. County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒

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

☒ Other (Specify) Drivers 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.
   Karin Elizabeth Wills
   Nathaniel Clay Wills
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be 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 G. Wills
   Residence of father (if deceased so state) Speedway, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Arnalee Nicholson
   Residence of mother (if deceased so state) Speedway, Ind
   Birthplace of mother (State or foreign country) Indiana

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

Signed Kenneth G Wills Jr.

New Address RR 3 Box 324-A Clayton, Ind.

Subscribed and sworn to before me this 17 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Cheryl Middle D. Last Schoenfeld

Date of Birth: Month 12 Day 27 Year 1951

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

Residence Address: Street or R. R. RR 3 Box 324 G. City Clayton County Hen. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Drivers license 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.
   Kami Brooke Schoenfeld
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Hallie Brooks
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margaret Jessie McClure
   Residence of mother (if deceased so state) Danville, Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Cheryl D Schoenfeld

New Address RR 3 Box 324-G Clayton

Subscribed and sworn to before me this 17 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 22 *day of* Sept, 1980, *authorizing the joining together as husband and wife* Kenneth G. Wills, Jr. *and* Cheryl Schoenfeld

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

I, James E. Henley *hereby certify that on the* 27 *day of* Sept, *one thousand nine hundred and* 80 *at* Indpls., *County of* Marion, *State of Indiana, Groom* Kenneth G. Wills, Jr. *of* Marion *County, State of* Ind. *and, Bride* Cheryl Schoenfeld *of* Hend. *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 27 *day of* Sept, 1980.

Signed James E. Henley

Official Designation Methodist Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* Oct, 1980.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-5-2
Effective Date 1-1-[illegible]

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 492

File

Sept. 18 1980
Date of Application

MALE
Medical Examination Report Dated 8-27-80
Name of Physician David Stout

FEMALE
Medical Examination Report Dated 8-28-80
Name of Physician David Stout

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

MALE APPLICANT

Name: First Joel Middle P. Last Adams

Date of Birth: Month Sept Day 27 Year 1949

Place of Birth (State or foreign country) Ga.

Residence Address: Street or R. R. Rt 6 Box 76 City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) DD 214 & 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.
   Joel C. 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 Charles M. Adams
   Residence of father (if deceased so state) Corydon In.
   Birthplace of father (State or foreign country) Ga
9. Full maiden name of mother Dorothy Palmer
   Residence of mother (if deceased so state) Depauw, In.
   Birthplace of mother (State or foreign country) Fla

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

Signed Joel P Adams
New Address RR 6 Box 76 Brownsburg, IN

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

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

FEMALE APPLICANT

Name: First Dawn Middle E. Last Brooks

Date of Birth: Month Sept Day 14 Year 1955

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 6 Box 76 City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) 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.
   April D. Brooks

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

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

Signed Dawn E. Brooks
New Address RR 6 Box 76 Brownsburg IN.

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

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... 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 ..... Circuit Court of Indiana dated the 18 day of Sept., 1980, authorizing the joining together as husband and wife Joel P. Adams and Dawn E. Brooks

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

I, Wendell W. Mayer hereby certify that on the 19 day of Sept, one thousand nine hundred and 80 at Indpls., County of Marion, State of Ind., State of Indiana, Groom Joel P. Adams of Hend. County, State of Ind., and, Bride Dawn E. Brooks of Hend. County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19 day of Sept, 1980. Signed Wendell W. Mayer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of Sept, 1980. Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

5584

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 493

File

Sept 22 1980
Date of Application

MALE
Medical Examination Report Dated 8-26-80
Name of Physician Carl L. Heinlein

FEMALE
Medical Examination Report Dated 8-26-80
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: First Kyle Middle L. Last Goodnight

Date of Birth: Month Aug Day 4 Year 1954

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

Residence Address: Street or R. R. RR #1 Box 33 City North Salem County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License 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 Kyle Goodnight
   Residence of father (if deceased so state) Ladoga, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phyllis Mantooth
   Residence of mother (if deceased so state) North Salem, In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Kyle L. Goodnight
New Address Box 201, North Salem

Subscribed and sworn to before me this 22 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Theresa Middle Jane Last Russell

Date of Birth: Month Dec. Day 3 Year 1955

Place of Birth (State or foreign country) Greencastle In

Residence Address: Street or R. R. Box 201 City North Salem County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Theresa J. Russell
New Address Box 201 North Salem

Subscribed and sworn to before me this 22 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 26 *day of* Sept, 1980, *authorizing the joining together as husband and wife* Kyle L. Goodnight *and* Theresa Jane Russell
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* 11 *day of* Oct, *one thousand nine hundred and* 80 *at* North Salem, *County of* Hend, *State of Indiana, Groom* Kyle L. Goodnight *of* Ind Hend *County, State of* Ind *and, Bride* Theresa Jane Russell *of* Hend *County, State of* Ind, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 11 *day of* Oct, 1980.

Signed Earl C. Davis B.D.
Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* Oct, 1980.

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, 1971

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 1944

HENDRICKS County

Re-Marriage

File

Sept. 19 1980 Date of Application

MALE
Medical Examination Report Dated 9-18-80
Name of Physician David Haggard M.D

FEMALE
Medical Examination Report Dated 9-18-80
Name of Physician David Haggard M.D

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

MALE APPLICANT

Name: First John Middle L. Last Means

Date of Birth: Month 1 Day 4 Year 1951

Place of Birth (State or foreign country) Charleston W. Virginia

Residence Address: Street or R. R. 11315 Lot 11 City Indpls. County Marion State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Driver's License # 308-540016

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

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

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

Signed John L. Means

New Address 11315 Lot 11 Indpls. Ind.

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Wanda Middle J. Last Means

Date of Birth: Month Jan Day 25 Year 1952

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

Residence Address: Street or R. R. 11315 Lot 11 City Indpls. County Marion State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers License # 311-58-7760

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

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

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

Signed Wanda J. Means

New Address 11315 W. Lot 11 Indpls. Ind.

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19 day of September, 1980, authorizing the joining together as husband and wife John L. Means and Wanda J. Means

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

I, Glen M. Harvey hereby certify that on the 19 day of Sept, one thousand nine hundred and 80 at Danville, County of Hendricks, State of Indiana, Groom John L. Means of Hendricks County, State of Indiana, and, Bride Wanda J. Means of Hendricks County, State of Indiana, were by me united 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 September, 1980.

Signed Glen M. Harvey

Official Designation Clerk Hendricks County Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of Sept, 1980

Signed Glen M. Harvey HENDRICKS Circuit Court

5 586

No. 495

File

Sept 22, 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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated Sept 16, 1980
Name of Physician D. Hoggard

FEMALE
Medical Examination Report Dated Sept 16, 1980
Name of Physician D. Hoggard

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

MALE APPLICANT

Name: First Kenneth Middle N. Last Fleming

Date of Birth: Month Sept Day 5 Year 1923

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

Residence Address: Street or R. R. 9620 Harmony Dr. City Indianapolis County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) 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.
   Mark Nathan Fleming 3
   Barbara Catherine 7
   Carrie Lynn 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 For Frank Carlson Fleming
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Catherine Gibson
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

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

Signed Kenneth N Fleming
New Address 9620 Harmony Drive

Subscribed and sworn to before me this 22 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Jenine Middle C. Last Martin

Date of Birth: Month Sept Day 10 Year 1946

Place of Birth (State or foreign country) Seymore Indiana

Residence Address: Street or R. R. 9620 Harmony Dr. City Indianapolis County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) 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
   Janelle Lea Martin 10
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Daniel Hyam Martin
   Residence of father (if deceased so state) L.A. Cal.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbra Lea Agnew
   Residence of mother (if deceased so state) New Whiteland, Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Jenine C. Martin
New Address 9620 Harmony Dr.

Subscribed and sworn to before me this 22 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 26 *day of* Sept, 19 80, *authorizing the joining together as husband and wife* Kenneth N. Fleming *and* Jenine C. Martin
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mauer *hereby certify that on the* 26 *day of* Sept, *one thousand nine hundred and* 80 *at* Danville, *County of* Hend, *State of Indiana, Groom* Kenneth N. Fleming *of* Hend *County, State of* Ind *and, Bride* Jenine C. Martin *of* Hend *County, State of* Ind, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 26 *day of* Sept, 1980.

Signed Anthony C. Guido
Official Designation Judge Pro-Tempore

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* Sept, 19 80.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 496

File

9-19-80 Date of Application

MALE
Medical Examination Report Dated 9-18-80
Name of Physician Glenn W. Baker

FEMALE
Medical Examination Report Dated 9-18-80
Name of Physician Glenn W. Baker

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

MALE APPLICANT

Name: First Michael Middle J. Last Sellmeyer

Date of Birth: Month 11 Day 8 Year 1952

Place of Birth (State or foreign country) Indpls, Ind

Residence Address: Street or R. R. RR 2 Bx 473, City Plainfield, County Hen, State Ind

Previous Marital Status: Never Married X OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

X Other (Specify) Drivers license

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

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

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

Signed X Michael J. Sellmeyer
New Address R.R.2 Bx 473 Indpls. Ind.

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Sheryl Middle D. Last Beck

Date of Birth: Month 6 Day 18 Year 1953

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

Residence Address: Street or R. R. RR 2 Bx 473, City Plainfield, County Hen, State Ind

Previous Marital Status: Never Married X OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

X Other (Specify) Drivers license

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

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

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

Signed X Sheryl D. Beck
New Address R.R. 2 Box 473 Indpls, In

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 80, authorizing the joining together as husband and wife of Indiana dated the 23rd day of Sept. Michael J. Sellmeyer and Sheryl D. Beck

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

I, John V. Kirby hereby certify that on the 27 day of September, at Indpls., County of Marion, one thousand nine hundred and 80 State of Indiana, Groom Michael J. Sellmeyer of Hendricks County, State of Ind., and, Bride Sheryl D. Beck of Marion County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27 day of September, 1980. Signed John V. Kirby

Official Designation Roman Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of October, 1980.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

588

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 497

File 41

9-22-80
Date of Application

MALE
Medical Examination Report Dated 9-10-80

Name of Physician John Ellis

FEMALE
Medical Examination Report Dated 9-9-80

Name of Physician Thomas A. 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: First Donald Middle J. Last Moran

Date of Birth: Month 9 Day 19 Year 58

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 807 Summitt Ave. City Rossville County Georgia 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 Joseph Moran
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sulpha. Ind.
   Residence of mother (if deceased so state) Joann E. Roach
   Birthplace of mother (State or foreign country) Ind.

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

Signed Donald Moran

New Address 807B Summit Ave Rossville GA

Subscribed and sworn to before me this 22 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Rhonda Middle Last Burke

Date of Birth: Month 10 Day 17 Year 59

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 115 S. Jefferson City Bklyn County Ind. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Rhonda Burke

New Address 807B Summitt Ave

Subscribed and sworn to before me this 22 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 26 *day of* Sept, 1980, *authorizing the joining together as husband and wife* Donald J. Moran *and* Rhonda Burke

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

I, Donald Tyler *hereby certify that on the* 27 *day of* Sept, *one thousand nine hundred and* 80 *at* Bklyn, *County of* Hend., *State of Indiana, Groom* Donald J. Moran *of* Marion *County, State of* Ind., *and, Bride* Rhonda Burke *of* Hend. *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 27 *day of* Sept, 19 80.

Signed Donald Tyler

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 *day of* Oct, 19 80.

Signed Ellen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Forms Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-5-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 498
File 41
9-22-80
Date of Application

MALE
Medical Examination Report Dated 9-17-80
Name of Physician David R Stout

FEMALE
Medical Examination Report Dated 9-2-80
Name of Physician David R. Stout

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-5-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle R. Last Gillespie
Date of Birth: Month Aug. Day 16 Year 1944
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 6510 Richwood Dr, City Danville, County Hend, State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers license W/picture

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

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

Signed X John R Gillespie
New Address 6510 Richwood Dr
Subscribed and sworn to before me this 22nd day of Sept. 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, County of 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 Graves
Date of Birth: Month Dec. Day 27 Year 1948
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R. R. 6510 Richwood Dr, City Danville, County Hend, State Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers license W/picture

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

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

Signed X Frances E. Graves
New Address 6510 Richwood Dr
Subscribed and sworn to before me this 22nd day of Sept. 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, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... on the 1 day of Oct, 19 80, authorizing the joining together as husband and wife of Indiana dated the ..... John R. Gillespie and Frances E. Graves.

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

I, John M. Mower hereby certify that on the 1 day of October, one thousand nine hundred and 80, at Danville, County of Hend, State of Indiana, Groom John R. Gillespie of Hend. County, State of Ind., and, Bride Frances E. Graves of Hend. County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of October, 19 80.

Signed John M. Mower
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of October, 1980.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

5 592

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 501
File 41
9-23-80
Date of Application

MALE
Medical Examination Report Dated 9-22-80
Name of Physician Walter McMannis

FEMALE
Medical Examination Report Dated 9-22-80
Name of Physician Walter McMannis

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 W. Last Hood
Date of Birth: Month 11 Day 14 Year 57
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 1334 S. Victor St. City Indpls. County State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) D.L. w/pict.

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

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

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

Signed Jerry W. Hood
New Address
Subscribed and sworn to before me this 23 day of Sept, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Lisa Middle Jay Last Embs
Date of Birth: Month 11 Day 29 Year 62
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 349 Ellis St. City Plfd. County State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed Lisa Jay Embs
New Address
Subscribed and sworn to before me this 23 day of Sept, 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, County of HENDRICKS } ss:

Signed Kenneth C Embs Father
Signed Deceased Mother
Subscribed and sworn to before me this 23 day of Sept, 19 80
Ellen M. Harvey Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 26 *day of* Sept, 19 80, *authorizing the joining together as husband and wife* Jerry Hood *and* Lisa Embs
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ida McCormack *hereby certify that on the* 27 *day of* September, *one thousand nine hundred and* 80 *at* Plfd, *State of Indiana, Groom* Jerry Hood *of* Marion *County, State of* Ind, *and, Bride* Lisa Embs *of* Hendricks *County, State of* Ind, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 27 *day of* Sept, 19 80.

Signed Ida McCormack
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* Oct, 19 80.

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. 502

File

Sept 23 1980 Date of Application

MALE
Medical Examination Report Dated 9-2-80
Name of Physician D. O. Seamahorn

FEMALE
Medical Examination Report Dated 9-2-80
Name of Physician M. O. Seamahorn

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

MALE APPLICANT

Name: First James Middle Thomas Last O'Connor

Date of Birth: Month 8 Day 22 Year 1959

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R. R. Box 252 City Pittsboro County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License w/ 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 E. O'Connor
   Residence of father (if deceased so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lucy Strange
   Residence of mother (if deceased so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed James T. O'Connor

New Address P.O. Box 8 Pittsboro, IN

Subscribed and sworn to before me this 23 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Constance Middle Lynn Last Power

Date of Birth: Month 3 Day 18 Year 1960

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

Residence Address: Street or R. R. Box 57 City North Salem County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License 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 male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

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

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

Signed Constance L Power

New Address PO Box 8 Lizton, In.

Subscribed and sworn to before me this 23 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 24 day of Sept and James T. O'Connor and Constance L Power

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

I, R Anthony Clark hereby certify that on the 10 day of Oct, one thousand nine hundred and 80 at North Salem, County of Hend, State of Ind, State of Indiana, Groom James T. O'Connor of Hend, County, State of Ind, and, Bride Constance L Power of Hend, County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10 day of Oct, 1980. Signed R Anthony Clark

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of Oct, 1980.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

5 594

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 503

File September 24, 1980
Date of Application

MALE
Medical Examination Report Dated Sept 10, 1980
Name of Physician R. McDougal

FEMALE
Medical Examination Report Dated Sept 10, 1980
Name of Physician R. McDougal

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

MALE APPLICANT

Name: First Patrick Middle Michael Last Lynch
Date of Birth: Month Sept Day 7 Year 1946
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. RR1 Box 133 City Danville County Indiana State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 William Lynch
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Ella Van Hook
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ky

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

Signed Patrick M Lynch
New Address RR 1 Box 133 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Rhonda Middle Louise Last Inabnit
Date of Birth: Month Oct Day 25 Year 1957
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. 5515 W. Bertha St. City Indianapolis County In State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed Rhonda Louise Inabnit
New Address RR 1 Box 133 Danville

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 1 *day of* Oct, 19 80, *authorizing the joining together as husband and wife* Patrick M. Lynch *and* Rhonda L. Inabnit

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

I, R.B. Johnson *hereby certify that on the* 4 *day of* Oct., *one thousand nine hundred and* 80 *at* Indpls., *County of* Marion, *State of Indiana, Groom* Patrick M. Lynch *of* Hend. *County, State of* Ind. *and, Bride* Rhonda L. Inabnit *of* Marion *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 4 *day of* Oct, 19 80.

Signed R.B. Johnson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* Oct, 19 80.

Signed Helen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-5-2
Effective June 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 504
File 41
9-24-80 Date of Application

MALE
Medical Examination Report Dated 9-23-80
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 9-23-80
Name of Physician Thomas Walker

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 [illegible] Middle R. Last Hand
Date of Birth: Month 4 Day 15 Year 42
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. R 2 Box 19A City Danville County State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) D. L. w/pict.

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

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

Signed Marvin E. Hand
New Address RR #2 Box 19A

Subscribed and sworn to before me this 25th day of [illegible], 19[illegible].

[illegible] Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Shirley Middle A. Last Beisinger
Date of Birth: Month 9 Day 21 Year 47
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 3455 Spatterberry City Indpls. County [illegible] 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) D. L. w/pict.

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

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

Signed Shirley Beisinger
New Address RR #2 Box 19A

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the [illegible] Circuit Court of Indiana dated the 25 day of Sept, 1980, authorizing the joining together as husband and wife Marvin E. Hand and Shirley A. Beisinger

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

I, Myron Barnard hereby certify that on the 26 day of Sept, one thousand nine hundred and 80 at Indpls., County of Marion, State of Ind., of Hand, County, State of Ind., State of Indiana, Groom Marvin E. Hand and, Bride Shirley A. Beisinger of Marion, County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26 day of Sept, 1980. Signed Myron Barnard
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Sept, 1980. Signed Helen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 505

File

Sept. 24 1980
Date of Application

MALE
Medical Examination Report Dated 9-18-80
Name of Physician Garnet R. Harris

FEMALE
Medical Examination Report Dated 9-18-80
Name of Physician Garnet R. Harris

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

MALE APPLICANT

Name: First Garry Middle Wayne Last Jones

Date of Birth: Month 12 Day 12 Year 1957

Place of Birth (State or foreign country) Beech Grove In.

Residence Address: Street or R. R. 2310 First St. City Plainfield County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed x Garry Wayne Jones
New Address 2310 First Street Plainfield, IN

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Lori Middle Sue Last Hostetter

Date of Birth: Month 7 Day 20 Year 1962

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

Residence Address: Street or R. R. 14 Elm Dr. City Plainfield County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed x Lori Sue Hostetter
New Address 2310 First Street, Plainfield

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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* Sept, 1980, *authorizing the joining together as husband and wife* Garry W. Jones *and* Lori S. Hostetter

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

I, Ralph P. Wade *hereby certify that on the* 4 *day of* Oct, *one thousand nine hundred and* 80 *at* Friendswood, *County of* Marion, *State of Indiana, Groom* Garry W. Jones *of* Hend. *County, State of* Ind., *and, Bride* Lori S. Hostetter *of* Hend. *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 4 *day of* Oct, 1980.

Signed Ralph P. Wade

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* Oct, 1980.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-6-2
Effective date 1-1-1973

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 506

File

Sept. 24 1980
Date of Application

MALE
Medical Examination Report Dated 9-10-80
Name of Physician David M Dalley Md.

FEMALE
Medical Examination Report Dated 9-10-80
Name of Physician David M. Dalley 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 John Middle Joseph Last Head

Date of Birth: Month September Day 1 Year 1954

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

Residence Address: Street or R. R. 330 E Main City Plainfield County Hen State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Irving Head
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Martha Lee Sims
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

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

Signed John J. Head
New Address 330 East Main St, Plainfield

Subscribed and sworn to before me this 24 day of September 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, County of ..... } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Tina Middle Kay Last Stassin

Date of Birth: Month September Day 20 Year 1958

Place of Birth (State or foreign country) Lincoln Nebraska

Residence Address: Street or R. R. 489 W. Jessup City Plainfield County Hen State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify)

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

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

State of Indiana, County of HENDRICKS } ss:

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

Signed Tina Kay Stassin
New Address 330 E Main, Plfd

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 24th day of September, 1980, authorizing the joining together as husband and wife John J. Head and Tina K. Stassin

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

I, Marc S. Haye hereby certify that on the 4 day of October, one thousand nine hundred and 80, at Eagles Hide-Away, County of Marion, State of Ind., Groom John J. Head of Hend., County, State of Ind., and, Bride Tina K. Stassin of Hend., County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 4 day of Oct, 1980. Signed Marc S. Haye

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of Oct., 1980. Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 507

File

Sept. 25, 1980
Date of Application

MALE
Medical Examination Report Dated 9-23-80
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 9-23-80
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 Michael Middle David Last Vician

Date of Birth: Month June Day 7 Year 1961

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 5125 W. 10th City Indpls County Marion State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Dr. License & Voters Reg.

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

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

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

Signed Michael D. Vician
New Address 5125 W. 10th St. Apt. 25
Subscribed and sworn to before me this 25 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Paula Middle June Last Gutsh

Date of Birth: Month Aug Day 12 Year 1960

Place of Birth (State or foreign country) Ky.

Residence Address: Street or R. R. Rt 4 Box 214 City Brownsburg County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Dr. License & Voters Reg.

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

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

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

Signed Paula J. Gutsh
New Address 5125 W. 10th St apt 25
Subscribed and sworn to before me this 25 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* Sept., 19 80, *authorizing the joining together as husband and wife* Michael, David, Vician *and* Paula, June, Gutsh,
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, J. Kincaid Smith *hereby certify that on the* 18 *day of* October,
one thousand nine hundred and 80 *at* Brownsburg, *County of* Hendricks,
State of Indiana, Groom Michael David Vician *of* Marion *County, State of* Indiana
and, Bride Paula June Gutsh *of* Hendricks *County, State of* Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS *County.*
Dated this 18 *day of* October, 19 80.

Signed J. Kincaid Smith
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* October, 19 80.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 508
File 41
9-25-80 Date of Application

MALE
Medical Examination Report Dated 9-25-80
Name of Physician Ronald Stugemoller

FEMALE
Medical Examination Report Dated 9-25-80
Name of Physician Ronald Stugemoller

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

MALE APPLICANT

Name: First Norman Middle David Last Turner
Date of Birth: Month March Day 6 Year 1951
Place of Birth (State or foreign country) Richmond, Ind
Residence Address: Street or R. R. 511 Enderly Ave, City Brownsburg, County Hen, State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes" has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Norman David Turner II
   Rachel Elizabeth Turner
   India Lynn Turner
   Alysia Ann Turner
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jincy Allen Turner
   Residence of father (if deceased so state) Carter, Montana
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Thelma Zella Crane
   Residence of mother (if deceased so state) Richmond, Indiana
   Birthplace of mother (State or foreign country) Ohio

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

Signed Norman D. Turner
New Address 511 ENDERLY AVE. #7 BROWNSBURG, IN

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

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

FEMALE APPLICANT

Name: First Beverly Middle Karen Last Hill
Date of Birth: Month November Day 26 Year 1951
Place of Birth (State or foreign country) Hamilton, Ohio
Residence Address: Street or R. R. 511 Enderly Ave. City Brownsburg, County Hen, State Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed Beverly Karen Hill
New Address 511 Enderly Ave Apt 7 Brownsburg

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 25 *day of* Sept, 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:*

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

Dated this ..... *day of* ....., 19..... *Signed* .....
Official Designation .....

Filed and recorded in accordance with the laws of the State of Indiana this ..... *day of* ....., 19.....
Signed ..... *Clerk*
HENDRICKS *Circuit Court*

5 600

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 509
File 41
9-26-80
Date of Application

MALE
Medical Examination Report Dated 9-18-80
Name of Physician Glenn W. Baker

FEMALE
Medical Examination Report Dated 9-13-80
Name of Physician John J. Saalwaechter

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

MALE APPLICANT

Name: First Duane Middle Phillip Last Ward
Date of Birth: Month July Day 25 Year 1961
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. Rt 3 Box 38, City Brownsburg, County Hend., State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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 Paul P. Ward
   Residence of father (if deceased so state) Rt 3 Box 38, Brownsburg, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shelby Jean Bewley
   Residence of mother (if deceased so state) Dane
   Birthplace of mother (State or foreign country) Indiana

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

Signed Duane P. Ward
New Address 2120 APT. D Fair Oaks, Speedway, Ind
Subscribed and sworn to before me this 26 day of Sept., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Debra Middle Darlene Last Scott
Date of Birth: Month Nov. Day 3 Year 1961
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR 1 Box 328, City Pittsboro, County Hend., State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers 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 Marvin Lee Scott
   Residence of father (if deceased so state) Franklin Trailer Ct., Franklin, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma Diane Bilbee
   Residence of mother (if deceased so state) RR1 Box 328, Pittsboro, Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Debra D. Scott
New Address 2120 Apt D Fairoaks, Speed
Subscribed and sworn to before me this 26 day of Sept., 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, County of HENDRICKS } ss:

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 1 *day of* Oct, 19 80, *authorizing the joining together as husband and wife* Duane P. Ward *and* Debra D. Scott

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

I, Donald Tyler *hereby certify that on the* 3 *day of* Oct, *one thousand nine hundred and* 80 *at* Brownsburg, *County of* Hend., *State of Indiana, Groom* Duane P. Ward *of* Hend. *County, State of* Ind. *and, Bride* Debra D. Scott *of* Hend. *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 3 *day of* Oct, 19 80.

Signed Donald Tyler
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* Oct, 19 80.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 510
File 41
9-26-80 Date of Application

MALE
Medical Examination Report Dated 9-23-80
Name of Physician Thomas A. Jones

FEMALE
Medical Examination Report Dated 9-23-80
Name of Physician Thomas A. 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: First William Middle Scott Last Shank
Date of Birth: Month Feb. Day 8 Year 1953
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 0082 Redstone Blvd, City Redstone, County Pitkin, State 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) 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 Edward Shank
   Residence of father (if deceased so state) RR 1 Box 102, Brownsburg, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia Lee Kirkpatrick
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

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

Signed William S Shank
New Address 0082 Redstone Blvd. Redstone Colo.

Subscribed and sworn to before me this 26 day of Sept., 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Linda Middle Beverly Last Klare
Date of Birth: Month Nov. Day 12 Year 1951
Place of Birth (State or foreign country) Conn.
Residence Address: Street or R. R. 0082 Redstone Blvd, City Redstone, County [illegible] Pitkin, State 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) Insurance Policy

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Rudolf Klare
   Residence of father (if deceased so state) Margaity Rd., Middletown Conn.
   Birthplace of father (State or foreign country) Conn.
9. Full maiden name of mother Wycinowski, Madelyn
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Conn.

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

Signed Linda B. Klare
New Address 0082 Redstone Blvd. Redstone Colo.

Subscribed and sworn to before me this 26 day of Sept., 1980.
Glen M. Harvey HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County 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....., authorizing the joining together as husband and wife of Indiana dated the ..... William S. Shank and Linda B. Klare

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

I, Boyde E. Nelson hereby certify that on the 4 day of Oct. at Brownsburg, County of Hend one thousand nine hundred and 80 State of Indiana, Groom William S. Shank of Pitkin County, State of Colorado and, Bride Linda B. Klare of Pitkin County, State of Colorado were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26 day of Sept, 1980. Signed B. E. Nelson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of Oct., 1980
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 511

File #41

9-26-80
Date of Application

MALE
Medical Examination Report Dated 9-11-80

Name of Physician Joseph Kerlin

FEMALE
Medical Examination Report Dated 9-11-80

Name of Physician Joseph Kerlin

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

MALE APPLICANT

Name: First Robert Middle D. Last Bowman Jr.

Date of Birth: Month 8 Day 8 Year 60

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 4908 W. Berthas City Indpls. County , State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) D. L. 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 E. Bowman
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Linda K. Myers
   Residence of mother (if deceased so state) Dane
   Birthplace of mother (State or foreign country) Ind.

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

Signed Robert D. Bowman Jr.

New Address 755 S. Wayne St. Danville

Subscribed and sworn to before me this 26 day of Sept, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Susan Middle K. Last Morris

Date of Birth: Month 12 Day 29 Year 60

Place of Birth (State or foreign country) California

Residence Address: Street or R. R. R 2 Box 286 City Danville County , State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) D. L. 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 Estal Morris
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Carolyn L. Keen
   Residence of mother (if deceased so state) Dane
   Birthplace of mother (State or foreign country) Ohio

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

Signed Susan K. Morris

New Address 755 S. Wayne St. Danville

Subscribed and sworn to before me this 26 day of Sept, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30 *day of* Sept, 1980, *authorizing the joining together as husband and wife* Robert Bowman Jr. and Susan K. Morris

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

I, Joseph D. Stump *hereby certify that on the* 4th *day of* Oct, *one thousand nine hundred and* 80 *at* Danville, *County of* Hend., *State of Indiana, Groom* Robert D. Bowman Jr. *of* Marion *County, State of* Ind., *and, Bride* Susan K. Morris *of* Hend. *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 30 *day of* Sept, 1980.

Signed Joseph D. Stump

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* Oct, 1980.

Signed Helen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 512

Hendricks County

File Sept 26, 1980 Date of Application

MALE
Medical Examination Report Dated Sept 23, 1980
Name of Physician A. Scudder

FEMALE
Medical Examination Report Dated Sept 23, 1980
Name of Physician A. Scudder

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 James Middle Robert Last Barnette

Date of Birth: Month May Day 5 Year 1940

Place of Birth (State or foreign country): Kingsport Tennessee

Residence Address: Street or R. R. RI Box 24-31 City Lizton County Hendricks State Indiana

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify)

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

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

Signed James R. Barnette

New Address R.R. #1 Box 24-31 Lizton, Ind.

Subscribed and sworn to before me this 26 day of Sept, 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, County of ..... } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Debra Middle Jean Last Land

Date of Birth: Month April Day 27 Year 1950

Place of Birth (State or foreign country): Lebanon Indiana

Residence Address: Street or R. R. RI Box 24-31 City Lizton County Hendricks State Indiana

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Ammy Joan Land 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 Herbert Eugene Ward
   Residence of father (if deceased so state) Brownsburg, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorthy Eileen Harris
   Residence of mother (if deceased so state) Pittsboro, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Debra Jean Land

New Address R.R.1 Box 24-31 Lizton Ind.

Subscribed and sworn to before me this 26 day of Sept 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... 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 Waver and filed in the 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 ..... 1980, authorizing the joining together as husband and wife of Indiana dated the 26 day of Sept and James Robert Barnette and Debra Jean Land

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mauer hereby certify that on the 26 day of Sept, County of Hend at Danville County, State of Ind one thousand nine hundred and 80 James Robert Barnette of Hend County, State of Ind State of Indiana, Groom and, Bride Debra Jean Land of Hend County, State of Ind were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26 day of September, 1980. Signed John C. Mauer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of September, 1980

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 513
File 41
9-26-80
Date of Application

MALE
Medical Examination Report Dated 9-12-80
Name of Physician Jan Wiste

FEMALE
Medical Examination Report Dated 9-12-80
Name of Physician Jan Wiste

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 Carl | Middle D | Last Pryor

Date of Birth: Month 7 | Day 2 | Year 57

Place of Birth (State or foreign country) Martinsville, Ind.

Residence Address: Street or R. R. RR 1, Box 375 | City Monrovia | County | State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Norman D. Pryor
   Residence of father (if deceased so state) Monrovia, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Lou Dillon
   Residence of mother (if deceased so state) Monrovia, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Carl D. Pryor
New Address 1113 Valley View Dr. #3 Plainfield

Subscribed and sworn to before me this 26 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Shirley | Middle L. | Last Harriman

Date of Birth: Month 4 | Day 13 | Year 1958

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R. R. 1113 Valley View #3 | City Plainfield | County Hen. | State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Harriman
   Residence of father (if deceased so state) Mooresville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy Lee Vankeuren
   Residence of mother (if deceased so state) Mooresville, Ind.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Shirley L. Harriman
New Address 1113 Valley View Dr. #3 Plainfield

Subscribed and sworn to before me this 26 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 1 *day of* Oct, 19 80, *authorizing the joining together as husband and wife* Carl D. Pryor *and* Shirley L. Harriman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jewel E. Dewees *hereby certify that on the* 4 *day of* Oct, *one thousand nine hundred and* 80 *at* Monrovia, *County of* Morgan, *State of Indiana, Groom* Carl D. Pryor *of* Morgan *County, State of* Ind. *and, Bride* Shirley L. Harriman *of* Hend *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 4 *day of* Oct, 19 80.

Signed Jewel E. Dewees

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* Oct, 19 80.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

605

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. 514
File 49
9-29-80
Date of Application

_____ County

MALE
Medical Examination Report Dated 9-15-80
Name of Physician Norman E. Whitney

FEMALE
Medical Examination Report Dated 9-15-80
Name of Physician Norman E. Whitney

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 Mark Middle R. Last Schulz
Date of Birth: Month 3 Day 20 Year 1961
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address: Street or R. R. 11225 W Washington City Indpls. County Hen. State Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers license w/Picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Howard George Leonard Schulz
   Residence of father (if deceased so state) Indpls., Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Lou Rutledge
   Residence of mother (if deceased so state) Indpls., Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Mark R. Schulz
New Address 11225 W Washington Indpls In

Subscribed and sworn to before me this 29 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19....
.....Clerk

FEMALE APPLICANT

Name: First Nancy Middle K. Last Grounds
Date of Birth: Month 6 Day 29 Year 1960
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address: Street or R. R. RR 3 Box 55 City Brownsburg, County Hen. State Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers license w/Picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ira Virgil Grounds
   Residence of father (if deceased so state) Crane, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wanda Lorene Young
   Residence of mother (if deceased so state) Mooresville, Ind.
   Birthplace of mother (State or foreign country) West Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Nancy K. Grounds
New Address 11225 W. Washington, Indianapolis IN,

Subscribed and sworn to before me this 29 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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....., 1980, authorizing the joining together as husband and wife of Indiana dated the 3 day of Oct and Nancy K. Grounds
Mark R. Schulz
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glen M. Harvey hereby certify that on the 3 day of Oct, one thousand nine hundred and 80 at Danville, County of Hend, State of Ind., State of Indiana, Groom Mark R. Schulz of Hend. County, State of Ind., and, Bride Nancy K. Grounds of Hend. County, State of HENDRICKS, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 3 day of Oct., 1980. Signed Glen M. Harvey
Official Designation Clerk Hend. Co., 1980

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of Oct. Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 515
File 41
9-29-80
Date of Application

MALE
Medical Examination Report Dated 8-29-80
Name of Physician M.D. Scamahorn

FEMALE
Medical Examination Report Dated 8-29-80
Name of Physician M.D. 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: First James Middle B. Last Brown
Date of Birth: Month May Day 8 Year 1948
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. Box 322, City Pittsboro, County Hendricks, State Indiana
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers 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.
   Michael N.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be 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 Austin Brown
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Evelyn Lucille ~~Roland~~
   Residence of mother (if deceased so state) P.O. Box 322, Pittsboro, Ind
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James B Brown
New Address RR#1 Box 112A Lizton Ind.

Subscribed and sworn to before me this 29 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Vicki Middle L. Last Hughes
Date of Birth: Month April Day 7 Year 1952
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR 1 Box 112A, City Lizton, County Hendricks, State Indiana
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) #3264

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Scott Alan
   Jason Stuart
   Matthew Charles
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Hamelton Pray, Jr.
   Residence of father (if deceased so state) Pittsboro, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margie Lou Kelso
   Residence of mother (if deceased so state) Pittsboro, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Vicki L. Hughes
New Address RR1 Box 112 A Lizton

Subscribed and sworn to before me this 29 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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* 3 *day of* October, 19 80, *authorizing the joining together as husband and wife* James B. Brown *and* Vicki L. Hughes
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Donald E. Raymond *hereby certify that on the* 4 *day of* Oct, *one thousand nine hundred and* 80 *at* Lizton, *County of* Hend., *State of Indiana, Groom* James B. Brown *of* Hend. *County, State of* Ind. *and, Bride* Vicki L. Hughes *of* Hend. *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 4 *day of* Oct, 19 80.

Signed Donald E. Raymond
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* Oct., 19 80.
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

607

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 516

File

Sept. 29 1980
Date of Application

_____ County

MALE
Medical Examination Report Dated 9-26-80
Name of Physician Ronald Stegmoller M.D.

FEMALE
Medical Examination Report Dated 9-26-80
Name of Physician Ronald Stegmoller

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 Gene Middle Alan Last Whitaker

Date of Birth: Month 7 Day 4 Year 1955

Place of Birth (State or foreign country): Richmond Kentucky

Residence Address: Street or R. R. 9124 Mount Shasta North City Indpls. County _____ State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/p. #5400-86-0260

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kermit Co. Whitaker
   Residence of father (if deceased so state) Covington, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Jane Rogers
   Residence of mother (if deceased so state) Frankfort. Ky.
   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 Gene Alan Whitaker
New Address 9124 Mt. Shasta N. Indpls. In.

Subscribed and sworn to before me this 29th day of Sept, 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 Cheryl Middle Lynn Last Linton

Date of Birth: Month 4 Day 17 Year 1960

Place of Birth (State or foreign country): Lebanon In.

Residence Address: Street or R. R. 260 N. Gibson St. City Danville County _____ State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/p. #308-60-0505

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donis D. Linton
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Linnie A. Woodrum
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) North Salem, In.

State of Indiana } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Cheryl Lynn Linton
New Address 9124 Mt. Shasta N, Indpls, In

Subscribed and sworn to before me this 29th day of Sept, 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 _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 3rd day of October, 19 80, authorizing the joining together as husband and wife Gene A. Whitaker and Cheryl L. Linton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Stanley A. Johnson hereby certify that on the 4 day of Oct. one thousand nine hundred and 80 at Danville, County of Hend. State of Indiana, Groom Gene A. Whitaker of Hend. County, State of Ind. and, Bride Cheryl L. Linton of Marion County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 4 day of Oct, 19 80. Signed Stanley A. Johnson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of Oct., 19 80.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 517

File 41

_____ County

9-30-80
Date of Application

MALE
Medical Examination Report Dated 9-24-80
Name of Physician David R. Stout

FEMALE
Medical Examination Report Dated 9-24-80
Name of Physician David R. Stout

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 Ron Middle C. Last Lamb

Date of Birth: Month 6 Day 28 Year 58

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. PO Box 21 City Clayton County _____ State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) D.L. w/ pict

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Harold Lamb
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Nora M. Ramsey
   Residence of mother (if deceased so state) Ind.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ronald C Lamb
New Address Box 21 Clayton Ind 46118

Subscribed and sworn to before me this 30 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Michelle Middle L. Last Settles

Date of Birth: Month 5 Day 26 Year 61

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. R 2 Box 316 B City Clayton County _____ State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) D.L. w/ pict. & reg.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Corinne Settles
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Virgil L. Dipson
   Residence of father (if deceased so state) Clayton, Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Mary K. Hanlon
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michelle L Settles
New Address BOX 21 Clayton, IN 46118

Subscribed and sworn to before me this 30 day of Sept., 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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* 6th *day of* Oct, 19 80, *authorizing the joining together as husband and wife* Ronald C. Lamb *and* Michelle L. Settles

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Kenneth E. Vetter *hereby certify that on the* 11 *day of* Oct, *one thousand nine hundred and* 80 *at* Clayton, *County of* Hend, *State of Indiana, Groom* Ronald C. Lamb *of* Hend *County, State of* Ind. *and, Bride* Michelle L. Settles *of* Hend *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 11 *day of* Oct, 19 80.

Signed Kenneth E. Vetter
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* Oct, 19 80.

Signed Ellen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

609

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 518

Hend County

File

Oct. 1, 1980
Date of Application

MALE
Medical Examination Report Dated 9-25-80
Name of Physician Wm. Hildebrand

FEMALE
Medical Examination Report Dated 9-25-80
Name of Physician Wm. Hildebrand

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 E. Last Hale

Date of Birth: Month Dec Day 12 Year 1947

Place of Birth (State or foreign country) Ind.

Residence Address: 129N 475E Street or R. R. Danville City Hend County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Hend Co. Hlth. Dept.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Nichole Hale
   Robert Hale
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Hale
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Mary Mantz
   Residence of mother (if deceased so state) Shumwood, In.
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert E. Hale

New Address 129N 475E Danville Ind

Subscribed and sworn to before me this 1 day of Oct, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Susan Middle Ann Last Hash

Date of Birth: Month Sept Day 24 Year 1950

Place of Birth (State or foreign country) Ind.

Residence Address: 129N 425E Street or R. R. Danville City Hend County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Employee I.D.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Lori Hash
   Amy Hash
   Scott Hash
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Leo Conklin
   Residence of father (if deceased so state) Linton, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary McBride
   Residence of mother (if deceased so state) Worthington In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Susan A. Hash

New Address 129N 475E Danville Ind.

Subscribed and sworn to before me this 1 day of Oct, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hend. County Court by written order issued 3 days waiver and filed in Clerks authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 1 day of Oct, 19 80, authorizing the joining together as husband and wife Robert E. Hale and Susan A Hash

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William P. Hendricks hereby certify that on the 4 day of Oct. at Danville, County of Hend, one thousand nine hundred and 80 at ..... County, State of Ind, State of Indiana, Groom Robert E. Hale of ..... County, State of Ind, and, Bride Susan Ann Hash 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 1st day of Oct., 19 80. Signed William P. Hendricks

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of Oct., 19 80. Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 519
File 41
10-1-80
Date of Application

MALE
Medical Examination Report Dated 9-20-80
Name of Physician Sendder

FEMALE
Medical Examination Report Dated 9-20-80
Name of Physician Sendder

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 Jesse, Middle R., Last Davidson,
Date of Birth: Month 8, Day 11, Year 48
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 33 Lincoln Ave, City Brownsburg, County, State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) D.L. w/ pict.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Jesse Davidson
   Cliff Davidson
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Willis Davidson
   Residence of father (if deceased so state) Rudolph, Ind.
   Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Elsie Payton
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jesse R. Davidson
New Address 33 Lincoln Ave. Apt. 3 Brownsburg Ind
Subscribed and sworn to before me this 1 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Bernadette, Middle, Last Hession
Date of Birth: Month 6, Day 10, Year 54
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 33 Lincoln Apt #3, City Brownsburg, County, State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) D.L. w/ pict.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Hession
   Residence of father (if deceased so state) Bicknell Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Catherine A. Wiley
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bernadette Hession
New Address 33 Lincoln Ave #3 Brownsburg Ind
Subscribed and sworn to before me this 1 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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* 9 *day of* Oct, 1980, *authorizing the joining together as husband and wife* Jesse R. Davidson *and* Bernadette Hession
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Dewain L. Dodson *hereby certify that on the* 18 *day of* October, *one thousand nine hundred and* 80 *at* Brownsburg, *County of* Hend., *State of Indiana, Groom* Jesse R. Davidson *of* Hend. *County, State of* Ind. *and, Bride* Bernadette Hession *of* Hend. *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 9 *day of* October, 1980.

Signed Dewain L. Dodson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* October, 1980.

Signed Ellen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 520

File

Oct. 3 1980
Date of Application

_____ County

MALE
Medical Examination Report Dated Oct 2, 1980
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated Oct. 2, 1980
Name of Physician Glenn Baker

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 Junior Middle Bud Last Lynn

Date of Birth: Month Feb Day 9 Year 1918

Place of Birth (State or foreign country) Penn.

Residence Address: Street or R. R. Lot 114 Oakhurst Dr. City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) S. 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 Shelby Lynn
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Molly Goad
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Penn

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Junior Bud Lynn
New Address Lot 114 Oakhurst Dr

Subscribed and sworn to before me this 3 day of Oct, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: M. First Margaret Middle Crump Last

Date of Birth: Month Oct Day 29 Year 1931

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Lot 114 Oakhurst Dr. City Ct. County Brownsburg State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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.
   Judith Hughes

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Osborn Anson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Ruth Shuts
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed M. Margaret Crump
New Address Lot 114 Oakhurst Dr

Subscribed and sworn to before me this 3 day of Oct, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 Circuit Court by written order issued 3 day waiver and filed in Clerks authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... on the 3 day of Oct, 1980, authorizing the joining together as husband and wife of Indiana dated the ..... day of ..... and Junior Bud Lynn Margaret Crump

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D. Wilson hereby certify that on the 3 day of Oct one thousand nine hundred and 80 at Brownsburg, County of Hend. State of Ind., State of Indiana, Groom Junior Bud Lynn of Hend. County, State of Ind. and, Bride Margaret Crump of Hend. County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3 day of Oct., 1980. Signed Joseph D. Wilson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of Oct, 1980
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 521

File _____

10-3-80
Date of Application

MALE
Medical Examination Report Dated 9-30-80
Name of Physician Thomas Vieira

FEMALE
Medical Examination Report Dated 9-30-80
Name of Physician Thomas Vieira

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 Richard Middle L. Last Waggoner

Date of Birth: Month Jan Day 2 Year 1939

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. P.O. Box 133 City Coatesville County _____ State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Lysa Waggoner
   Sheryl Waggoner
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ransdell Waggoner
   Residence of father (if deceased so state) Coatesville, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Margaret Fischer
   Residence of mother (if deceased so state) Coatesville In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard Waggoner

New Address R.R. #2 Box 133 Coatesville, Ind.

Subscribed and sworn to before me this 3 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Clara Middle M. Last Lear

Date of Birth: Month Dec Day 31 Year 1949

Place of Birth (State or foreign country) Tenn

Residence Address: Street or R. R. P.O. Box 133 City Coatesville County _____ State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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.
   Jacqueline Buchanan
   Wm Lear
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Buchanan
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Jo Ann Fisher
   Residence of mother (if deceased so state) Richmond, In.
   Birthplace of mother (State or foreign country) Tenn

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Clara Lear

New Address RR #2 Box 133

Subscribed and sworn to before me this 3 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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 Clerks authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 3 *day of* Oct, 19 80, *authorizing the joining together as husband and wife* Richard E. Waggoner *and* Clara M. Lear

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* Oct., *one thousand nine hundred and* 80 *at* Danville, *County of* Hend., *State of Indiana, Groom* Richard E. Waggoner *of* Hend. *County, State of* Ind. *and, Bride* Clara M. Lear *of* Hend. *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 3 *day of* Oct, 19 80.

Signed John C. Mowrer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* Oct., 1980.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 522
File 41
10-3-80
Date of Application

County

MALE
Medical Examination Report Dated 9-19-80
Name of Physician Donald K. Cline

FEMALE
Medical Examination Report Dated 9-19-80
Name of Physician Donald K. Cline

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 Thomas Middle Albert Last Humphrey
Date of Birth: Month 12 Day 17 Year 1957
Place of Birth (State or foreign country) Owensboro, Kentucky
Residence Address: Street or R. R. 701 W. Main 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hubert Gene Humphrey
   Residence of father (if deceased so state) Danville, Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Sue Anne Thomas
   Residence of mother (if deceased so state) Danville, Indiana
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Thomas Albert Humphrey
New Address 28-9 Tower DR. W. LAFAYETTE, IN

Subscribed and sworn to before me this 3 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Angela Middle (NMI) Last Poynter
Date of Birth: Month 7 Day 12 Year 1960
Place of Birth (State or foreign country) Naples, Indiana
Residence Address: Street or R. R. P.O. Box 261 City Danville County Hendricks State Ind.

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Max Poynter
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sondra Gill Walter
   Residence of mother (if deceased so state) Danville, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Angela Poynter
New Address 28-9 Tower Dr. W. Lafayette, IN

Subscribed and sworn to before me this 3 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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 14 day of Oct, 19 80, authorizing the joining together as husband and wife Thomas Albert Humphrey and Angela Poynter
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ronald E. McDuffe hereby certify that on the 18 day of Oct, at Danville, County of Hendricks, one thousand nine hundred and 80 State of Indiana, Groom Thomas Albert Humphrey of Hendricks County, State of Ind, and, Bride Angela Poynter of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 18 day of Oct, 19 80. Signed Ronald E. McDuffe
Official Designation Senior Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of October, 19 80
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 523
File 41
10-6-80
Date of Application

_____ County

MALE
Medical Examination Report Dated 9-27-80
Name of Physician Arcadio M. Alarcon, Jr.

FEMALE
Medical Examination Report Dated 9-27-80
Name of Physician Arcadio M. Alarcon, 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First [redacted] Middle Nelson Last Mitchell
Date of Birth: Month Feb. Day 20 Year 1925
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR6 Box 236, 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 James Walter Mitchell
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bessie Page
   Residence of mother (if deceased so state) Ladoga, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Ora Nelson Mitchell
New Address RR#6 Box 236 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, County of HENDRICKS } ss:

Signed ____ Father
Signed ____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____.
____ Clerk

FEMALE APPLICANT

Name: First Patsy Middle C. Last Darbro
Date of Birth: Month April Day 17 Year 1937
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 220 E. St. Clair, City Mooresville, County Morgan, State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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 H. Miller
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Monta L Wilson
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Patsy C. Darbro
New Address RR6 Box 236-Danville In.

Subscribed and sworn to before me this ____ day of ____, 19____.

____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary ____

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father
Signed ____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____.
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court by written order issued ____ 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* 10th *day of* October, 19 80, *authorizing the joining together as husband and wife* Ora Nelson Mitchell *and* Patsy Charlene Darbro
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ralph P. Wade *hereby certify that on the* 11 *day of* Oct., *one thousand nine hundred and* 80 *at* Brownsville, *County of* Union, *State of Indiana, Groom* Ora N. Mitchell *of* Hand *County, State of* Ind. *and, Bride* Patsy C. Darbro *of* Morgan *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 11 *day of* Oct, 19 80.

Signed Ralph P. Wade
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* Oct, 19 80.

Signed Helen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 524

File 41

Hendricks County

10-6-80 Date of Application

MALE
Medical Examination Report Dated 9-23-80
Name of Physician Robert Iverson

FEMALE
Medical Examination Report Dated 9-23-80
Name of Physician Robert Iverson

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 W. Last Robson

Date of Birth: Month 1 Day 6 Year 56

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: Street or R. R. 426 E Main St. City Plfd. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) D. L. w/ pict.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Tyle E. Robson
   Residence of father (if deceased so state) Carmby Ind.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Helen L. Board.
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William W. Robson

New Address 426 E Main Plainfield Ind

Subscribed and sworn to before me this 6 day of ~~Sept~~ Oct., 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Melissa Middle J. Last Brand

Date of Birth: Month 6 Day 14 Year 54

Place of Birth (State or foreign country) Columbus Ind.

Residence Address: Street or R. R. 426 E. Main St. City Plfd. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) D. L. w/ pict

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joe D. Brand
   Residence of father (if deceased so state) Elkhart Texas
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Nella O. Gregory
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Melissa J. Brand

New Address 426 E. Main St Plainfield, In

Subscribed and sworn to before me this 6 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....Court by written order issued.....and filed in.....County.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of Oct 80, 1980, authorizing the joining together as husband and wife William W. Robson and Melissa J. Brand.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Richard J. Peaton hereby certify that on the 11 day of Oct., at Columbus, County of Bartholomew, one thousand nine hundred and 80 of Hend. County, State of Ind., State of Indiana, Groom William W. Robson of Hend. County, State of HENDRICKS and, Bride Melissa J. Brand were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of Oct, 1980. Signed Richard W. Robson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of Oct., 1980

Signed Ellen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 525

File 41

10-7-80
Date of Application

MALE
Medical Examination Report Dated 10-7-80

Name of Physician Ronald Steigmoller

FEMALE
Medical Examination Report Dated 10-2-80

Name of Physician Ronald Steigmoller

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 Allen; Middle D.; Last Kannenberg

Date of Birth: Month 1; Day 30; Year 59

Place of Birth (State or foreign country): Iowa

Residence Address: Street or R. R. 7 Fountain Bleau; City Clarksville; County ; State Tenn

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry D. Kannenberg
   Residence of father (if deceased so state) Wayland Wy.
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Barbara Ann Taylor
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Allen D Kannenberg

New Address 7 Fountain bleau Clarksville Ten 37040

Subscribed and sworn to before me this 7 day of Oct., 1980

Ylen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Jerna; Middle L.; Last Brock

Date of Birth: Month 1; Day 28; Year 62

Place of Birth (State or foreign country): Ind.

Residence Address: Street or R. R. 2650 Fisher Road; City Monroeville; County ; State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Ray Brock
   Residence of father (if deceased so state) Amarillo Texas
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Elizabeth Ann Shafer
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jerna L. Brock

New Address 7 Fountainbleau Clarksville Tn 37040

Subscribed and sworn to before me this 7 day of Oct., 1980

Ylen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Oct., 19 80, *authorizing the joining together as husband and wife* Allen D. Kannenberg *and* Jerna L. Brock

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Steve Ranson *hereby certify that on the* 12 *day of* Oct., *one thousand nine hundred and* 80 *at* Hazelwood, *County of* Hend., *State of Indiana, Groom* Allen D. Kannenberg *of* Dakota *County, State of* Wyoming *and, Bride* Jerna L. Brock *of* Hend. *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 12 *day of* Oct., 19 80.

Signed Steve W. Ranson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* Oct, 19 80.

Signed Ylen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 526

File 41

Hendricks County

10-8-80
Date of Application

MALE
Medical Examination Report Dated 9-30-80
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 9-30-80
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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: Johnny (First) — (Middle) — Russell (Last)

Date of Birth: Month 5 — Day 7 — Year 59

Place of Birth (State or foreign country): Tenn.

Residence Address: RR 1 Box 455 (Street or R. R.) — Plfd. (City) — (County) — Ind. (State)

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) D.L. w/ pict.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 L. Russell
   Residence of father (if deceased so state): Plfd. Ind.
   Birthplace of father (State or foreign country): Alabama
9. Full maiden name of mother: Francis L. Johnson
   Residence of mother (if deceased so state): Same
   Birthplace of mother (State or foreign country): Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Johnny L. Russell

New Address: RR 1 Box 455

Subscribed and sworn to before me this 8 day of Oct, 19 80

Ellen M. Harvey, Clerk Hend. Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

HENDRICKS Clerk

FEMALE APPLICANT

Name: Anastasia (First) — L (Middle) — Maxwell (Last)

Date of Birth: Month 7 — Day 2 — Year 59

Place of Birth (State or foreign country): Ind.

Residence Address: 313 Brookside Lane (Street or R. R.) — Plfd. (City) — (County) — (State)

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) D.L. w/ pict

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 R. Maxwell
   Residence of father (if deceased so state): Plfd. Ind.
   Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Jane M. Scott
   Residence of mother (if deceased so state): Same
   Birthplace of mother (State or foreign country): Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Anastasia L. Maxwell

New Address: R 1 Box 455

Subscribed and sworn to before me this 8 day of Oct, 19 80

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, County of ..... } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

HENDRICKS 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....., 19 80, authorizing the joining together as husband and wife of Indiana dated the 14 day of Oct, Johnny Russell and Anastasia L. Maxwell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Buddy Scheuer hereby certify that on the 25 day of Oct, one thousand nine hundred and 80 at Mooresville, County of Morgan, State of Ind., State of Indiana, Groom Johnny Russell of Hend. County, State of Ind., and, Bride Anastasia L. Maxwell of Hend. County, State of HENDRICKS, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14 day of Oct, 19 80 Signed Buddy Scheuer

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of Nov, 19 80 Signed Ellen M. Harvey, Clerk HENDRICKS Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 527
File 41
10-10-80
Date of Application

MALE
Medical Examination Report Dated 10-3-80
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 10-3-80
Name of Physician Thomas 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First William Middle F. Last Haas
Date of Birth: Month January Day 5 Year 1941
Place of Birth (State or foreign country) Dubois County, Indiana
Residence Address: Street or R. R. RR 3 Box 729 City B'burg County Hen. State Ind.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Franklin Lee Haas
   Melissa Lynn Haas
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be 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 Theodore Haas
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dolores L. Lubbers
   Residence of mother (if deceased so state) Schnellville, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William F Haas
New Address R.3 Box 729 Brownsburg In 46112

Subscribed and sworn to before me this 10 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Ann Middle M. Last Clearwaters
Date of Birth: Month August Day 1 Year 1943
Place of Birth (State or foreign country) Brady, Texas
Residence Address: Street or R. R. 2349 Lake of Lanterns E. Dr. City Indpls. County Ind. State

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Arthur Dwayne Sharp
   Residence of father (if deceased so state) Bremen, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Pearl Marie Rader
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ann M. Clearwaters
New Address R3, Box 729 Brownsburg, Ind.

Subscribed and sworn to before me this 10 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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 17th day of Oct., 1980, authorizing the joining together as husband and wife William F. Haas and Ann M. Clearwaters
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, H. Philip Loging hereby certify that on the 18 day of Oct, one thousand nine hundred and 80 at Indpls., County of Marion, State of Indiana, Groom William F. Haas of Hend. County, State of Ind. and, Bride Ann M. Clearwaters of Hend. County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 17 day of Oct, 1980.

Signed H. Philip Loging
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of Oct, 1980.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 528
File 41
10-10-80
Date of Application

MALE
Medical Examination Report Dated 10-7-80
Name of Physician Robert A. Heavin

FEMALE
Medical Examination Report Dated 10-7-80
Name of Physician Robert A. Heavin

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 David Middle Glenn Last Heaton

Date of Birth: Month 8 Day 12 Year 62

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R. R. 3051 St. Rd 42, City Mooresville, County, State Indiana

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Billy M. Heaton
   Residence of father (if deceased so state) Mooresville, Ind.
   Birthplace of father (State or foreign country) Georgia
9. Full maiden name of mother Mary Ethel Ingalsby
   Residence of mother (if deceased so state) Mooresville, Ind.
   Birthplace of mother (State or foreign country) West Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ David Glenn Heaton
New Address 319 S. Center st. Pfield
Subscribed and sworn to before me this 10 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Linda Middle _____ Last Dickerson

Date of Birth: Month 10 Day 14 Year 62

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R. R. RR 1 Box 125 City Stilesville, County, State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers lic w/ piece.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Frank Dickerson
   Residence of father (if deceased so state) Stilesville, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Verna Lee Jones
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Arkansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda Dickerson
New Address 319 S. Center Street Plainfield
Subscribed and sworn to before me this 16 day of Oct. 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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* 16 *day of* Oct, 19 80, *authorizing the joining together as husband and wife* David G. Heaton *and* Linda Dickerson. *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Dan R. Harner *hereby certify that on the* 24 *day of* Oct, *one thousand nine hundred and* 80 *at* Stilesville, *County of* Hend. *State of Indiana, Groom* David G. Heaton *of* Morgan *County, State of* Ind. *and, Bride* Linda Dickerson *of* Hend. *County, State of* Ind. *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 16 *day of* Oct, 19 80. *Signed* Dan R. Harner
Official Designation Preacher

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* Oct, 19 80
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 530

File _____

~~10-29-80~~ 10-10-80
Date of Application

MALE
Medical Examination Report Dated 10-9-80
Name of Physician Ronald Stegemoller

FEMALE
Medical Examination Report Dated 10-9-80
Name of Physician Ronald Stegemoller

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 Donald Middle D Last Dodson

Date of Birth: Month 11 Day 15 Year 1960

Place of Birth (State or foreign country) Lebanon Ind

Residence Address: Street or R. R. 21 S. Rd 300 E City Danville County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License & picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David Ruel Dodson
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Danville Ill.
9. Full maiden name of mother Cecilia Faith Clemens
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Lebanon, Ind.

State of Indiana, County of ____ } ss: I depose and state the information given in this application is true and correct.

Signed X Donald Dwayne Dodson
New Address 21 S. 300 East Danville
Subscribed and sworn to before me this 10 day of October, 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, County of ____ } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Kristine Middle M Last Hiser

Date of Birth: Month 8 Day 16 Year 1963

Place of Birth (State or foreign country) Danville Ind.

Residence Address: Street or R. R. PO Box 145 City Danville County Hend State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License & picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Huser
   Residence of father (if deceased so state) Danville Ind
   Birthplace of father (State or foreign country) Hartford City Ind.
9. Full maiden name of mother Diane Lee Thorn
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Hollywood, Calif

State of Indiana, County of ____ } ss: I depose and state the information given in this application is true and correct.

Signed X Kristine Marie ~~Dodson~~ Hiser
New Address P.O. Box 145 Danville
Subscribed and sworn to before me this 10 day of October, 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, County of ____ } ss:

Signed [signature] Father
Signed Diane L Hiser Mother
Subscribed and sworn to before me this 10 day of October, 19 80.
Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* .....*Circuit Court of Indiana dated the* 10 *day of* Oct, *19*80, *authorizing the joining together as husband and wife* Donald D. Dodson *and* Kristine M. Hiser
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John D. Root *hereby certify that on the* 11 *day of* Oct., *one thousand nine hundred and* 80 *at* Danville, *County of* Hend, *State of Indiana, Groom* Donald D. Dodson *of* Hend *County, State of* Ind. *and, Bride* Kristine M. Hiser *of* Hend *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*
Dated this 11 *day of* Oct., *19*80.

Signed John D Root
Official Designation Priest (Episcopal)

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* Oct., *19*80.

Signed Glen M. Harvey *Clerk*
Hendricks *Circuit Court*

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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. 529

Hendricks County

File Oct. 10, 1980
Date of Application

MALE
Medical Examination Report Dated 10-8-80
Name of Physician Robert McDougal

FEMALE
Medical Examination Report Dated 10-8-80
Name of Physician Robt McDougal

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 Stephen Middle R. Last O'Brien

Date of Birth: Month June Day 27 Year 19 0

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1408 Main St. City Plainfield County Co. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 James O'Brien
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Willelma Sullivan
   Residence of mother (if deceased so state) Plainfield In.
   Birthplace of mother (State or foreign country) Ill

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Stephen R. O'Brien
New Address 221 Spring Dr. Plainfield Ind.

Subscribed and sworn to before me this 10 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Tamara Middle L. Last Johnson

Date of Birth: Month Mar Day 28 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 292 City New Paris County Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Johnson
   Residence of father (if deceased so state) New Paris, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Janet Smith
   Residence of mother (if deceased so state) New Paris, Ind
   Birthplace of mother (State or foreign country) Mich.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Tamara L. Johnson
New Address 221 Spring Dr. Plainfield

Subscribed and sworn to before me this 10 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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 16 day of October, 19 80, authorizing the joining together as husband and wife Stephen R. O'Brien and Tamara L. Johnson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Richard Zore hereby certify that on the 18 day of October, one thousand nine hundred and 80 at Plainfield, County of Hendricks, State of Indiana, Groom Stephen R. O'Brien of Elkhardt County, State of Indiana, and, Bride Tamara L. Johnson of Elkhardt County, State of HENDRICKS, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 day of October, 19 80. Signed Reverend Richard Zore

Official Designation Roman Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of October, 19 80. Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. ~~530~~ 531

File

_____ County

10-14-80
Date of Application

MALE
Medical Examination Report Dated 10-2-80
Name of Physician Michael L. Neely, M.D.

FEMALE
Medical Examination Report Dated 10-2-80
Name of Physician Michael L. Neely, 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 Thomas Middle Glen Last Spence

Date of Birth: Month 11 Day 1 Year 55

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. P.O. Box 81, City Clayton, County Hendricks, State IN

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/ Picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Harold Spence
   Residence of father (if deceased so state) Clayton, Indiana
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Shirley Mae Wiggins
   Residence of mother (if deceased so state) Clayton, Indiana
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Thomas D. Spence
New Address P.O. BOX 81 CLAYTON IN. 46118

Subscribed and sworn to before me this 14th day of October, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Cynthia Middle Jo Last Lenty

Date of Birth: Month 12 Day 22 Year 59

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R.R. 6, Box 284, City Danville, County Hendricks, State IN

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Fredrick Lenty
   Residence of father (if deceased so state) Danville, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Meeda F. Lynn
   Residence of mother (if deceased so state) Danville, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cynthia Jo Spence
New Address P.O. Box 81 Clayton, Ind. 46118

Subscribed and sworn to before me this 14th day of October, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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* Oct, 1980, *authorizing the joining together as husband and wife* Thomas Glen Spence *and* Cynthia Jo Lenty

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Frank W. Rodgers *hereby certify that on the* 7 *day of* Nov, *one thousand nine hundred and* 80 *at* Amo, *State of Indiana, Groom* Thomas Glen Spence *of* Hendricks *County, State of* Indiana, *and, Bride* Cynthia Jo Lenty *of* Hendricks *County, State of* In, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 7 *day of* Nov, 1980.

Signed Frank W. Rodgers

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* Nov, 1980.

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. 532

File 41

10-14-80
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 10-10-80
Name of Physician Mc Mannis

FEMALE
Medical Examination Report Dated 10-10-80
Name of Physician Mc Mannis

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 James Middle A. Last Morgan
Date of Birth: Month 4 Day 24 Year 62
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. RR 2, Box 88A City Danville County Hend. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers Lic w/picture & Voters of Page

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James C. Morgan
   Residence of father (if deceased so state) Missouri
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Charlotte Harmon
   Residence of mother (if deceased so state) Indpls. Ind.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James A. Morgan
New Address Danville, Indiana

Subscribed and sworn to before me this 14 day of Oct., 19 80.

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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of.....19.....
.....Clerk

FEMALE APPLICANT

Name: First Dawn Middle R. Last Payne
Date of Birth: Month 4 Day 27 Year 62
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. R 2, Box 88A City Danville County Hend. State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jack L. Payne
   Residence of father (if deceased so state) Danville Ind
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sylvia L. Yarbrough
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Penn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dawn R. Payne
New Address R.R. #2 Box 88A Danville

Subscribed and sworn to before me this 14 day of Oct., 19 80.

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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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.....19 80, authorizing the joining together as husband and wife of Indiana dated the 20 day of Oct and James A. Morgan and Dawn R Payne.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Harlan Kincade hereby certify that on the 24 day of Oct one thousand nine hundred and 80 at New Winchester, County of Hend. State of Indiana, Groom James A. Morgan of Hend. County, State of Ind. and, Bride Dawn R. Payne of Hend. County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 24 day of Oct., 19 80. Signed Harlan Kincade
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24-30 day of Oct., 19 80.
Signed Ellen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 533
File 41
10-14-80
Date of Application

MALE
Medical Examination Report Dated 10-8-80
Name of Physician Scudder

FEMALE
Medical Examination Report Dated 10-8-80
Name of Physician Scudder

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 Charles Middle A. Last Crockett
Date of Birth: Month 3 Day 27 Year 60
Place of Birth (State or foreign country)
Residence Address: 122 E. College Street or R. R. Brownsburg City Ind. County State
Ind.

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Taylor C. Crockett
   Residence of father (if deceased so state) RR 1 Box 179 Westfield Ind
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Elizabeth K. McMurray
   Residence of mother (if deceased so state) Muncie Ind.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles A Crockett
New Address 122 E College Brownsburg Ind
Subscribed and sworn to before me this 14 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Shannon Middle K. Last Aspew
Date of Birth: Month 8 Day 23 Year 63
Place of Birth (State or foreign country)
Residence Address: 122 E. College Street or R. R. Brownsburg City Ind. County State
Ind.

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Raymond E. Aspew
   Residence of father (if deceased so state) Lake of Eastern Hills, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Martha A. Hart
   Residence of mother (if deceased so state) 122 E. College Brownsburg Ind.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Shannon K Aspew
New Address 122 College Ave
Subscribed and sworn to before me this 14 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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 20th day of Oct, 19 80, authorizing the joining together as husband and wife Charles A. Crockett and Shannon K. Aspew

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Mary Jane Russell hereby certify that on the 24 day of Oct, one thousand nine hundred and 80 at Danville, County of Hend, State of Indiana, Groom Charles A Crockett of Hend County, State of Ind and, Bride Shannon K. Aspew of Hend County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 24 day of Oct, 19 80.

Signed Mary Jane Russell
Official Designation 1st Dep. Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of Oct, 19 80.

Signed Ellen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 534

HENDRICKS County

File Oct 14, 1980 Date of Application

MALE
Medical Examination Report Dated 10-7-80
Name of Physician David Stout

FEMALE
Medical Examination Report Dated 10-7-80
Name of Physician David Stout

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or practice shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jeffrey Middle L. Last Stewart

Date of Birth: Month March Day 29 Year 1958

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. RR 1 Box 88 City North Salem County Indiana State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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 Benjiman Cleo Stewart
   Residence of father (if deceased so state) North Salem, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Cathrine Marie Fincham
   Residence of mother (if deceased so state) North Salem, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jeffrey L. Stewart

New Address 18 Rockriver Ridge C.V.ille

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Penny Middle L Last Riddell

Date of Birth: Month Oct Day 8 Year 1962

Place of Birth (State or foreign country) Crawfordsville, Indiana

Residence Address: Street or R. R. RR 2 City Rockdale County Indiana State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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 Darrell Richard Riddell
   Residence of father (if deceased so state) Rockdale, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Lorene Gordon
   Residence of mother (if deceased so state) Rockdale, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Penny L Riddell

New Address 18 Rockriver Ridge Crawfordsville

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed in ..... HENDRICKS County ..... Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 20th day of Oct, 19 80, authorizing the joining together as husband and wife Jeffrey L Stewart and Penny L Riddell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James M Hyer hereby certify that on the 30 day of Oct, one thousand nine hundred and 80 at Rockdale County of Hend. State of Ind. State of Indiana, Groom Jeffrey L Stewart of Hend. County, State of Ind. and, Bride Penny L Riddell

were by me united 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 Oct, 19 80. Signed James M Hyer

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Oct, 1980

Signed Helen M Hayes Clerk HENDRICKS Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 535

File

Oct 14, 1980
Date of Application

MALE
Medical Examination Report Dated 10-9-80
Name of Physician A. N. Sudder

FEMALE
Medical Examination Report Dated 10-9-80
Name of Physician A. N. Sudder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

FeMALE APPLICANT

Name: First Angela Middle Dawn Last Secrest

Date of Birth: Month Oct Day 25 Year 1961

Place of Birth (State or foreign country) Indianapolis, In

Residence Address: Street or R. R. RR1 Box 200 City Whitestown County Boone State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Milton Secrest
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sharon Lou Wood
   Residence of mother (if deceased so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Angela Dawn Secrest

New Address RR1 Box 200 Whitestown, IN

Subscribed and sworn to before me this 14 day of Oct, 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, County of ..... } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

MALE APPLICANT

Name: First Curt Middle Todd Last Mitchner

Date of Birth: Month July Day 13 Year 1961

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. 709 Prairie Dr. City Brownsburg County Hendricks State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lewis Edwood Mitchner
   Residence of father (if deceased so state) Brownsburg, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha ann Josperson
   Residence of mother (if deceased so state) Brownsburg, In
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Curt Todd Mitchner

New Address R.R.1 Box 200 WHITESTOWN, IN

Subscribed and sworn to before me this 14 day of Oct, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17 *day of* Oct, 19 80, *authorizing the joining together as husband and wife* Curt Todd Mitchner *and* Angela Dawn Secrest

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William Grant Nigh *hereby certify that on the* 18 *day of* October, *one thousand nine hundred and* 80 *at* Zion Evangelical United Church, *County of* Marion, *State of Indiana, Groom* Curt Todd Mitchner *of* Hendricks *County, State of* Ind. *and, Bride* Angela Dawn Secrest *of* Marion *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 18 *day of* October, 19 80.

Signed William Grant Nigh

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* October, 19 80.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 536

File

Hendricks County

10-15-80 Date of Application

MALE
Medical Examination Report Dated 10-8-80
Name of Physician Dr. A. N. Scudder

FEMALE
Medical Examination Report Dated 10-8-80
Name of Physician A. N. Scudder

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 Don Middle C. Last Terry

Date of Birth: Month 10 Day 24 Year 1938

Place of Birth (State or foreign country) Pine Cont Kentucky

Residence Address: Street or R. R. 238 N. Jefferson City B'burg County Hend State Ind.

Previous Marital Status: Never Married ☐ OR ☑

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers 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.
   Victoria Renee Terry
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Terry
   Residence of father (if deceased so state) Cincinnatti Ohio
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Thelma Keng
   Residence of mother (if deceased so state) Kentucky
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Don C Terry

New Address SAME AS above

Subscribed and sworn to before me this 15 day of Oct, 1980.

Glen M. Howey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Deborah Middle L. Last Tabor

Date of Birth: Month 10 Day 24 Year 1952

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: Street or R. R. 238 N. Jefferson City B'burg County Hend State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers 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.
   Deana Lynn Tabor
   Angela Christine Tabor
   James Bryan Tabor
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Montan
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother Betty Ann Albright
   Residence of mother (if deceased so state) California
   Birthplace of mother (State or foreign country) Indpls Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Deborah L Tabor

New Address SAME as above

Subscribed and sworn to before me this 15 day of Oct, 1980.

Glen M. Howey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* October, 19 80, *authorizing the joining together as husband and wife* Don C. Terry *and* Deborah L. Tabor

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Mary Jane Russell *hereby certify that on the* 21 *day of* October, *one thousand nine hundred and* 80 *at* Danville, *County of* Hend, *State of Indiana, Groom* Don C. Terry *of* Hendricks *County, State of* Ind. *and, Bride* Deborah L. Tabor *of* Hendricks *County, State of* Ind.

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS *County.*

Dated this 21 *day of* Oct., 19 80. *Signed* Mary Jane Russell

Official Designation 1st Deputy Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* Oct., 19 80

Signed Glen M. Howey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 537

File

Oct 15, 1980
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 Marvin, Middle L., Last Berlin

Date of Birth: Month June, Day 3, Year 1957

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 608 Lakeside Dr., City Plainfield, County _____, 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 Charles D. Berlin
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Frances J White
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) _____

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marvin L. Berlin

New Address 890 Ridgewood, Plfd Ind

Subscribed and sworn to before me this 15 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Michelle, Middle L., Last Sheets

Date of Birth: Month August, Day 20, Year 1954

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 890 Ridgewood Dr., City Plainfield, County _____, State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Sybil Sheets 6

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Stanley
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janice F. Rose
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) _____

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michelle L. Sheets

New Address 890 Ridgewood, Plfd IN

Subscribed and sworn to before me this 15 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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* Oct, 1980, *authorizing the joining together as husband and wife* Marvin L. Berlin *and* Michelle L. Sheets

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John F. Cross *hereby certify that on the* 25 *day of* Oct, *one thousand nine hundred and* 80 *at* Pfld, *County of* Hend, *State of Indiana, Groom* Marvin L. Berlin *of* Hend *County, State of* Ind *and, Bride* Michelle L. Sheets *of* Hend *County, State of* Ind, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 25 *day of* Oct, 1980.

Signed John F. Cross

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* Oct, 1980.

Signed Glen M Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed 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

_____ County

October 15, 1981
Date of Application

MALE
Medical Examination Report Dated 10-6-80
Name of Physician Terry L. Henderson

FEMALE
Medical Examination Report Dated 10-7-80
Name of Physician Billie A. Gosnell, D.O.

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 Paul Middle S. Last Bea

Date of Birth: Month April Day 13 Year 1959

Place of Birth (State or foreign country) Marion County

Residence Address: 15 Hickory Lane, Brownsburg In.
Street or R. R. City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Joseph Bea
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Vera Mae Spickler
   Residence of mother (if deceased so state) Delphi, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Paul S Bea

New Address 15 Hickory Ln. Brownsburg, In. 46112

Subscribed and sworn to before me this 15 day of October, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Janice Middle Lee Last Bainaka

Date of Birth: Month November Day 16 Year 1952

Place of Birth (State or foreign country) Delphi, Indiana

Residence Address: 60 Karen Dr. Brownsburg In.
Street or R. R. City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dale Edward Bainaka
   Residence of father (if deceased so state) Carmel, In.
   Birthplace of father (State or foreign country) Delphi, In.
9. Full maiden name of mother Betty Jean Vanderhoff
   Residence of mother (if deceased so state) Carmel, In.
   Birthplace of mother (State or foreign country) Delphi, In.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Janice L. Bainaka

New Address 15 Hickory Lane Brownsburg

Subscribed and sworn to before me this 15 day of October, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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 29th day of October, 19 80, authorizing the joining together as husband and wife Paul S. Bea and Janice Lee Bainaka

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dennis L. Dodson hereby certify that on the 22 day of Oct. one thousand nine hundred and 80 at Brownsburg, County of Hend. State of Indiana, Groom Paul S. Bea of Hend. County, State of Ind. and, Bride Janice Lee Bainaka of Hend. County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 29 day of Oct., 19 80. Signed Dennis L. Dodson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 31st day of Dec., 19 80

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed 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

_____ 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 ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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, } ss: I depose and state the information given
County of HENDRICKS } in this application is true and correct.

Signed _____

New Address _____

Subscribed and sworn to before me this _____ day of _____, 19_____.

_____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, HENDRICKS } ss:
County of _____ }

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____.

_____ Clerk

FEMALE APPLICANT

Name *First* *Middle* *Last*

Date of Birth Month Day Year

Place of Birth (State or foreign country)

Residence Address Street or R. R. City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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, } ss: I depose and state the information given
County of HENDRICKS } in this application is true and correct.

Signed _____

New Address _____

Subscribed and sworn to before me this _____ day of _____, 19_____.

_____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, HENDRICKS } ss:
County of _____ }

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____.

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the _____ day of _____, 19_____, authorizing the joining together as husband and wife _____ and _____*

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, _____ hereby certify that on the _____ day of _____, one thousand nine hundred and _____ at _____, County of _____, State of Indiana, Groom _____ of _____ County, State of _____ and, Bride _____ of _____ County, State of _____, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS *County.*

Dated this _____ day of _____, 19_____.

Signed _____

Official Designation _____

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19_____.

Signed _____ *Clerk*

HENDRICKS *Circuit Court*

#629

Form Prescibed 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

Hendricks County

October 16, 1980
Date of Application

MALE
Medical Examination Report Dated 10-10-80
Name of Physician P.T. Hodgin

FEMALE
Medical Examination Report Dated 10-10-80
Name of Physician P.T. Hodgin

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 Thomas Middle E. Last Hiday

Date of Birth: Month March Day 19 Year 1959

Place of Birth (State or foreign country) Frankfort Germany

Residence Address: Street or R. R. RR#8 Box 372 (Lot 27) City (Hendricks) County State Indiana

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) drivers license (pictures)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Eugene Hiday
   Residence of father (if deceased so state) Avon, In.
   Birthplace of father (State or foreign country) Noblesville In.
9. Full maiden name of mother Marilyn Joan Bruebaker
   Residence of mother (if deceased so state) Avon In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Thomas E. Hiday

New Address RR#8 Box 372 (Lot 27)

Subscribed and sworn to before me this 16 day of October, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Tena Middle J. Last Ricci

Date of Birth: Month May Day 4 Year 1963

Place of Birth (State or foreign country) Ky. Irene Marion Co.

Residence Address: Street or R. R. 2710 Earlham Ln. City (Ind.) County Indpls. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Anthony J Ricci
   Residence of father (if deceased so state) Evansville In.
   Birthplace of father (State or foreign country) Johnson City Ill.
9. Full maiden name of mother Sharon Jean Strauch
   Residence of mother (if deceased so state) Earlham Ln. Indpls In.
   Birthplace of mother (State or foreign country) Brazil In.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Tena J. Ricci

New Address RR 8 Box 372 (Lot 27)

Subscribed and sworn to before me this 16 day of October, 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

not living together also we got consent of Tena

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed Sharon Harrison Mother

Subscribed and sworn to before me this 16 day of October, 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 ..... County ..... Court by written order issued ..... 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 Oct, 1980, authorizing the joining together as husband and wife Thomas E. Hiday and Tena J. Ricci

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ron Hallock hereby certify that on the 8 day of November, one thousand nine hundred and 80 at Pl Yd, County of Hend, State of Ind, Groom Thomas E. Hiday of Hend, County, State of Ind, and, Bride Tena J. Ricci of Hend, County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 8 day of Nov, 1980. Signed Ron Hallock

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of Nov, 1980

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

#630

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 540

File _____

Oct. 17, 1980
Date of Application

MALE
Medical Examination Report Dated 10-14-80
Name of Physician Dr. David R. Stout

FEMALE
Medical Examination Report Dated 10-14-80
Name of Physician Dr. David R. Stout

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 David Middle _____ Last Walton

Date of Birth: Month 12 Day 3 Year 1941

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: 274 Cartersburg Rd. Danville, In.
Street or R. R. City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/ p. #312-44-6180

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Tim Walton - 17

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 C. Walton
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen L. Carter
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David G. Walton

New Address 274 Carters Burg Rd.

Subscribed and sworn to before me this 17 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Peggy Middle _____ Last McKinney

Date of Birth: Month 4 Day 15 Year 1944

Place of Birth (State or foreign country) Bloomington In.

Residence Address: 1038 S. Sheffield, Indpls. In
Street or R. R. City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/p. #303-46-3216

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 17
   Larry 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 Ralph Ernest Jacobs
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Estella Mae Gillett
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Peggy L McKinney

New Address 274 Cartersburg Rd.

Subscribed and sworn to before me this 17 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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* Oct. *, 19* 80 *, authorizing the joining together as husband and wife* David Walton *and* Peggy McKinney

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James E. Taylor *hereby certify that on the* 1st *day of* November *, one thousand nine hundred and* 80 *at* Danville *, County of* Hend *, State of Indiana, Groom* David Walton *of* Hendricks *County, State of* Indiana *and, Bride* Peggy McKinney *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 1st *day of* November *, 19* 80 *.*

Signed James E. Taylor

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* November *, 19* 80 *.*

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 541

File

Hendricks County

10-17-80
Date of Application

MALE
Medical Examination Report Dated 10-15-80
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 10-15-80
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: First Mark Middle Allen Last Rudd

Date of Birth: Month Feb Day 9 Year 1961

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 2 Box 16A City Clayton County Hend. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Rudd
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Iris Rittman
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mark A Rudd

New Address 316½ Ellis St Plainfield In

Subscribed and sworn to before me this 17th day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Teresa Middle Ann Last Stansbury

Date of Birth: Month Sept Day 13 Year 1962

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. R.D. Box 57 City Carterburg County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # 57494B

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 H. Stansbury
   Residence of father (if deceased so state) Carterburg, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sandra Hartwell
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Teresa A. Stansbury

New Address 316½ Ellis St. Plainfield, In.

Subscribed and sworn to before me this 17th day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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.....Circuit Court of Indiana dated the 23rd day of Oct., 1980, authorizing the joining together as husband and wife Mark Allen Rudd and Teresa Ann Stansbury

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, David D. Berry hereby certify that on the 25 day of Oct, one thousand nine hundred and 80 at Clayton, County of Hend., State of Indiana, Groom Mark Allen Rudd of Hend. County, State of Ind., and, Bride Teresa Ann Stansbury of Hend. County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25th day of October, 1980. Signed David D. Berry

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of October, 1980. Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 542

File 41

10-17-80
Date of Application

MALE
Medical Examination Report Dated 10-2-80

Name of Physician Cohen

FEMALE
Medical Examination Report Dated 10-2-80

Name of Physician 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name — First: Michael Middle: Wayne Last: Winter

Date of Birth — Month: 5 Day: 6 Year: 08

Place of Birth (State or foreign country): Missouri

Residence Address — Street or R. R.: 1419 Buchanan City: Plfd. County: ____ State: Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Divorce fm. wife pet.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Woodie Wayne Winter
   Residence of father (if deceased so state) St. Louis Missouri
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Suzanne Kirk
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael W Winter

New Address 419 E BUCHANAN, PLFLD, IN 46168

Subscribed and sworn to before me this 17 day of Oct, 1980.

Ellen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name — First: Rhonda Middle: Lynn Last: Robinson

Date of Birth — Month: 1 Day: 28 Year: 58

Place of Birth (State or foreign country): Indiana

Residence Address — Street or R. R.: 11540 W. Stafford City: Judps. County: ____ State: Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Divorce fm. wife pet.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donavan Lee Robinson
   Residence of father (if deceased so state) Judps. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Joyce A. Burke
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Judps. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rhonda L. Robinson

New Address 1419 Buchanan St PLFD., IN

Subscribed and sworn to before me this 17 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23 *day of* Oct, 19 80, *authorizing the joining together as husband and wife* Michael Wayne Winter *and* Rhonda Lynn Robinson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William R. Clayton *hereby certify that on the* 25th *day of* Oct, *one thousand nine hundred and* 80 *at* Plainfield, *County of* Hend., *State of Indiana, Groom* Michael W. Winter *of* Hend. *County, State of* Ind. *and, Bride* Rhonda Lynn Robinson *of* Hend *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 25 *day of* October, 19 80.

Signed William R Clayton

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* November, 19 80.

Signed Ellen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

633

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

Hendricks County

No. 543

File

10-17-80 Date of Application

MALE
Medical Examination Report Dated 10-10-80
Name of Physician Glenn W. Baker, M.D.

FEMALE
Medical Examination Report Dated 10-10-80
Name of Physician Glenn W. Baker, 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 Michael Middle Edward Last Graham

Date of Birth: Month 3 Day 13 Year 1950

Place of Birth (State or foreign country) Findlay, Ohio

Residence Address: Street or R. R. 525 Dunn, City Plainfield, County Hendricks, State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers Lic. w/ picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gerard E. Graham
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Helen Patricia Uptown
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Louisiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Michael E Graham

New Address 525 Dunn, PLAINFIELD IN.

Subscribed and sworn to before me this 17 day of Oct., 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Cindy Middle Lou Last Turner

Date of Birth: Month 2 Day 26 Year 1957

Place of Birth (State or foreign country) Noblesville Indiana

Residence Address: Street or R. R. R. # 1 Box 109, City Lapel, County Madison, State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers Lic w/ picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Lee Turner
   Residence of father (if deceased so state) Lapel, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Harriett LaVonne Keller
   Residence of mother (if deceased so state) Lapel, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cindy Lou Turner

New Address 526 Dunn St. Plainfield

Subscribed and sworn to before me this 17th day of Oct. 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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* HENDRICKS *Circuit Court of Indiana dated the* 22 *day of* Oct *, 19*80*, 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* .....*, one thousand nine hundred and* .....*at* .....*, County of* .....*, State of* .....*, State of Indiana, Groom* .....*of* .....*County, State of* .....*and, Bride* .....*of* .....*were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this .....*day of* .....*, 19*.....*. Signed* .....

Official Designation .....

Filed and recorded in accordance with the laws of the State of Indiana this .....*day of* .....*, 19*.....

Signed HENDRICKS .....*Clerk Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 544

File

Oct 20, 1980
Date of Application

MALE
Medical Examination Report Dated 10-15-80
Name of Physician M. Scamahorn

FEMALE
Medical Examination Report Dated 10-15-80
Name of Physician M. 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: First Michael Middle Robert Last Arnett

Date of Birth: Month April Day 22 Year 1959

Place of Birth (State or foreign country): Indianapolis, Indiana

Residence Address: Street or R. R. 1401 Forley Dr. City Indianapolis County _____ State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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 Dale Eugene Arnett
   Residence of father (if deceased so state) Indianapolis, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judy Jo Dobbins
   Residence of mother (if deceased so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael Robert Arnett
New Address R 8 Box 298 Indpls IN

Subscribed and sworn to before me this 20 day of Oct, 1980

Glen M. Howey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Kathy Middle Lynne Last Wade

Date of Birth: Month Oct Day 31 Year 1959

Place of Birth (State or foreign country): Washington, Indiana

Residence Address: Street or R. R. R#3 Box 243 City Danville County _____ State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic 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 Charles Robert Wade
   Residence of father (if deceased so state) Danville, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carol Kay Smith
   Residence of mother (if deceased so state) Danville, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kathy Lynne Wade
New Address R 8 Box 298 Indpls Ind.

Subscribed and sworn to before me this 20 day of Oct, 1980

Glen M. Howey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Oct, 1980, *authorizing the joining together as husband and wife* Michael R. Arnett *and* Kathy L. Wade.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Bruce A. Brown *hereby certify that on the* 1st *day of* November, *one thousand nine hundred and* 80 *at* Danville, *County of* Hend., *State of Indiana, Groom* Michael R. Arnett *of* Marion *County, State of* Ind. *and, Bride* Kathy Lynne Wade *of* Hend. *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 1st *day of* November, 1980.

Signed Bruce A. Brown

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* Nov., 1980.

Signed Glen M. Howey .....*Clerk*

HENDRICKS .....*Circuit Court*

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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. 545
File 41
Hendricks County
10-20-80 Date of Application

MALE
Medical Examination Report Dated 10-6-80
Name of Physician Larry W. Lovell

FEMALE
Medical Examination Report Dated 10-6-80
Name of Physician Larry W. Lovell

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 Thad Middle M. Last Cramer
Date of Birth: Month June Day 3 Year 1920
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R. R. 137 N. Indiana 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) 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 Clay Thaddeus Cramer
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Ethel McKean
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Thad M. Cramer
New Address 508 Wayside Ct. - Plainfield

Subscribed and sworn to before me this 20 day of Oct., 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Wanda Middle L. Last Lambert
Date of Birth: Month June Day 27 Year 1930
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 331 E. Main St., City Danville, County Hendricks, State Indiana
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) 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 Alfred Price
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Blanche Marie Updegraf
   Residence of mother (if deceased so state) Hope, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Wanda L. Lambert
New Address 508 Wayside Ct. Plainfield

Subscribed and sworn to before me this 20 day of Oct., 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 24th day of Oct., 1980, authorizing the joining together as husband and wife Thad M. Cramer and Wanda L. Lambert

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Earl J. Bonham, hereby certify that on the 1st day of Nov., one thousand nine hundred and 80, at Danville, County of Hend, State of Indiana, Groom Thad M. Cramer of Hend County, State of Ind, and, Bride Wanda L. Lambert of Hend County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of Nov., 1980. Signed Earl J. Bonham
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of November, 1980.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed 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 41

_____ County

10-20-80
Date of Application

MALE
Medical Examination Report Dated 10-20-80
Name of Physician Larry D. Louall

FEMALE
Medical Examination Report Dated 10-20-80
Name of Physician Larry D. Louall

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 Randy; Middle J.; Last Holderfield
Date of Birth: Month July; Day 24; Year 1960
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR 6 Box 34; City Danville; County Hendricks; State Indiana
Previous Marital Status: Never Married [X] OR
Last Marriage Ended By: Death [ ] Divorce [ ] Annulment [ ]
Date of birth verified by: [ ] Birth Certificate [ ] Judicial Decree
[X] Other (Specify) Driver's license w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes [ ]
   If answer is "yes", has the adjudication been removed? No [ ] Yes [ ]
2. Are you afflicted with a transmissible disease? No [X] Yes [ ]
3. Are you related to the female applicant closer than second cousin? No [X] Yes [ ]
4. Are you now under the influence of intoxicating liquor? No [X] Yes [ ]
5. Are you now under the influence of a narcotic drug? No [X] Yes [ ]
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No [ ] Yes [ ]
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lawrence Paul Holderfield
   Residence of father (if deceased so state) Melbourne, Florida
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Thelma Catherine Robinette
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Randy J. Holderfield
New Address 797 Mackey Rd. Danville

Subscribed and sworn to before me this 20 day of Oct., 1980.
Glen M. Hanney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Bonnie; Middle G.; Last Renno
Date of Birth: Month July; Day 14; Year 1962
Place of Birth (State or foreign country) Florida
Residence Address: Street or R. R. RR 6 Box 34; City Danville; County Hendricks; State Indiana
Previous Marital Status: Never Married [X] OR
Last Marriage Ended By: Death [ ] Divorce [ ] Annulment [ ]
Date of birth verified by: [X] Birth Certificate [ ] Judicial Decree
[ ] Other (Specify) # 109-62-053723

1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes [ ]
   If answer is "yes", has the adjudication been removed? No [ ] Yes [ ]
2. Are you afflicted with a transmissible disease? No [X] Yes [ ]
3. Are you related to the male applicant closer than second cousin? No [X] Yes [ ]
4. Are you now under the influence of intoxicating liquor? No [X] Yes [ ]
5. Are you now under the influence of a narcotic drug? No [X] Yes [ ]
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No [ ] Yes [ ]
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Barton Matthew Renno
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Sarah Josephine McCollum
   Residence of mother (if deceased so state) Melbourne, Florida
   Birthplace of mother (State or foreign country) Georgia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Bonnie G. Renno
New Address 797 Mackey Rd Danville

Subscribed and sworn to before me this 20 day of Oct., 1980.
Glen M. Hanney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior #2 Court by written order issued 3 Day Waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE 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* 20th *day of* Oct., 19 80, *authorizing the joining together as husband and wife* Randy J. Holderfield *and* Bonnie G. Renno

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D. Stump *hereby certify that on the* 20 *day of* Oct., *one thousand nine hundred and* 80 *at* Danville, *County of* Hend., *State of Indiana, Groom* Randy J. Holderfield *of* Hendricks *County, State of* Ind. *and, Bride* Bonnie G. Renno *of* Hendricks *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 22 *day of* October, 19 80.

Signed Joseph D. Stump
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* October, 19 80.

Signed Glen M. Hanney *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 547

File

10-20-80
Date of Application

_____ County

MALE
Medical Examination Report Dated 10-20-80
Name of Physician James Black

FEMALE
Medical Examination Report Dated 10-13-80
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 Jeffrey Middle Allen Last Everman

Date of Birth: Month Oct Day 14 Year 1962

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 6 Box 27 City Brownsburg County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Everman
   Residence of father (if deceased so state) Brownsburg, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Patricia Brady
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jeffrey Allen Everman

New Address RR6 Box 27

Subscribed and sworn to before me this 20 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Carla Middle J Last Foster

Date of Birth: Month April Day 29 Year 1963

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 2607 Marsella City Brownsburg County _____ State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Foster
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ala.
9. Full maiden name of mother Sharon Johnson
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carla J Foster

New Address RR 6 Box 27

Subscribed and sworn to before me this 20 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father

Signed Sharon K. Foster Mother

Subscribed and sworn to before me this 20 day of Oct, 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 .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 24th *day of* Oct., 1980, *authorizing the joining together as husband and wife* Jeffrey Allen Everman *and* Carla J Foster

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D Wilson hereby certify that on the 25 day of Oct one thousand nine hundred and 80 at Brownsburg, County of Hend. State of Indiana, Groom Jeffrey Allen Everman of Hend. County, State of Ind. and, Bride Carla J Foster of Hend. County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25 day of Oct, 1980. Signed Joseph D Wilson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of October, 1980.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

637

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 547

File

County

Date of Application 10-20-80

MALE
Medical Examination Report Dated 10-20-80
Name of Physician James Black

FEMALE
Medical Examination Report Dated 10-13-80
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 Jeffrey Middle Allen Last Everman

Date of Birth: Month Oct Day 14 Year 1962

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 6 Box 27 City Brownsburg County State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Everman
   Residence of father (if deceased so state) Brownsburg, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Patricia Brady
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jeffrey Allen Everman

New Address Rt 6 Box 27

Subscribed and sworn to before Glen M...

CONSENT OF PARENTS

We, the parents, of this ... signs, state facts which ...

State of Indiana, County of HEND...

Signed...

Signed...

Subscribed and sworn to be...

FEMALE APPLICANT

Name: First Carla Middle J Last Foster

Date of Birth: Month April Day 28 Year 1963

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 3607 Marsella City Brownsburg County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Foster
   Residence of father (if deceased so state) Brownsburg, Ind.
   Birthplace of father (State or foreign country) Ala.
9. Full maiden name of mother Sharon Jenson
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carla J Foster

I, Charles L. Foster, hereby give my consent for my Daughter, Carla Jo Foster to marry Jeffrey Allan Everman.

Charles L. Foster

Subscribed and sworn to before me this 21 day of October 19 80

Patty J Lemmon
Notary Public

Expires 1-18-82

NOTARY PUBLIC SEAL INDIANA

...OF COURT. A marriage license having been refused to the above named parties, the ... and filed ... 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 24th day of Oct. 19 80, authorizing the joining together as husband and wife Jeffrey Allen Everman and Carla J Foster

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D Wilson hereby certify that on the 25 day of Oct one thousand nine hundred and 80 at Brownsburg, County of Hend. State of Indiana, Groom Jeffrey Allen Everman of Hend. County, State of Ind. and, Bride Carla J Foster of Hend. County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25 day of Oct, 19 80.

Signed Joseph D Wilson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of October, 19 80

Signed Glen M. Hanes Clerk

HENDRICKS Circuit Court

638

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 548

File

Oct 21, 1980
Date of Application

_____ County

MALE
Medical Examination Report Dated 10-13-80
Name of Physician J. P. Wiersema

FEMALE
Medical Examination Report Dated 10-13-80
Name of Physician J. P. Wiersema

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 Michael Middle Charles Last Drew

Date of Birth: Month Nov Day 28 Year 1957

Place of Birth (State or foreign country) Indianapolis, In

Residence Address: Street or R. R. 314 N Grant City Brownsburg County _____ State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers 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 James Thomas Drew
   Residence of father (if deceased so state) Pittsboro, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Roseann Lukens
   Residence of mother (if deceased so state) Pittsboro, Ind
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Michael C. Drew

New Address 314 N. GRANT ST.

Subscribed and sworn to before me this 21 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Robin Middle Lynn Last Albright

Date of Birth: Month Dec Day 13 Year 1957

Place of Birth (State or foreign country) Indianapolis, Ind

Residence Address: Street or R. R. 314 N. Grant City Brownsburg County _____ State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic 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 Kenneth Sylvester Albright
   Residence of father (if deceased so state) Bridgeton, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jean Elizabeth Smith
   Residence of mother (if deceased so state) Pittsboro, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Babie Lynn Albright

New Address 314 N. Grant, Brownsburg, In

Subscribed and sworn to before me this 21 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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* 31st *day of* Oct, 19 80, *authorizing the joining together as husband and wife* Michael Charles Drew *and* Robin Lynn Albright

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Mary Jane Russell *hereby certify that on the* 31st *day of* October, *one thousand nine hundred and* 80 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Michael Charles Drew *of* Hendricks *County, State of* Indiana *and, Bride* Robin Lynn Albright *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 31 *day of* Oct, 19 80.

Signed Mary Jane Russell

Official Designation 1st Deputy Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* November, 19 80.

Signed Glen M. Harvey Clerk

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 549

File 41

10-22-80
Date of Application

MALE
Medical Examination Report Dated 10-20-80

Name of Physician Thomas L Walker

FEMALE
Medical Examination Report Dated 10-20-80

Name of Physician Thomas 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Billy Middle Joe Last Ridenour

Date of Birth: Month 11 Day 13 Year 56

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 1 Box 90 City Pittsboro County _____ State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers lic w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George E. Ridenour
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Breeda A. Doll
   Residence of mother (if deceased so state) Brownsburg Ind.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Billy Joe Ridenour

New Address RR 1 Box 90 Pittsboro

Subscribed and sworn to before me this 22 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Sherri Middle Lynn Last Carter

Date of Birth: Month 12 Day 29 Year 62

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 624 Alpha City Brownsburg County _____ State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry Lee Carter
   Residence of father (if deceased so state) Indpls, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Louise Barnes
   Residence of mother (if deceased so state) Brownsburg, Ind
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sherri L. Carter

New Address R.R. 1 Box 90 Pittsboro

Subscribed and sworn to before me this 22 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father

Signed Mary L. Jugg Mother

Subscribed and sworn to before me this.....day 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* 22 *day of* October, 19 80, *authorizing the joining together as husband and wife* Billy Joe Ridenour *and* Sherri L. Carter

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, George W. Davis *hereby certify that on the* 25 *day of* October, 19 80 *at* Brownsburg, *County of* Hend *State of Indiana, Groom* Billy Joe Ridenour *of* Hend *County, State of* Ind, *and, Bride* Sherri L. Carter *of* Hend *County, State of* Ind, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 27 *day of* Oct., 19 80. *Signed* George W. Davis

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* ~~October~~ November, 19 80

Signed Ellen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 550 549

File 41

10-23-80
Date of Application

MALE
Medical Examination Report Dated 10-13-80

Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 10-13-80

Name of Physician Thomas 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jonathan Middle _____ Last Johnston

Date of Birth: Month 12 Day 3 Year 61

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. P.O. Box 42 City Pltf. County Ind. State 46168

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Voters Registration

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Henderson Johnston
   Residence of father (if deceased so state) Pltf. Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Katti Jean Mowery
   Residence of mother (if deceased so state) Dana
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jonathan Johnston

New Address 346 W Vine st Plainfield Ind

Subscribed and sworn to before me this 23 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Betty Middle Jean Last Hayden

Date of Birth: Month 5 Day 10 Year 60

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 1 Box 15 City Clayton County Ind. State 46118

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver Lic & Voters Reg.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Monnie Hayden
   Residence of father (if deceased so state) Clayton, Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Mattie Pate
   Residence of mother (if deceased so state) Dana
   Birthplace of mother (State or foreign country) N. Carolina

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Betty Jean Hayden

New Address 346 N. Vine St Plainfield

Subscribed and sworn to before me this 23 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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* 27th *day of* October, 19....., *authorizing the joining together as husband and wife* Jonathan Johnston *and* Betty Jean Hayden

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Gordon Taylor *hereby certify that on the* 8 *day of* Nov., *one thousand nine hundred and* 80 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Jonathan Johnston *of* Hendricks *County, State of* In *and, Bride* Betty Jean Hayden *of* Hendricks *County, State of* In, *were by me united 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* Nov, 19 80.

Signed Gordon Taylor

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* Nov. 19 80.

Signed Ellen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective June 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 551

File 10-23-80 Date of Application

MALE
Medical Examination Report Dated 10-2-80
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 10-2-80
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: First Danny Middle D. Last Storm

Date of Birth: Month 9 Day 7 Year 1952

Place of Birth (State or foreign country) Indianapolis

Residence Address: Street or R. R. 412 East Rd 200 South City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Scott Daniel Beaty
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Cheaty L. Storm
   Residence of father (if deceased so state) Danville, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ida Marie Harding
   Residence of mother (if deceased so state) Danville, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Danny D. Storm
New Address 412 E RD 200S DANVILLE, IND
Subscribed and sworn to before me this 23 day of Oct, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Laurie Middle Last Beaty

Date of Birth: Month 8 Day 16 Year 1959

Place of Birth (State or foreign country) La Grange, Indiana

Residence Address: Street or R. R. 5025 D West 36th City Indpls. County State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Scott Daniel Beaty
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Barry Eugene Beaty
   Residence of father (if deceased so state) Clinton, Indiana
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Mary Ruth Bowen
   Residence of mother (if deceased so state) Indpls., Ind.
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Laurie Beaty
New Address 412 E. Rd 200 South
Subscribed and sworn to before me this 23 day of Oct, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... *of Indiana dated the* 30 *day of* Oct, *19* 80, *authorizing the joining together as husband and wife* Danny D. Storm *and* Laurie Beaty *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, John C. Maurer *hereby certify that on the* 15 *day of* Nov. *one thousand nine hundred and* 80 *at* Danville, *County of* Hend. *State of Indiana, Groom* Danny D. Storm *of* Hend *County, State of* Ind. *and, Bride* Laurie Beaty *of* Marion *County, State of* Ind. *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 30 *day of* Oct., *19* 80. Signed John C. Maurer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* Nov., *19* 80.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

6 642

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 552

File

10-24-80
Date of Application

MALE
Medical Examination Report Dated 10-9-80
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 10-9-80
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 Joseph Middle Wayne Last Joyce

Date of Birth: Month June Day 18 Year 1959

Place of Birth (State or foreign country) Indianapolis Marion Co. In.

Residence Address: Street or R. R. P.O. Box 153, City Roachdale, County, State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph Michael Joyce
   Residence of father (if deceased so state) Roachdale, In.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Patricia Louise Brown
   Residence of mother (if deceased so state) Roachdale, In.
   Birthplace of mother (State or foreign country) Marion Co. In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Joseph W Joyce
New Address 269-A-Rockshire Rd. Indpls

Subscribed and sworn to before me this 24 day of October, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Melody Middle Lynn Last Herrin

Date of Birth: Month May Day 19 Year 1961

Place of Birth (State or foreign country) Greencastle Putnam In.

Residence Address: Street or R. R. P.B. Box 20 City Clayton County, State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Joe Herrin
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Marlene Edith Kersey
   Residence of mother (if deceased so state) Coatesville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Melody Lynn Herrin
New Address 209-A Rockshire Rd. Indpls 46

Subscribed and sworn to before me this 24 day of October, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* Oct, 19 80, *authorizing the joining together as husband and wife* Joe Joyce *and* Melody Herrin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Tom McBillard *hereby certify that on the* 2nd *day of* Nov, *one thousand nine hundred and* 80 *at* ....., *County of* Hendricks, *State of Indiana, Groom* Joe Joyce *of* Putnam *County, State of* In. *and, Bride* Melody Herrin *of* Hendricks *County, State of* In., *were by me united 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, 19 80.

Signed Tom McBillard

Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* Nov, 19 80.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 553

Hendricks County

File

Oct 27 1980
Date of Application

MALE
Medical Examination Report Dated 10-4-80
Name of Physician J. Pargan

FEMALE
Medical Examination Report Dated 10-4-80
Name of Physician J. Pargan

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 Daniel Middle R Last Stanley

Date of Birth: Month Dec. Day 14 Year 1959

Place of Birth (State or foreign country) Elkhart Ind.

Residence Address: Street or R. R. 890 Ridgewood Dr. Apt 205C City Ply. County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Junior Stanley
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Alice Hoverholser
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Daniel R. Stanley PLAINFIELD IN

New Address 890 Ridgewood Dr Apt 205-C 46168

Subscribed and sworn to before me this 27 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of.....19.....

.....Clerk

FEMALE APPLICANT

Name: First Linda Middle Lee Last Black

Date of Birth: Month Aug Day 26 Year 1954

Place of Birth (State or foreign country) Greencastle, In

Residence Address: Street or R. R. 61 S 16th City Terre Haute County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/p A317-48-4858

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Braxton Black
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruby Helen Saathoff
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Linda Lee Black

New Address 890 Ridgwood Dr. Apt. 205 C Plainfield 46168

Subscribed and sworn to before me this 27 day of Oct., 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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 31 day of Oct., 1980, 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.....one thousand nine hundred and.....of.....County, State of.....State of Indiana, Groom.....of.....County, State of HENDRICKS and, Bride.....were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this.....day of....., 19..... Signed.....

Official Designation.....

Filed and recorded in accordance with the laws of the State of Indiana this.....day of....., 19.....

Signed.....Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 554

File 41

Oct 27, 1980
Date of Application

MALE
Medical Examination Report Dated 10-21-80
Name of Physician Dr. Heinlein

FEMALE
Medical Examination Report Dated 10-21-80
Name of Physician Dr 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: First William Middle J. Last Peters

Date of Birth: Month July Day 23 Year 1945

Place of Birth (State or foreign country) Batesville Indiana

Residence Address: Street or R. R. 13 Richfield Ln City Danville County _____ State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Shawn E. Peters 3
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charlie Anderson Peters
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Irene Ida Burns
   Residence of mother (if deceased so state) Batesville, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William J. Peters

New Address 13 Richfield Lane Danville,

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

FEMALE APPLICANT

Name: First Tamara Middle A. Last Walsmon

Date of Birth: Month June Day 1 Year 1960

Place of Birth (State or foreign country) Batesville, Indiana

Residence Address: Street or R. R. 119 N. Eastern Ave City Batesville County _____ State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Cletus Paul Walsmon
   Residence of father (if deceased so state) Batesville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Maxene Mary Rose Tekulve
   Residence of mother (if deceased so state) Batesville, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tamara A. Walsmon

New Address 13 Richfield Lane Danville

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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* 30 *day of* Oct., 19 80, *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, Myron Barnard *hereby certify that on the* 31 *day of* Oct, *one thousand nine hundred and* 80 *at* Indpls., *County of* Marion, *State of Indiana, Groom* Wm. J. Peters *of* Hend. *County, State of* Ind. *and, Bride* Tamara A. Walsmon *of* # Ripley *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 31 *day of* Oct., 19 80.

Signed Myron Barnard

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* November, 19 80.

Signed Allen M. Hendricks *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed 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

Hendricks County

10-27-80
Date of Application

MALE
Medical Examination Report Dated 10-20-80
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 10-20-80
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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Bruce Middle Charles Last May

Date of Birth: Month August Day 1 Year 1953

Place of Birth (State or foreign country) Wisc.

Residence Address: Street or R. R. 505 Brentwood Dr. E. City Plainfield County Hen. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Stephanie May
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James E. May
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Del.
9. Full maiden name of mother Mary Bruce
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) N. Y.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bruce C May

New Address 505 BRENTWOOD DR. EAST.

Subscribed and sworn to before me this 27 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Debra Middle Kaye Last Evans

Date of Birth: Month July Day 11 Year 1953

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 30 W. North St. City Plainfield County Hen. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edward B. Ott
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Patricia Longmire
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Debra K Evans

New Address 505 Brentwood Dr. East

Subscribed and sworn to before me this 27 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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 27 day of Oct, 1980, authorizing the joining together as husband and wife Bruce Charles May and Debra Kaye Evans

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, H. Dayle Cain hereby certify that on the 15 day of Nov, 1980, at Plfd, County of Hend, State of Ind, one thousand nine hundred and 80 Bruce Charles May of Hend, County, State of Ind, State of Indiana, Groom, and, Bride Debra Kaye Evans of Hend, County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15 day of Nov, 1980. Signed Glen O. Cain

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of Nov, 1980. Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 556

File _____

10-28-80
Date of Application

MALE
Medical Examination Report Dated 10-23-80
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 10-23-80
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: First Patrick Middle D. Last Flanagan

Date of Birth: Month Oct. Day 18 Year 1954

Place of Birth (State or foreign country) Ind.

Residence Address 581 W. Morris Street or R. R. Plainfield City Co. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Duane R. Flanagan
   Residence of father (if deceased so state) Avon, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Janis Hodgson
   Residence of mother (if deceased so state) Avon, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patrick D. Flanagan

New Address 581 W. Morris St. Plainfield

Subscribed and sworn to before me this 28 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Meredith Middle A. Last Deakin

Date of Birth: Month Nov. Day 17 Year 1953

Place of Birth (State or foreign country) Ind.

Residence Address 581 W. Morris Street or R. R. Plainfield City Co. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wm T. Deakin
   Residence of father (if deceased so state) Snaps, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Katherine A. Baker
   Residence of mother (if deceased so state) Snaps, In.
   Birthplace of mother (State or foreign country) N. J.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Meredith A. Deakin

New Address 381 W. Morris St. Plainfield

Subscribed and sworn to before me this 28 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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* 11 *day of* Nov *, 19* 80*, authorizing the joining together as husband and wife* Patrick D. Flanagan *and* Meredith A. Deakin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John P. Roy *hereby certify that on the* 8 *day of* Nov. *, one thousand nine hundred and* 80 *at* Danville *, County of* Hendricks *, State of Indiana, Groom* Patrick D. Flanagan *of* Hendricks *County, State of* Indiana *and, Bride* Meredith Ann Deakin *of* Hendricks *County, State of* In. *, were by me united 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* Nov. *, 19* 80.

Signed, John P Roy

Official Designation Episcopal Priest

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* Nov. *, 19* 80

Signed, Glen M Harvey *Clerk*

Hendricks HENDRICKS *Circuit Court*

Form Prescibed 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

10-28-80
Date of Application

_____ County

MALE
Medical Examination Report Dated 10-16-80
Name of Physician Larry Lovell

FEMALE
Medical Examination Report Dated 10-16-80
Name of Physician Larry Lovell

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 James Middle Allen Last Skinner

Date of Birth: Month Nov. Day 28 Year 1960

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 4 Box 257 City Brownsburg County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Malcolm Skinner
   Residence of father (if deceased so state) Brownsburg, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Effie J. Schell
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of _____ } ss: I depose and state the information given in this application is true and correct.

Signed James A Skinner
New Address 2316 D Lynhurst Indpls
Subscribed and sworn to before me this 28 day of Oct, 19 80.
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, County of _____ } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Jay Middle Carol Last Fisher

Date of Birth: Month June Day 18 Year 1961

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R. R. 14 Walnut Ct. City Brownsburg County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Russell L. Fisher
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Carolyn Jean Sturman
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Mich

State of Indiana, County of _____ } ss: I depose and state the information given in this application is true and correct.

Signed Jay Carol Fisher
New Address 2316 D Lynhurst Indps
Subscribed and sworn to before me this 28 day of Oct, 19 80.
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, County of _____ } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 12 day of Nov., 19 80, authorizing the joining together as husband and wife James Allen Skinner and Jay Carol Fisher

Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Roger L. Dean hereby certify that on the 15 day of Nov., one thousand nine hundred and 80 at Indpls., County of Marion, State of Ind, State of Indiana, Groom James Allen Skinner of Hend. County, State of Ind, and, Bride Jay Carol Fisher of Marion County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 15 day of Nov., 19 80. Signed Roger L Dean
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of Nov., 1980
Signed Glen M. Harvey Clerk Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 558

File _____

10-28-80
Date of Application

MALE
Medical Examination Report Dated 10-15-80
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 10-15-80
Name of Physician Glenn Baker

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 Richard, Middle W., Last McKinzie

Date of Birth: Month 1, Day 31, Year 1957

Place of Birth (State or foreign country) Lebanon Ind.

Residence Address: Street or R. R. 514 Enderly #8, City B'burg, County Hend, State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Frederick McKinzie
   Residence of father (if deceased so state) Brownsburg, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Catherine Armstrong
   Residence of mother (if deceased so state) Brownsburg, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of ..... } ss: I depose and state the information given in this application is true and correct.

Signed X Richard W. McKinzie
New Address RR 3 Box 118A Whitesboro, Texas

Subscribed and sworn to before me this 28 day of Oct, 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, County of ..... } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Theresa, Middle L., Last Akins

Date of Birth: Month 7, Day 21, Year 1959

Place of Birth (State or foreign country) Lebanon, Ind.

Residence Address: Street or R. R. RR 1 Box 277F, City B'burg, County Hend., State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License 4/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.
   Damion Lucas Akins

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Fred Akins
   Residence of father (if deceased so state) Brownsburg Ind
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Judith Ann Baker
   Residence of mother (if deceased so state) Brownsburg, Ind
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of ..... } ss: I depose and state the information given in this application is true and correct.

Signed X Theresa Lee Akins
New Address RR 3 Box 118A Whitesboro, Texas

Subscribed and sworn to before me this 28 day of Oct, 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, County of ..... } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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* 3 *day of* Nov., 19 80, *authorizing the joining together as husband and wife* Richard W. McKinzie *and* Theresa L. Akins

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D. Wilson *hereby certify that on the* 29 *day of* Dec., *one thousand nine hundred and* 80 *at* Brownsburg, *County of* Hend., *State of Indiana, Groom* Richard McKinzie *of* Hend. *County, State of* Ind. *and, Bride* Theresa L. Akins *of* Cook *County, State of* Texas, *were by me united 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* Dec., 19 80.

Signed Joseph D. Wilson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* January, 19 81.

Signed Mary Jane Rissell *Clerk*
Hend. *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 559

File

Hendricks County

10-29-80 Date of Application

MALE
Medical Examination Report Dated 10-28-80
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 10-28-80
Name of Physician Thomas 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Leland Middle Eugene Last Noore

Date of Birth: Month 1 Day 28 Year 1941

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. 103 Pinoak St. City B'burg County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   ~~Eva~~ Leland Eugene Noore, Jr.
   JoAnne Lynn Noore
   Paul David Noore
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Noore
   Residence of father (if deceased so state) California
   Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother Ruth Ann Miller
   Residence of mother (if deceased so state) Pittsboro Ind.
   Birthplace of mother (State or foreign country) Indpls Ind.

State of Indiana, County of ... } ss: I depose and state the information given in this application is true and correct.

Signed ✕ Leland E Noore Jr.
New Address 103 Pin Oak St Brownsburg

Subscribed and sworn to before me this 29th day of October, 1980.
Glen M. Harvey Clerk Hend Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of ... } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Madalene Middle Ann Last Troughton

Date of Birth: Month 2 Day 7 Year 1948

Place of Birth (State or foreign country) Colusa Calif

Residence Address: Street or R. R. 103 Pinoak St. City B'burg County Hend State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Stephen Thomas Rule
   James Leroy Smith
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edward Lee Troughton
   Residence of father (if deceased so state) Yuba City, California
   Birthplace of father (State or foreign country) California
9. Full maiden name of mother Anita Ulma Amsen
   Residence of mother (if deceased so state) Redding California
   Birthplace of mother (State or foreign country) California

State of Indiana, County of ... } ss: I depose and state the information given in this application is true and correct.

Signed ✕ Madalene Troughton
New Address 103 Pin oak St Brownsburg Ind.

Subscribed and sworn to before me this 29th day of October 1980
Glen M. Harvey Clerk Hend Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of ... } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 3-day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Circuit Court of Indiana dated the 29th day of Oct, 1980, authorizing the joining together as husband and wife Leland E. Noore and Madaline A. Troughton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LeRoy Brown hereby certify that on the 11 day of Dec, at Indianapolis, County of Marion, one thousand nine hundred and 80, of Hendricks County, State of Indiana, State of Indiana, Groom Leland E. Noore of Hendricks County, State of Indiana, and, Bride Madaline A. Troughton were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 11 day of Dec, 1980. Signed LeRoy Brown
Official Designation Rev

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of Dec, 1980. Signed Glen M. Harvey Clerk Hendricks Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1965
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 560

File

_____ County

10-30-80
Date of Application

MALE
Medical Examination Report Dated 10-13-80
Name of Physician Larry Lovell

FEMALE
Medical Examination Report Dated 10-13-80
Name of Physician Larry Lovell

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, 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 Donald Middle R. Last Campbell

Date of Birth: Month Oct. Day 23 Year 1942

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 432 N. Farrington City Shapleton County _____ State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Rhonda Campbell
   Donald Campbell
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Chester Campbell
   Residence of father (if deceased so state) Spencer, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Cora Johnson
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of _____ } ss: I depose and state the information given in this application is true and correct.

Signed Donald R Campbell
New Address RI Box 82 Danville, Ind

Subscribed and sworn to before me this 30 day of Oct, 1980.
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, County of _____ } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name: First Sara Middle J. Last Kiger

Date of Birth: Month May Day 15 Year 1956

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 Box 82 City Danville County _____ State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Ronald Kiger
   Jeffry Kiger
   Heather Kiger
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Leroy Terry
   Residence of father (if deceased so state) Shapleton, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Winings
   Residence of mother (if deceased so state) Shapleton, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of _____ } ss: I depose and state the information given in this application is true and correct.

Signed Sara J. Kiger
New Address RR 1 Box 82 Danville, In

Subscribed and sworn to before me this 30 day of Oct, 1980.
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, County of _____ } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 31 day of November, 1980, authorizing the joining together as husband and wife Donald R. Campbell and Sara J. Kiger
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John Bontrager hereby certify that on the 6 day of Nov, one thousand nine hundred and 80 at Lakeview Temple, County of Marion, State of Indiana, Groom Donald R. Campbell of Marion County, State of Ind. and, Bride Sara J. Kiger of Hend. County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 6 day of Nov, 1980.

Signed Martin J. Bontrager
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of Nov., 1980.
Signed Glen M. Harvey Clerk
_____ Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 561

File 41

10-31-80
Date of Application

_____ County

MALE
Medical Examination Report Dated 10-21-80
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 10-21-80
Name of Physician A. N. Scudder

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 Charles Middle E. Last Marsh
Date of Birth: Month Sept. Day 26 Year 1924
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 534 Saratoga, 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) # 113-24-053015

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 R. Marsh
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Gladys McBeak
   Residence of mother (if deceased so state) Brownsburg, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss:
County of .....

I depose and state the information given in this application is true and correct.

Signed X Charles E. Marsh
New Address 534 Saratoga Drive

Subscribed and sworn to before me this ..... day of ....., 19.....

..... 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: First Debra Middle E. Last Minton
Date of Birth: Month Aug. Day 13 Year 1951
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 534 Saratoga, 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) # 8278

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Kay Minton
   Steven Carl Minton

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Woodson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Anita Rose Tibbs
   Residence of mother (if deceased so state) Brownsburg, Ind
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, } ss:
County of .....

I depose and state the information given in this application is true and correct.

Signed X Debra E. Minton
New Address 534 Saratoga Dr. Brownsburg

Subscribed and sworn to before me this ..... day of ....., 19.....

..... 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 4th day of Nov., 19 80, authorizing the joining together as husband and wife Charles E. Marsh and Debra E. Minton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry R. Nash hereby certify that on the 7 day of Nov at Brownsburg, County of Hendricks, one thousand nine hundred and 80 Charles E. Marsh of Hendricks County, State of In State of Indiana, Groom and, Bride Debra E. Minton of Hendricks County, State of In were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 7 day of Nov, 19 80. Signed Jerry R. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of Nov, 19 80
Signed Gus M. Harvey Clerk
Hendricks Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 562
File 41
10-31-80
Date of Application

MALE
Medical Examination Report Dated 10-22-80
Name of Physician David Naggasal

FEMALE
Medical Examination Report Dated 10-22-80
Name of Physician David Naggasal

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 L. Last White

Date of Birth: Month 7 Day 28 Year 1925

Place of Birth (State or foreign country) St. Joseph, Missouri

Residence Address: Street or R. R. 1011 Cambridge Dr. City Plfd. County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Matthew R. White
   Margaret K White
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 H. White
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Golden City, Colo.
9. Full maiden name of mother Ada Helen Bethel
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of ____ } ss: I depose and state the information given in this application is true and correct.

Signed Robert L White

New Address 1011 Cambridge Dr. Plainfield.

Subscribed and sworn to before me this ____ day of ____, 19____.

____ 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, County of ____ } ss:

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____.

____ Clerk

FEMALE APPLICANT

Name: First Doris Middle J. Last Troxell

Date of Birth: Month 9 Day 21 Year 1937

Place of Birth (State or foreign country) Monticello Kentucky

Residence Address: Street or R. R. 5005 Edinburgh City Indpls. County Marion State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Merkel Poulson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Flossie Daniel
   Residence of mother (if deceased so state) Monticello Kentucky
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of ____ } ss: I depose and state the information given in this application is true and correct.

Signed Doris J. Troxell

New Address 1011 Cambridge Dr. Plainfield

Subscribed and sworn to before me this ____ day of ____, 19____.

____ 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, County of ____ } ss:

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day 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 5th day of Nov., 1980, authorizing the joining together as husband and wife Robert L. White and Doris J. Troxell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Donald E. Buchanan hereby certify that on the 7 day of Nov, one thousand nine hundred and 80 at Plainfield, County of Hendricks, State of Indiana, Groom Robert L. White of Hendricks County, State of In and, Bride Doris J. Troxell of Marion County, State of In, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 7th day of Nov, 19 80.

Signed Donald E Buchanan

Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of Nov, 19 80.

Signed Glen M. Harvey Clerk

Hendricks Circuit Court

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Form Prescibed 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

10-31-80
Date of Application

_____ County

MALE
Medical Examination Report Dated 10-27-80
Name of Physician James Black

FEMALE
Medical Examination Report Dated 10-27-80
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 Daryl Middle L. Last Davidson

Date of Birth: Month Dec Day 28 Year 1961

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1018 E. Edgewood Rd. City Brownsburg County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree #113-61-008931

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Furman L. Davidson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Peggy J. McCray
   Residence of mother (if deceased so state) Dane
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of _____ } ss: I depose and state the information given in this application is true and correct.

Signed x Daryl L. Davidson
New Address 1018 E. Edgewood Rd.

Subscribed and sworn to before me this 31st day of Oct 1980

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, County of _____ } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name: First Bernadette Middle Sobieralski Last

Date of Birth: Month May Day 21 Year 1963

Place of Birth (State or foreign country) South Bend In.

Residence Address: Street or R. R. 1018 E. Edgewood Rd. City Brownsburg County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree #2096

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Robert Sobieralski
   Residence of father (if deceased so state) South Bend
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elizabeth Jane Sobieralski
   Residence of mother (if deceased so state) South Bend
   Birthplace of mother (State or foreign country) _____

State of Indiana, County of _____ } ss: I depose and state the information given in this application is true and correct.

Signed x Bernadette Sobieralski
New Address 1018 E. Edgewood Rd.

Subscribed and sworn to before me this 31st day of Oct 1980

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, County of _____ } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 6 day of November 1980, authorizing the joining together as husband and wife Daryl L. Davidson and Bernadette A. Sobieralski

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Daniel J. Durkin hereby certify that on the 15 day of Nov. one thousand nine hundred and 80 at Holy Family Church, County of St. Joseph, State of Indiana, Groom Daryl L. Davidson of Hend. County, State of Ind, and, Bride Bernadette A. Sobieralski of Hend. County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hend County.

Dated this 15 day of Nov., 1980. Signed Daniel J. Durkin
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of November, 1980. Signed Glen M. Harvey Clerk Hendricks Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 564

File

_____ County

11-3-80
Date of Application

MALE
Medical Examination Report Dated 10-24-80
Name of Physician Eugene Grined

FEMALE
Medical Examination Report Dated 10-24-80
Name of Physician Eugene Grined

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 Dennis | Middle L. | Last Brown

Date of Birth: Month 5 | Day 11 | Year 1952

Place of Birth (State or foreign country) Shelds Ind.

Residence Address: Street or R. R. P.O. Box 202 | City Plfd. | County Elkd. | 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 Sherman Brown
   Residence of father (if deceased so state) Cartersburg Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Beulah Beulah Benner
   Residence of mother (if deceased so state) Cartersburg Ind.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of _____ } ss: I depose and state the information given in this application is true and correct.

Signed X Dennis L Brown

New Address Same

Subscribed and sworn to before me this 3 day of Nov, 19 80

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, County of _____ } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____.

_____ Clerk

FEMALE APPLICANT

Name: First Susan | Middle — | Last Schmidt

Date of Birth: Month 9 | Day 22 | Year 1957

Place of Birth (State or foreign country) Goshen Ind.

Residence Address: Street or R. R. 5545 Portsmouth Ave. Apt A | City Indpl | County Marion | State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Martin Schmidt
   Residence of father (if deceased so state) Goshen, Ind.
   Birthplace of father (State or foreign country) Hungary
9. Full maiden name of mother Mathilda Seemeyer
   Residence of mother (if deceased so state) Goshen Ind.
   Birthplace of mother (State or foreign country) Yugoslavia

State of Indiana, County of _____ } ss: I depose and state the information given in this application is true and correct.

Signed X Susan Schmidt

New Address 5545 PORTSMOUTH AVE. APT A

Subscribed and sworn to before me this 3 day of Nov, 19 80

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, County of _____ } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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* 7th *day of* Nov., 19 80, *authorizing the joining together as husband and wife* Dennis L. Brown *and* Susan Schmidt

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Clifford J. Schreck *hereby certify that on the* 15 *day of* Nov. *one thousand nine hundred and* 80 *at* Goshen, *County of* Elkhart, *State of Indiana, Groom* Dennis L. Brown *of* Marion *County, State of* Ind. *and, Bride* Susan Schmidt *of* Marion *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Elkhart *County.*

Dated this 7 *day of* Nov. 19 80.

Signed Clifford J. Schreck

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* November, 19 80.

Signed Helen M. Harvey *Clerk*

_____ *Circuit Court*

~~66~~ 7
655

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 565
File 11-3-80
41
Date of Application

MALE
Medical Examination Report Dated 10-31-80
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 10-31-80
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 Jay Middle B. Last Paul
Date of Birth: Month 5 Day 8 Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: 3946 Sawtooth Street or R. R. Greenwood City County State

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) D.L. w/ pict

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 N. Paul
   Residence of father (if deceased so state) Greenwood
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Lois N. Moore
   Residence of mother (if deceased so state) Dana
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Jay B. Paul
New Address 6039 Richard St. Indpls. Ind

Subscribed and sworn to before me this 3 day of November, 19 80.
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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Kathy Middle J. Last Spencer
Date of Birth: Month 6 Day 25 Year 61
Place of Birth (State or foreign country)
Residence Address: 6100 S Stafford Rd. Plfd. Indpls. Ind Street or R. R. City County State

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) D.L. w/ pict.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jessy R. Spencer
   Residence of father (if deceased so state) ~~Plainfield~~ Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Alice L. Lane
   Residence of mother (if deceased so state) Dana
   Birthplace of mother (State or foreign country) Penn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Kathy J. Spencer
New Address 5036 Richard St, Indpls. Ind.

Subscribed and sworn to before me this ..... day of ....., 19.....
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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the 7 day of November, 19 80, authorizing the joining together as husband and wife Jay B. Paul and Kathy J. Spencer

Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Marc J. Kapp hereby certify that on the 8 day of Nov, one thousand nine hundred and 80 at Plainfield, County of Hendricks, State of In, State of Indiana, Groom Jay B. Paul of Hendricks County, State of In, and, Bride ~~Kathy~~ Kathy J. Spencer of Hendricks County, State of In, were by me united 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 Nov, 19 80 Signed Marc J. Kapp
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of Nov., 19 80
Signed Ellen M. Harvey Clerk
HENDRICKS Circuit Court

8656

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 5666

File 41

10-3-80
Date of Application

MALE
Medical Examination Report Dated 10-28-80
Name of Physician K. O. Trammell

FEMALE
Medical Examination Report Dated 10-28-80
Name of Physician K. O. Trammell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Derald Middle B. Last Callahan
Date of Birth: Month 2 Day 28 Year 61
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 920 Walton Dr. City Plfd. County State

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Roy E. Callahan
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Plfd. Ind.
   Residence of mother (if deceased so state) Sarah M. Elmore
   Birthplace of mother (State or foreign country) Ind

State of Indiana, County of HENDRICKS } ss:
Signed ...
New Address ...
Subscribed and sworn to before me thi ...

CONSENT OF PARENTS, PARENT
We, the parents, of this applicant her
signs, state facts which render the co

State of Indiana, County of HENDRICKS
Signed ...
Signed ...
Subscribed and sworn to before me th ...

COMPLETE IF MARRIAGE LICENSE
HENDRICKS County
in ...

FEMALE APPLICANT

Name: First Tammy Middle J. Last Williams
Date of Birth: Month 8 Day 4 Year 64
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. PO. 129 City Clayton County State

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bennie Joe Williams
   Residence of father (if deceased so state) Clayton
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Virginia C. Howard
   Residence of mother (if deceased so state) Same
   Birthplace of moth... K...

I give my permission for
Tammy Williams to get married.

Bennie Joe Williams

11-3-80

Jean Wingler
Notary Public
1-17-83
Hendricks County
State of Indiana

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* ... *Circuit Court of Indiana dated the* 10 *day of* Nov, 19 80, *authorizing the joining together as husband and wife* Derald B. Callahan *and* Tammy J. Williams
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Albert Ray Jr. *hereby certify that on the* 8 *day of* Nov, *one thousand nine hundred and* 80 *at* Faith Baptist Church, *County of* Hendricks, *State of Indiana, Groom* Derald B. Callahan *of* Hendricks *County, State of* In. *and, Bride* Tammy Williams *of* Hendricks *County, State of* In., *were by me united 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* Nov, 19 80.

Signed Albert Ray Jr.
Official Designation Ass. Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* Nov. 19 80.
Signed Ellen M. Yarkey *Clerk*
HENDRICKS *Circuit Court*

657

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. 567

File

Date of Application 11-3-80

County

MALE
Medical Examination Report Dated 11-1-80
Name of Physician M. E. McClure

FEMALE
Medical Examination Report Dated 11-1-80
Name of Physician M. E. McClure

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 Gerald Middle R. Last Stewart
Date of Birth: Month 5 Day 21 Year 1941
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. 5570 Paradise Ct. City Martinsville County Morgan State Ind
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) D. D. L. 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.
   Kristy Lynn 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 Claude John 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. Black
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indpls Ind

State of Indiana, County of } ss: I depose and state the information given in this application is true and correct.

Signed X Gerald R. Stewart
New Address 5570 Paradise Ct.

Subscribed and sworn to before me this 3 day of November 1980.
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, County of } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Judy Middle Last Anderson
Date of Birth: Month 7 Day 11 Year 1942
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. R4 Box 297 City Clayton County Hend State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers Licence w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   William Martin Andrews
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Estine Ora Delp
   Residence of father (if deceased so state) Clayton Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ada Marie York
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of } ss: I depose and state the information given in this application is true and correct.

Signed X Judy Lee Anderson
New Address Clayton, Rt #4 Box 297

Subscribed and sworn to before me this 3 day of November 80
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, County of } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 7th day of Nov., 1980, authorizing the joining together as husband and wife Gerald L. Stewart and Judy L. Anderson

Be it further remembered, the following marriage certificate was filed in my office, to wit:

I, Clyde Grammon hereby certify that on the 7 day of Nov one thousand nine hundred and 80 at Martinsville, County of Morgan, State of In

State of Indiana, Groom Gerald L. Stewart of Morgan County, State of In

and, Bride Judy L. Anderson of Morgan County, State of In

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 10 day of Nov, 19 80. Signed Clyde Grammon
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of Nov, 19 80
Signed Glen M. Harvey Clerk
Hendricks Circuit Court

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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. 568

File

_____ County

11-3-80
Date of Application

MALE
Medical Examination Report Dated 10-31-80
Name of Physician Loren N. Martin

FEMALE
Medical Examination Report Dated 10-31-80
Name of Physician Loren N. Martin

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 James Middle — Last Hessler Jr.

Date of Birth: Month 9 Day 03 Year 1959

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. 117 E Main City Arno County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James B Hessler
   Residence of father (if deceased so state) Arno Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Margaret Stipp
   Residence of mother (if deceased so state) Arno Ind.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, } ss:
County of _____

I depose and state the information given in this application is true and correct.

Signed X James Jr Hessler
New Address 5714 Wilkins, Cloverleaf Apts.
Subscribed and sworn to before me this 3 day of Nov., 1980
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: First Goldie Middle S. Last Norcutt

Date of Birth: Month 9 Day 29. Year 1963

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. RR 1 Box 274 City Clayton County Hend State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Norcutt
   Residence of father (if deceased so state) Clayton Ind.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Helen Battle
   Residence of mother (if deceased so state) Clayton Ind
   Birthplace of mother (State or foreign country) Florida

State of Indiana, } ss:
County of _____

I depose and state the information given in this application is true and correct.

Signed X Goldie S Norcutt
New Address 5713 Apt. A Wilkins Cloverleaf Apts
Subscribed and sworn to before me this 3 day of Nov., 1980
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 Hendricks

Signed William Norcutt Father
Signed Helen Norcutt Mother
Subscribed and sworn to before me this ____ day of ____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 3 day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 3 day of Nov., 1980, authorizing the joining together as husband and wife James B. Hessler and Goldie Sue Norcott
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Thomas Lee Beasley hereby certify that on the 15 day of November, one thousand nine hundred and 80 at Heritage Christian Church, County of Morgan, State of Indiana, Groom James Hessler Jr. of Hend. County, State of Ind., and, Bride Goldie Sue Norcott of Hend. County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 15 day of Nov., 19 80.

Signed Thomas Lee Beasley
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of Nov., 1980.
Signed Glen M. Harvey Clerk
Hend. Circuit Court

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Form Prescibed 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

County

11-7-80
Date of Application

MALE
Medical Examination Report Dated 11-1-80
Name of Physician I. A. Hanna

FEMALE
Medical Examination Report Dated 11-1-80
Name of Physician I. A. Hanna

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 Donald Middle Ray Last Smyser

Date of Birth: Month 12 Day 3 Year 1951

Place of Birth (State or foreign country): Indianapolis In

Residence Address: Street or R. R. 3653 Beluga Ln. City Indpls. County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Albert Ernest Smyser
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Velva Louise Beeler
   Residence of mother (if deceased so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of } ss: I depose and state the information given in this application is true and correct.

Signed Donald Ray Smyser

New Address 429 Road 1025 E. Brownsburg

Subscribed and sworn to before me this 7 day of Nov., 1980.

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, County of } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Leslie Middle Jay Last Teskey

Date of Birth: Month 10 Day 2 Year 1959

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. R # 3 Box 130- City Brownsburg County State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Merle Eugene Teskey
   Residence of father (if deceased so state) Brownsburg In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Beverly Ann Gray
   Residence of mother (if deceased so state) Brownsburg
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of } ss: I depose and state the information given in this application is true and correct.

Signed Leslie Jay Teskey

New Address 429 Rd. 1025 E. Brownsburg

Subscribed and sworn to before me this 7th day of Nov. 1980

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, County of } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 12th day of November, 1980, authorizing the joining together as husband and wife ..... Donald R. Smyser ..... and ..... Leslie J. Teskey .....

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Douglas K. Pogue hereby certify that on the 29 day of Nov., one thousand nine hundred and 80 at Speedway, County of Marion, State of Ind., State of Indiana, Groom Donald R. Smyser of Hend. County, State of Ind., and, Bride Leslie J. Teskey 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 29 day of Nov., 1980. Signed Douglas K. Pogue

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of Dec., 1980. Signed Glen M. Harvey Clerk Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

Hendricks County

No. 570

File

Nov. 10 1980
Date of Application

MALE
Medical Examination Report Dated 11-4-80
Name of Physician Larry D. Lovell, M.D.

FEMALE
Medical Examination Report Dated 11-4-80
Name of Physician Larry D. Lovell, 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 Charles Middle D. Last Asblock

Date of Birth: Month 11 Day 10 Year 1942

Place of Birth (State or foreign country) Elizabethtown, Ky.

Residence Address: Street or R. R. 24 Purpura Dr. City Danville County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic. w/ picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Leslie Holmes
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Ruby Mae Bewley
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of ..... } ss: I depose and state the information given in this application is true and correct.

Signed Charles D. Asblock

New Address 8640 Main St Martinsville In.

Subscribed and sworn to before me this 10th day of Nov., 19 80.

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, County of ..... } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Priscilla Middle J. Last Mitchell

Date of Birth: Month 11 Day 01 Year 1954

Place of Birth (State or foreign country) Franklin, Indiana

Residence Address: Street or R. R. 8640 Main St. City Martinsville County Morgan State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 C. Crouch
   Residence of father (if deceased so state) Cinc. Ohio
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Cora M. Duffey
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of ..... } ss: I depose and state the information given in this application is true and correct.

Signed Priscilla J. Mitchell

New Address 8640 Main St. Martinsville Ind. 46151

Subscribed and sworn to before me this 10th day of Nov., 19 80.

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, County of ..... } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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* 14 *day of* Nov. *, 19* 80 *, authorizing the joining together as husband and wife* Charles D. Asblock *and* Priscilla J. Mitchell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Thomas W. Abbott *hereby certify that on the* 25 *day of* Nov. *, one thousand nine hundred and* 80 *at* Martinsville (Waverly) *, County of* Morgan *, State of Indiana, Groom* Charles D. Asblock *of* Hend. *County, State of* Ind. *and, Bride* Priscilla J. Mitchell *of* Morgan *County, State of* Ind. *, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hend. *County.*

Dated this 25 *day of* Nov. *, 19* 80.

Signed Thomas W. Abbott

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* Dec. *, 19* 80.

Signed Glen M. Harvey *Clerk*
Hend. *Circuit Court*