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42 Wagoner, Mark A.
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43 Watt, Kenneth H.
44 Williams, Cheryl L.
48 Wood, William R.
72 Wagers, Larinda Kay
84 Whites, Diana
85 Williams, Linda L.
88 Wolfe, Amy Jo
91 Wilson, Brenda Diann
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95 Wilson, James
96 Wilkinson, Roger P.
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104 Willard, Anne Elizabeth
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189 Williams, Sherman Lowell
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218 Walker, Michael B
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247 Woods Peggy L.
253 Ware, Lydia A.
264 Wright, Randolph W.
266 Wright, Stephen J.
275 Webb, Jonell I
285 White Sheri K.
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291 West, Virgil, Jr.
299 Williams Robert E.
321 Wadkins, Dawn
329 Warren, James R.
340 Warden, Barbara A.
352 Wells, Howard W.
352 Wells, Sharon L.

356 Whiteside, Patricia G.
360 Woods Kelly J.
364 Williams, Cathy Jo
372 Cheryl D. Walker
380 Wagoner, Mary Virginia
383 Waddell, Phyllis
401 White, Tammi Elizabeth
407 Wood, Gary L.
408 White Paul David
424 Wells, Donald
425 Wilde Stella R.
459 Webb, David C.
465 Wade, Katherine Lee
467 Wing Harold D.
473 Ward, Kyle D.
478 Webster, Joan ?.
482 West, Brett M.
490 Wallace, Darrell G.
493 Wells, David R.
503 Wilmer Peggy Sue
505 Walton, Carla A.
507 White Steve Allen
510 Woodworth, Nancy Jane
514 Woodell, Stephen Ray
516 Withrow, William L
518 Wyatt, Richard Joe
523 Walker, Deborah Ann
525 Whittaker, Michael Eugene
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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. 571

File

11-12-80
Date of Application

MALE
Medical Examination Report Dated 11-1-80
Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated 11-1-80
Name of Physician Michael Neely

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

MALE APPLICANT

Name: First Duane Middle R. Last Lane

Date of Birth: Month 6 Day 1 Year 1961

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

Residence Address: R#2 Box 211 Street or R. R. Coatesville City Coatesville, In County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

New Address 50 south wayne Danville

Subscribed and sworn to before me this 12 day of Nov., 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 Patricia Middle J. Last Spurlock

Date of Birth: Month 12 Day 2 Year 1961

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

Residence Address: R#3 Box 215-A Street or R. R. Danville City Danville, In County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed x Patricia J. Spurlock

New Address 30 South Wayne St.

Subscribed and sworn to before me this 12 day of Nov., 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* 19 *day of* Nov., 19 80, *authorizing the joining together as husband and wife* Duane R. Lane *and* Patricia J. Spurlock

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

I, Cecil Pough *hereby certify that on the* 22 *day of* Nov., *one thousand nine hundred and* 80 *at* Danville, *County of* Hend., *State of Indiana, Groom* Duane R. Lane *of* Hend. *County, State of* Ind., *and, Bride* Patricia 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 22 *day of* Nov., 19 80.

Signed Cecil Pough

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 *day of* Nov., 19 80.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

No. 572

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

November 12, 1980
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 10-29-80

Name of Physician Jon Wiest

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

MALE APPLICANT

Name: First Delinn Middle Joseph Last Conley

Date of Birth: Month August Day 29 Year 1961

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 101 E Morris City Indianapolis (IYC) 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 Edie Lee Conley
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Sadie Dalworth
   Residence of mother (if deceased so state) Indianapolis, Indiana
   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 Delinn J Conley

New Address

Subscribed and sworn to before me this 18 day of Nov, 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Anita Middle Rae Last Kelley

Date of Birth: Month April Day 11 Year 1957

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. 615 La Clede 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) 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.
   Robert Martin Kelley 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 John Gonzales
   Residence of father (if deceased so state) Texas
   Birthplace of father (State or foreign country) Texas
9. Full maiden name of mother Betty Dee Belcher
   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 Anita R Kelley

New Address 615 S. Laclede St.

Subscribed and sworn to before me this 12 day of Nov, 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 18 *day of* Nov., 1980, *authorizing the joining together as husband and wife* Delinn Conley *and* Anita Rae Kelley. *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, William E. Kraft Jr. *hereby certify that on the* 21 *day of* Nov., *one thousand nine hundred and* 80 *at* Pltfd., *State of Indiana, Groom* Delinn Conley *of* Marion *County, State of* Ind., *and, Bride* Anita Kelley *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 21 *day of* Nov., 1980.

Signed William E. Kraft Jr.

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 12 *day of* Dec., 1980.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 573

File

November 12, 1980
Date of Application

MALE
Medical Examination Report Dated 11-12-80
Name of Physician Michael L. Nally MD

FEMALE
Medical Examination Report Dated 11-12-80
Name of Physician Michael L. Nally 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 Ernest Middle F. Last Boling

Date of Birth: Month August Day 17 Year 1956

Place of Birth (State or foreign country) Indiana

Residence Address: 11335 Street or R. R. W. Washington City Carmel 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 Ernest L. Boling
   Residence of father (if deceased so state) Carmel, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lavina Nora Close
   Residence of mother (if deceased so state) Carmel, 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 Ernest F Boling

New Address 11335 W. Washington St. Indianapolis Ind 46231

Subscribed and sworn to before me this 13 day of November 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 Tracie Middle Gay Last Barger

Date of Birth: Month July Day 12 Year 1960

Place of Birth (State or foreign country) Martinsville Morgan Co

Residence Address: 11335 Street or R. R. W. Washington City Carmel 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.
   James A Patton II

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

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

Signed Tracie Gay Barger

New Address 11335 W. Washington Indianapolis Ind 46231

Subscribed and sworn to before me this 12 day of November 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 12 day of November, 19 80, authorizing the joining together as husband and wife Ernest F. Boling and Tracie Gay Barger

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

I, Rev. Ralph L. Wade hereby certify that on the 13th day of November, one thousand nine hundred and Eighty at Friendswood, County of Marion, State of Indiana, Groom Ernest Fred Boling of Hendricks County, State of Indiana, and, Bride Tracie Gay Barger of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of November, 19 80.

Signed Rev. Ralph L Wade

Official Designation Pastor - Friendswood Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of November, 19 80.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

No. 574

File

11-13-80
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 11-12-80
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 11-12-80
Name of Physician A.N. Scudder

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

MALE APPLICANT

Name: First William Middle A. Last Bedman

Date of Birth: Month 11 Day 28 Year 1931

Place of Birth (State or foreign country) Piatt County Illinois

Residence Address: Street or R. R. R1 Box 7 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

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

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

Signed X William A. Bedman
New Address RR#1 Box 7 Pittsboro Ind
Subscribed and sworn to before me this 13 day of Nov., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Rita Middle A Last Riley

Date of Birth: Month 7 Day 19 Year 1936

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 911 N. Grant 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 William Everhart Osterman
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Evansville Ind.
9. Full maiden name of mother Helen Marie Baglan
   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 Rita A Riley
New Address Same
Subscribed and sworn to before me this 13 day of Nov., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 3-day waiver and filed in 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 13 day of Nov, 19 80, authorizing the joining together as husband and wife William A Reaman and Rita A. Riley

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

I, Mary Jane Russell hereby certify that on the 13th day of Nov, one thousand nine hundred and 80 at Danville, County of Hendricks, State of Indiana, Groom William A. Reaman of Hendricks County, State of In and, Bride Rita A. Riley 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 13 day of Nov., 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 14 day of Nov., 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. 575

File

11-17-80
Date of Application

MALE
Medical Examination Report Dated 11-10-80
Name of Physician Alice E. Minter

FEMALE
Medical Examination Report Dated 11-10-80
Name of Physician Alice E. Minter

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

Date of Birth: Month 9 Day 26 Year 1946

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

Residence Address: Street or R. R. RR 1 Box 72 M. 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. —

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

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

Signed John K Fletch

New Address RR #1 Box 72 M Pittsboro, Ind

Subscribed and sworn to before me this 17 day of Nov. 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Janet Middle Lynn Last Whalen

Date of Birth: Month 10 Day 24 Year 1949

Place of Birth (State or foreign country) Charleston, Ill.

Residence Address: Street or R. R. 7306 Nantucket Ct City Indpls County Marion State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers License w/picture

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

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

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

Signed Janet L. Whalen

New Address RR #1, Box 72 M, Pittsboro, In

Subscribed and sworn to before me this 17 day of Nov., 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* November, 19 80, *authorizing the joining together as husband and wife* John K. Fletcher *and* Janet L. Whalen

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

I, John R. Canedy *hereby certify that on the* 22 *day of* Nov., *one thousand nine hundred and* 80 *at* Indpls., *County of* Marion, *State of Indiana, Groom* John K. Fletcher *of* Hend *County, State of* Ind., *and, Bride* Janet L. Whalen *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 22 *day of* Nov., 19 80.

Signed John R. Canedy

Official Designation Pastor

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*

HENDRICKS *Circuit Court*

No. 576

File

11-17-80
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 11-10-80
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 11-10-80
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 Earl, Middle L., Last Settles II
Date of Birth: Month 6, Day 10, Year 1957
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. RI Box 299, 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 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.
   Jason Earl 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 Earl L. Settles
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indpls. Ind.
9. Full maiden name of mother Shirley Virginia Mobley
   Residence of mother (if deceased so state) Deceased
   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 Earl L Settles II
New Address 118 Hanley St. Plainfield, In.
Subscribed and sworn to before me this 17 day of Nov., 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 E., Last Shumaker
Date of Birth: Month 8, Day 8, Year 1953
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. 118 Hanley, 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 Enos Earl Shumaker
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Jane Prentice
   Residence of mother (if deceased so state) Plainfield Ind.
   Birthplace of mother (State or foreign country) Colorado

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

Signed X Deborah E. Shumaker
New Address 118 Hanley St. Plfd
Subscribed and sworn to before me this 17 day of Nov., 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Nov., 19 80, *authorizing the joining together as husband and wife* Earl L. Settles II *and* Deborah E. Shumaker
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Mary S. Hays *hereby certify that on the* 22 *day of* Nov., *one thousand nine hundred and* 80 *at* Plfd, *State of Indiana, Groom* Earl L. Settles II *of* Hend. *County, State of* Ind.: *and, Bride* Deborah E. Shumaker *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 22 *day of* Nov., 19 80.

Signed Mary S. Hays
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 25 *day of* Nov., 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. 577

File

11-17-80
Date of Application

MALE
Medical Examination Report Dated 11-8-80
Name of Physician Kenneth Gray

FEMALE
Medical Examination Report Dated 11-8-80
Name of Physician Kenneth Gray

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

MALE APPLICANT

Name: First Kenneth Middle E Last Dearing

Date of Birth: Month 1 Day 18 Year 1954

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

Residence Address: Street or R. R. 7850 Cimmaron Dr. Apt 613 City Indpls County Marion State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Christina JoAnn Dearing
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Dearing
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Evelyn JoAn Walt
   Residence of mother (if deceased so state) Speedway, 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 Kenneth E Dearing
New Address 7850 Cimarron Dr - 613 INDPLS, IN

Subscribed and sworn to before me this 17 day of Nov., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Pacita Middle Gaile Last Walker

Date of Birth: Month 8 Day 6 Year 1949

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

Residence Address: Street or R. R. 901 B. Ridgewood Dr. City Pfld County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) 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 Loren Stanley Bennett
   Residence of father (if deceased so state) Clearwater, Fla.
   Birthplace of father (State or foreign country) Bloomington, Ind.
9. Full maiden name of mother Edris Pearl Conley
   Residence of mother (if deceased so state) Clearwater, Fla
   Birthplace of mother (State or foreign country) Bloomington, Ind.

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

Signed Pacita Gaile Walker
New Address 7850 Cimarron Dr #613 Indpls.

Subscribed and sworn to before me this 17 day of Nov., 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 Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Nov *, 1980, authorizing the joining together as husband and wife* Kenneth E. Dearing *and* Pacita G. Walker

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

I, Edward D. Dickinson *hereby certify that on the* 29 *day of* Nov. *, one thousand nine hundred and* 80 *at* Clermont *, County of* Hend. *, State of Indiana, Groom* Kenneth E. Dearing *of* Marion *County, State of* Ind. *, and, Bride* Pacita G. Walker *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 21 *day of* Nov. *, 1980.*

Signed Edward D. Dickinson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* Dec. *, 1980.*

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

No. 578

File 42

11-17-80
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 11-12-80
Name of Physician Robert A. Heaven

FEMALE
Medical Examination Report Dated 11-12-80
Name of Physician Robert A. Heaven

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

Date of Birth: Month 1 Day 12 Year 58

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

Residence Address: Street or R. R. RR 2, Box 125 City Coatesville County Ind. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers Lic. 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 Roland L. Neer
   Residence of father (if deceased so state) Coatesville Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Susanna Webb
   Residence of mother (if deceased so state) Ill.
   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 L Neer

New Address RR2 Box 125 Coatesville IN 46121

Subscribed and sworn to before me this 17 day of Nov., 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 A. Last Madsen

Date of Birth: Month 2 Day 23 Year 62

Place of Birth (State or foreign country) Colorado, Unadilla

Residence Address: Street or R. R. RR 2, Box 111 City Coatesville County Ind. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Reg. of Voting

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

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

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

Signed Lisa Madsen

New Address Rt 2 Box 125 Coatesville, IN

Subscribed and sworn to before me this 17 day of Nov., 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* 21 *day of* November, *19* 80, *authorizing the joining together as husband and wife* Richard L. Neer *and* Lisa A. Madsen

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

I, Malcolm R. Neer *hereby certify that on the* 6 *day of* Dec. *one thousand nine hundred and* 80 *at* Coatesville, *County of* Hend. *State of Indiana, Groom* Richard L. Neer *of* Hend. *County, State of* Ind. *and, Bride* Lisa A. Madsen *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* Dec., *19* 80.

Signed Malcolm R. Neer

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 *day of* Dec *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. 579

File

11-18-80
Date of Application

MALE
Medical Examination Report Dated 11-4-80
Name of Physician David Haggard, M.D.

FEMALE
Medical Examination Report Dated 11-4-80
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 Douglas Middle C. Last McCormack

Date of Birth: Month 8 Day 7 Year 1962

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

Residence Address: 400 Street or R. R. 11 A. Road East, Apt. #4, 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 #1760 ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Douglas Sedam
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Cecil McCormack
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruby Nell Simpson
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Arkansas

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

Signed × Doug McCormack
New Address 103 400 E #1 Danville Ind.

Subscribed and sworn to before me this 18th day of Nov., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Diane Last Sedam

Date of Birth: Month 9 Day 27 Year 1963

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

Residence Address: 9740 Harmony Dr. Street or R. R. Indpls. City Hend. County In. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate 11426 ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Douglas Sedam
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Leroy Sedam
   Residence of father (if deceased so state) Indianapolis, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wanda Mae Norris
   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 × Lisa Sedam
New Address 105 400 E apt 1 Danville

Subscribed and sworn to before me this 18th day of Nov., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Mrs Wanda Hendrickson
I have total Custody due to
my Divorce

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this 18th day of Nov., 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 HENDRICKS County Superior #2 Court by written order issued 2 days 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* 18th *day of* November, 1980, *authorizing the joining together as husband and wife* Douglas C. McCormack *and* Lisa D. Sedam

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

I, Ron Hallock *hereby certify that on the* 22 *day of* Nov., *one thousand nine hundred and* 80 *at* Plfd, *County of* Hend., *State of Indiana, Groom* Douglas C. McCormack *of* Hend *County, State of* Ind., *and, Bride* Lisa D. Sedam *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 22 *day of* Nov., 1980.

Signed Ron Hallock
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*
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. 580

File

Nov 18, 1980
Date of Application

MALE
Medical Examination Report Dated 11-12-80
Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated 11-14-80
Name of Physician Michael Neely

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

MALE APPLICANT

Name: First Timmy Middle Dale Last Weatherman

Date of Birth: Month Aug Day 30 Year 1956

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

Residence Address: Street or R. R. RR3 Box 386 City Clayton 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Brandon Weatherman 1½
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Merald Dean Weatherman
   Residence of father (if deceased so state) Clayton, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Mae Lewis
   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 Jim Weatherman

New Address 325 E 350 South Danville

Subscribed and sworn to before me this 18 day of Nov., 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Deborah Middle J. Last Trivett

Date of Birth: Month July Day 28 Year 1961

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

Residence Address: Street or R. R. 325 E 350 South 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) 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.
   Jeremy Weatherman 2 mo.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 J. Trivett
   Residence of father (if deceased so state) Danville, Indiana
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Marsha Verlene Amos
   Residence of mother (if deceased so state) Indianapolis, 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 Jean Trivett

New Address 325 E. 350 South

Subscribed and sworn to before me this 18 day of Nov., 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 24 *day of* Nov., *19*80, *authorizing the joining together as husband and wife* Jeremy D. Weatherman *and* Deborah J. Trivett

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

I, Charlotte R. Kennedy *hereby certify that on the* 15 *day of* Dec., *one thousand nine hundred and* 80 *at* Indpls., *County of* Marion, *State of Indiana, Groom* Jeremy D. Weatherman *of* Hend. *County, State of* Ind., *and, Bride* Deborah J. Trivett *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* Dec., *19*80.

Signed Charlotte R. Kennedy

Official Designation Judge (Marion Co)

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* Dec., *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. 581

File

11-19-80
Date of Application

MALE
Medical Examination Report Dated 11-13-80
Name of Physician Glen A Bayless

FEMALE
Medical Examination Report Dated 11-13-80
Name of Physician Glen A. Bayles

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

MALE APPLICANT

Name: First Lester Middle L. Last Pollard

Date of Birth: Month 12 Day 8 Year 46

Place of Birth (State or foreign country): Carmi Ill

Residence Address: Box 29 Hall Street City Hbg 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: Vern Pollard
   Residence of father (if deceased so state): Harrisburg Ill.
   Birthplace of father (State or foreign country): Illinois
9. Full maiden name of mother: Esther May
   Residence of mother (if deceased so state): Deceased
   Birthplace of mother (State or foreign country): Carmi, Ill.

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

Signed ☒ Lester L Pollard
New Address Same as above

Subscribed and sworn to before me this 19 day of Nov. 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

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

____ Clerk

FEMALE APPLICANT

Name: First Charlene Middle — Last Hasselburg

Date of Birth: Month 8 Day 17 Year 1939

Place of Birth (State or foreign country): Sidney, Ohio

Residence Address: Box 29 Hall Street City Hbg County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify): Drivers Licence w/picture

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Calvin C. Worrall
   Residence of father (if deceased so state): Deceased
   Birthplace of father (State or foreign country): Iowa
9. Full maiden name of mother: Elizabeth Jean Allen
   Residence of mother (if deceased so state): Deceased
   Birthplace of mother (State or foreign country): Hartford, Ohio

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

Signed ☒ Charlene Hasselburg
New Address Same as above

Subscribed and sworn to before me this 19 day of Nov. 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

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

____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Nov. 1980, authorizing the joining together as husband and wife Lester L. Pollard and Charlene Hasselburg

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

I, Andrew E. Stirsman hereby certify that on the 24 day of Nov. one thousand nine hundred and 80 at Clermont, County of Hend. State of Indiana, Groom Lester L. Pollard of Hend County, State of Ind. and, Bride Charlene Hasselburg 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 Nov. 1980.

Signed Andrew E. Stirsman
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of Nov. 1980.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

No. 582

File

November 20, 1980
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

MALE
Medical Examination Report Dated 11-17-80
Name of Physician Robert A. McDougal

FEMALE
Medical Examination Report Dated 11-17-80
Name of Physician Robert A. 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 Juan Middle Socorro Last Rodriguez
Date of Birth: Month June Day 22 Year 1927
Place of Birth (State or foreign country) Edinburgh Texas
Residence Address: Street or R. R. R.R. # 1 Box 118 City Clayton County Hen. State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers Lic. (picture)

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

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

Signed Juan Rodriguez
New Address RR 1 Box 118 Clayton In

Subscribed and sworn to before me this 20 day of Nov., 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 Sandra Middle Kay Last Burnett
Date of Birth: Month March Day 28 Year 1954
Place of Birth (State or foreign country) Brownsburg Hend. In.
Residence Address: Street or R. R. R.R. # 1 Box 18 City Clayton County Hen. State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Burnett
   James Steven "
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Elvis Chesten
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Erma Irene Spears
   Residence of mother (if deceased so state) Clayton, 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 Sandra Kay Burnett
New Address RR 1 Box 118 Clayton In

Subscribed and sworn to before me this 20 day of Nov., 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* 24th *day of* November, 19 80, *authorizing the joining together as husband and wife* Juan Socorro Rodriguez *and* Sandra Kay Burnett.

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

I, John C. Mourer *hereby certify that on the* 6th *day of* Dec., *one thousand nine hundred and* 80, *at* Danville, *County of* Hend., *State of Indiana, Groom* Juan S. Rodriguez *of* Hend. *County, State of* Ind., *and, Bride* Sandra K. Burnett *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* Dec., 19 80.

Signed John M. Mourer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 8 *day of* Dec., 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. 583

File 42

11-20-80 Date of Application

MALE
Medical Examination Report Dated 11-4-80
Name of Physician Robert Flanders

FEMALE
Medical Examination Report Dated 11-5-80
Name of Physician Robert Flanders

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

MALE APPLICANT

Name: First Watson Middle Everett Last Frank III

Date of Birth: Month / Day 30 Year 36

Place of Birth (State or foreign country) Washington, DC.

Residence Address: 2647 Fisher Rd. Street or R. R. Mooresville City Ind. State 46158 County

Previous 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.

   Jennifer Watson
   Jody Watson

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Horace E. Watson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sabra H. O'Hara
   Residence of mother (if deceased so state) Clayton 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 Frank E. Watson
New Address 2647 Fisher Rd - Mooresville

Subscribed and sworn to before me this 20 day of Nov., 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 Judy Middle Marlene Last Watte

Date of Birth: Month Nov Day 13 Year 50

Place of Birth (State or foreign country) Ill.

Residence Address: 8443 North Central Ave. Street or R. R. Indpls. City Marion County Ind. State 46230

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify).....

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 H. Motte
   Residence of father (if deceased so state) Robinson Ill.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Clara E. Krueger
   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 Motte, Judy Marlene
New Address 2647 Fisher Road, Mooresville

Subscribed and sworn to before me this 20 day of Nov., 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 25 day of November, 1980, authorizing the joining together as husband and wife Frank E. Watson and Judy M. Motte

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

I, L. Ray Lypen hereby certify that on the 27 day of Nov., one thousand nine hundred and 80 at Indpls., County of Marion, State of Indiana, Groom Frank E. Watson of Ind., County, State of Ind., and, Bride Judy M. Motte of Hamilton 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 Nov., 1980.

Signed L. Ray Lypen
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of Dec., 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, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 584

File 42

11-21-80
Date of Application

MALE
Medical Examination Report Dated 11-12-80

Name of Physician Robert A. McDougal MD.

FEMALE
Medical Examination Report Dated 11-12-80

Name of Physician Robert A. McDougal 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 William Middle L. Last Flaherty

Date of Birth: Month April Day 26 Year 1964

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 610 W. Main 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 Lic. (picture)

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

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

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

Signed William L Flaherty

New Address 610 W Main Plainfield In

Subscribed and sworn to before me this 21 day of Nov., 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 Belinda Middle G. Last McCarthy

Date of Birth: Month May Day 19 Year 1962

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

Residence Address: Street or R. R. 610 W. 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

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

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

Signed Belinda G. McCarthy

New Address 610 W. Main, Pfld. In

Subscribed and sworn to before me this 21 day of Nov., 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* 25 *day of* Nov *, 19* 80 *., authorizing the joining together as husband and wife* William LeRoy Flaherty *and* Belinda Kay McCarthy *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Cecil Pugh *hereby certify that on the* 29 *day of* Nov. *, one thousand nine hundred and* 80 *at* Danville *, County of* Hend. *, State of Indiana, Groom* William LeRoy Flaherty *of* Hend. *County, State of* Ind. *, and, Bride* Belinda Kay McCarthy *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* November *, 19* 80 *.*

Signed Cecil Pugh

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* Dec. *, 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. 585

File

11-24-80
Date of Application

MALE
Medical Examination Report Dated 11-13-80
Name of Physician Clair

FEMALE
Medical Examination Report Dated 11-13-80
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 James Middle M. Last Sterling
Date of Birth: Month 1 Day 9 Year 1952
Place of Birth (State or foreign country) Lafeyette Ind
Residence Address: Street or R. R. PO Box 1110 City Bagdad County Yavapai State Ariz

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Certified 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

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

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

Signed X James M. Sterling
New Address P.O. Box 1110 Bagdad Az
Subscribed and sworn to before me this 24 day of Nov., 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Kathryn Middle K. Last Wagner
Date of Birth: Month 12 Day 26 Year 57
Place of Birth (State or foreign country) Hagerstown Maryland
Residence Address: Street or R. R. PO Box 1110 City Bagdad County Yavapai State Ariz.

Previous 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 Thadeus Theodore Skwarczynski
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Chicago Ill.
9. Full maiden name of mother Clara Ann Kuehler
   Residence of mother (if deceased so state) Prescott. Ariz.
   Birthplace of mother (State or foreign country) Denver, Colo.

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

Signed X Kathryn Wagner
New Address P.O. Box 1110 Bagdad, Ariz 86321
Subscribed and sworn to before me this 24 day of Nov., 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County [redacted] Court by written order issued Wagner - 3-day 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* 24 *day of* Nov. *, 19*80*, authorizing the joining together as husband and wife* James M. Sterling *and* Kathryn K. Wagner

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

I, Roland Fitz Randolph *hereby certify that on the* 24th *day of* Nov. *, one thousand nine hundred and* 80 *at* Danville *, County of* Hend *, State of Indiana, Groom* James M Sterling *of* Yavapai *County, State of* Arizona *, and, Bride* Kathryn Wagner *of* Yavapai *County, State of* Arizona *, were by me united 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* Nov. *, 19*80*.

Signed Roland F. Randolph
Official Designation Bishop - ACC. A

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*
HENDRICKS *Circuit Court*

No. 586

File

11-24-80
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 11-17-80
Name of Physician James Black

FEMALE
Medical Examination Report Dated 11-17-80
Name of Physician James Black

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

MALE APPLICANT

Name: First Jeffery Middle A. Last Morgan
Date of Birth: Month 1 Day 12 Year 1956
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 8132 Century Circle, Apt. #3 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Omer C. Morgan
   Residence of father (if deceased so state) Moorsville, In.
   Birthplace of father (State or foreign country) Georgia
9. Full maiden name of mother Rosemary Purdue
   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 Jeffery A Morgan
New Address 8132 Century Circle apt 3
Subscribed and sworn to before me this 24 day of Nov., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Shellie Middle L. Last Ridenour
Date of Birth: Month 11 Day 27 Year 1960
Place of Birth (State or foreign country) Lebanon Indiana
Residence Address: Street or R. R. R. #2 Box 145, 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 George Robt. Ridenour
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judy L. Miller
   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 Shellie L Ridenour
New Address 8132 Century Court apt #3
Subscribed and sworn to before me this 24 day of Nov., 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 24 *day of* November, 19 80, *authorizing the joining together as husband and wife* Jeffery A. Morgan *and* Shellie L. Ridenour
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jerry R. Nash *hereby certify that on the* 29th *day of* Nov., *one thousand nine hundred and* 80 *at* B'burg, *County of* Hend., *State of Indiana, Groom* Jeffery A. Morgan *of* Marion *County, State of* Ind. *and, Bride* Shellie L. Ridenour *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* Nov., 19 80.

Signed Jerry R. Nash
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
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. 587
File 42
11-24-80
Date of Application

MALE
Medical Examination Report Dated 11-13-80
Name of Physician Donald P. Sanders

FEMALE
Medical Examination Report Dated 11-13-80
Name of Physician Donald P. Sanders

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Loper Last Glover
Date of Birth: Month May Day 20 Year 1948
Place of Birth (State or foreign country) Virginia
Residence Address: Street or R. R. 1919 W. Main St., City Richmond, County Lunenburg, State Virginia
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) Passport

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

7. Are you required by any court order or orders to support the above dependent children? No [ ] Yes [ ]
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Russell Glover
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) S. Carolina
9. Full maiden name of mother Virginia Avory Scales
   Residence of mother (if deceased so state) Kenbridge, Virginia
   Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed X Stephen Loper Glover
New Address 1919 W. MAIN ST. RICHMOND, VA. 23220
Subscribed and sworn to before me this 24 day of Nov., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Andrea Middle Lianne Last Kay Mitman
Date of Birth: Month July Day 6 Year 1955
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR 2 Box 323, City Plainfield, 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 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 Alvin Benson Mitman
   Residence of father (if deceased so state) RR2 Box 323, Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Lou Skaggs
   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 Andrea Lianne Kay Mitman
New Address 1919 W. MAIN ST. RICHMOND, VA. 23220
Subscribed and sworn to before me this 24 day of Nov., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed..... Father
Signed..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... 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 5 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 24th day of Nov., 1980 authorizing the joining together as husband and wife Stephen Loper Glover and Andrea Lianne Kay Mitman

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

I, Rev. Joseph D. Stump hereby certify that on the 29 day of Nov., one thousand nine hundred and 80 at Danville, County of Hend., State of Indiana, Groom Stephen L. Glover of Lunenburg County, State of Virginia and, Bride Andrea L.K. Mitman 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 Nov., 1980.
Signed Rev. Joseph D. Stump
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of Dec., 1980.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

No. 588

File

11-25-80
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 11-21-80
Name of Physician James Beach

FEMALE
Medical Examination Report Dated 11-21-80
Name of Physician James Beach

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

MALE APPLICANT

Name: First James Middle L. Last Nelson
Date of Birth: Month 6 Day 15 Year 1957
Place of Birth (State or foreign country) Wabash Ind.
Residence Address: Street or R. R. 16 Hammon Dr. 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

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Irwin F. Nelson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Peru, Ind.
9. Full maiden name of mother Nancy N. Hood
   Residence of mother (if deceased so state) Mooresville Ind.
   Birthplace of mother (State or foreign country) Milroy, Ind.

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

Signed × James L. Nelson
New Address 16 Hammons Drive
Subscribed and sworn to before me this 25 day of Nov., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Alison Middle M. Last Ingebrigtsen
Date of Birth: Month 11 Day 19 Year 1957
Place of Birth (State or foreign country) Chicago, Ill.
Residence Address: Street or R. R. 16 Hammon Dr. 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

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bjorn Ingebrigtsen
   Residence of father (if deceased so state) Bolling Brook, Ill.
   Birthplace of father (State or foreign country) Chicago, Ill
9. Full maiden name of mother JoAnne L. Fiztles
   Residence of mother (if deceased so state) Riverwoods, Ill
   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 × Alison Ingebrigtsen
New Address 16 Hammons Drive
Subscribed and sworn to before me this 25 day of Nov, 1980
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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.....day of....., 19....., authorizing the joining together as husband and wife*

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

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

Dated this.....day of....., 19.....

Signed.....
Official Designation.....

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

Signed.....Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 589
File 42
11-26-80
Date of Application

MALE
Medical Examination Report Dated 11-15-80
Name of Physician J. F. Swaim

FEMALE
Medical Examination Report Dated 11-15-80
Name of Physician J. F. Swaim

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

MALE APPLICANT

Name: First Bob Middle — Last Crawley
Date of Birth: Month 7 Day 12 Year 39
Place of Birth (State or foreign country) Putnam Co. Ind.
Residence Address: Street or R. R. 10 Round Hill Rd. 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Jefferson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Putnam Co. Ind.
9. Full maiden name of mother Vara M. Smith
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Hend. Co. Ind.

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

Signed Bob Crawley
New Address Bainbridge Ind.

Subscribed and sworn to before me this 26 day of Nov., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 — Last Beasley
Date of Birth: Month 3 Day 14 Year 40
Place of Birth (State or foreign country) Shipes, Ind.
Residence Address: Street or R. R. Box 160 City Bainbridge 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.
   David Beasley
   Bobby Beasley

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Horace Jewson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Ruby Stotts
   Residence of mother (if deceased so state) Shipes, 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 Roberta Beasley
New Address Bainbridge, Ind.

Subscribed and sworn to before me this 26 day of Nov., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 1st *day of* December, 1980, *authorizing the joining together as husband and wife* Bob Crawley *and* Roberta Beasley

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

I, John C. Mowrer *hereby certify that on the* 1 *day of* Dec., *one thousand nine hundred and* 80 *at* Danville, *County of* Hend., *State of Indiana, Groom* Bob Crawley *of* Putnam *County, State of* Ind. *and, Bride* Roberta Beasley *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 1st *day of* Dec., 19 80.

Signed John C. Mowrer
Official Designation Judge Sup. No. 2

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*
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. 590
File 42
11-26-80
Date of Application

MALE
Medical Examination Report Dated 11-25-80
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 11-25-80
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 James Middle [illegible] Last Meeks
Date of Birth: Month 9 Day 8 Year 44
Place of Birth (State or foreign country) Ky.
Residence Address: Street or R. R. 3508 Outwood Way City Louisville County [illegible] State Ky.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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.
   Ward B Meeks
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Orus S. Meeks
   Residence of father (if deceased so state) Louisville Ky.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Dorthy L. Schultz
   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 James L. Meeks
New Address 2613 Hurstborne Lane
Subscribed and sworn to before me this [illegible] day of Nov., 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 Mary Middle E. Last Peva
Date of Birth: Month 9 Day 10 Year 54
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 2613 Hurstborne City Louisville County [illegible] State Ky.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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 James R. Peva
   Residence of father (if deceased so state) Pfld. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Helen E. Clark
   Residence of mother (if deceased so state) Pfld. 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 Mary E. Peva
New Address 2613 Hurstborne Ln
Subscribed and sworn to before me this 26 day of Nov., 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 [illegible] Court by written order issued waiver of 3 day and filed in Hend. 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* November, 1980 *authorizing the joining together as husband and wife* James Meeks *and* Mary Peva
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Dewey A. Thackston *hereby certify that on the* 28 *day of* Nov. *one thousand nine hundred and* 80 *at* Pfld, *County of* Hend. *State of Indiana, Groom* James Meeks *of* Jefferson *County, State of* Ky. *and, Bride* Mary Peva *of* Jefferson *County, State of* Ky., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 28 *day of* Nov. *19* 80.

Signed Dewey A. Thackston
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 *day of* Dec., 1980.
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. 591
File 42
12-6-80
~~12-26-80~~
Date of Application

MALE
Medical Examination Report Dated 11-26-80
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 11-24-80
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 Gary Middle Dowd Last Love
Date of Birth: Month December Day 10 Year 1960
Place of Birth (State or foreign country) Martinsville, Indiana
Residence Address: Street or R. R. PSC Box 3122 City Dyess AFB 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 Frank Monon Love
   Residence of father (if deceased so state) Plainfield, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marlynn Rondoff
   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 Gary D. Love
New Address PSC Box No. 3122 Dyess AFB TX

Subscribed and sworn to before me this 1 day of 12, 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 Rochella Middle Darlene Last Swope
Date of Birth: Month September Day 27 Year 1962
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. 1987 W. Main St. City Plainfield 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 C. A. William Swope Sr.
   Residence of father (if deceased so state) Indianapolis, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Evelyn June Clifft
   Residence of mother (if deceased so state) Elliottsville, 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 Rochella Swope
New Address 1987 W. Main Plainfield

Subscribed and sworn to before me this 1 day of 12, 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* 1 *day of* Dec., 1980, *authorizing the joining together as husband and wife* Gary D. Love *and* Rochella D. Swope

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

I, R. L. Murphy *hereby certify that on the* 2 *day of* Dec., *one thousand nine hundred and* 80 *at* Charity Baptist Church, *County of* Marion, *State of Indiana, Groom* Gary D. Love *of* Hend. *County, State of* Ind., *and, Bride* Rochella D. Swope *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 1 *day of* Dec., 1980.

Signed R. L. Murphy
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 9 *day of* Dec., 1980.

Signed Helen M. Harvey Clerk
HENDRICKS Circuit Court

No. 592

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

12-1-80
Date of Application

MALE
Medical Examination Report Dated 11-24-80
Name of Physician Joseph Kerlin

FEMALE
Medical Examination Report Dated 11-24-80
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 Michael, Middle Robert, Last Crum

Date of Birth: Month Sept, Day 18, Year 1953

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

Residence Address: Street or R. R. 2220 S. Melrose, City Ave, County Ames, State Io

Previous 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/ I.D.

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

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

New Address 2220 Melrose Ave. Ames Iowa 50010

Subscribed and sworn to before me this 4th day of Dec., 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Caren, Middle S., Last Bare

Date of Birth: Month 3, Day 18, Year 1957

Place of Birth (State or foreign country): Frankfort Ind

Residence Address: 1809 Hemlock, City Pflgl, 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

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

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

New Address

Subscribed and sworn to before me this 4th day of Dec., 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 4 *day of* Dec., 1980, *authorizing the joining together as husband and wife* Michael R. Crum *and* Caren S. Bare

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

I, Donald K. Imel *hereby certify that on the* 6 *day of* Dec., *one thousand nine hundred and* 80 *at* Pflgl, *State of Indiana, Groom* Michael R. Crum *of* Story *County, State of* Iowa *and, Bride* Caren S. Bare *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* Dec., 1980.

Signed Donald K. Imel

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*

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. 593
File 42
12-1-80
Date of Application

MALE
Medical Examination Report Dated 11-24-80
Name of Physician Donald J. Kerner

FEMALE
Medical Examination Report Dated 11-24-80
Name of Physician Donald J. Kerner

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

MALE APPLICANT

Name: First Steve Middle [illegible] Last Serardi

Date of Birth: Month 1 Day 5 Year 49

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 317 Wayside Dr. City Plfd. 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) Drivers Lic. w/ 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.
   Amanda Serardi
   Allison Serardi
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Serardi
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Mass.
9. Full maiden name of mother Verrell Boggess
   Residence of mother (if deceased so state) Evansville, Ind.
   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 Steven Serardi
New Address 317 Wayside Drive

Subscribed and sworn to before me this 1 day of Dec, 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 Janet Middle [illegible] Last Bridges

Date of Birth: Month 6 Day 20 Year 47

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 317 Wayside Dr. City Plfd. 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) 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.
   Mariah Bridges
   Marlene Bridges
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 C. Buckbalter
   Residence of father (if deceased so state) Akron Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Mary Jane Mary
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ohio

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

Signed X Janet Bridges
New Address 317 Wayside dr. Plfd

Subscribed and sworn to before me this 1 day of Dec, 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 5th day of Dec., 19 80, authorizing the joining together as husband and wife Steve Serardi and Janet Bridges

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

I, Jeffery A. Trees hereby certify that on the 20 day of Dec., one thousand nine hundred and 80 at Plfd, County of Hend., State of Indiana, Groom Steve Serardi of Hend. County, State of Ind., and, Bride Janet Bridges 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 Dec., 19 80.

Signed Jeffery A. Trees
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of Dec., 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. 594
File 42
12-1-80
Date of Application

MALE
Medical Examination Report Dated 11-27-80
Name of Physician Harris

FEMALE
Medical Examination Report Dated 11-27-80
Name of Physician 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 John Middle — Last Ewert
Date of Birth: Month 12 Day 24 Year 43
Place of Birth (State or foreign country) Connersville, Ind.
Residence Address: Street or R. R. 14 North Highland 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.
   Amy Ann Ewert

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Ewert
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sally M. Friend
   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 ☒ John E. Ewert
New Address 332 Kain St. Plainfield, Ind

Subscribed and sworn to before me this 1 day of Dec., 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 Patricia Middle — Last Muench
Date of Birth: Month 10 Day 1 Year 44
Place of Birth (State or foreign country) Salem Ind.
Residence Address: Street or R. R. 332 Kain 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) 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.
   Jamie Muench
   John D. Muench

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 S. Emery
   Residence of father (if deceased so state) Hyperion Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Edna Mae Collier
   Residence of mother (if deceased so state) Salem 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 ☒ Patricia S. Muench
New Address 332 Kain St. Plfd. Ind.

Subscribed and sworn to before me this 1 day of Dec., 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* 1 *day of* Dec., 1980, *authorizing the joining together as husband and wife* John Ewert *and* Patricia Muench
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John Burbank *hereby certify that on the* 1 *day of* Dec., *one thousand nine hundred and* 80 *at* Plfd., *State of Indiana, Groom* John Ewert *of* Hend., *County, State of* Ind., *and, Bride* Patricia Muench *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 1 *day of* Dec., 1980.

Signed John Burbank
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 *day of* Dec., 1980.

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. 595

File 12-1-80
Date of Application

MALE
Medical Examination Report Dated 11-24-80
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 11-24-80
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 Ashley Middle Dennis Last Stevenson

Date of Birth: Month Sept Day 4 Year 1962

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1401 Miami Ct. City Plainfield County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Leland Stevenson
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Dorothy G. Ledgerwood
   Residence of mother (if deceased so state) Plainfield 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 Ashley Stevenson
New Address 556 Avon Av.

Subscribed and sworn to before me this 1 day of Dec, 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Anita Middle Sue Last Osborne

Date of Birth: Month Mar Day 10 Year 1961

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 120 Continental Dr. City Mooresville County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Anita S. Osborne
New Address 556 Avon Avenue

Subscribed and sworn to before me this 1 day of Dec, 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 8 *day of* Dec, 19 80, *authorizing the joining together as husband and wife* Ashley D. Stevenson *and* Anita S. Osborne

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

I, Hubert V. Green *hereby certify that on the* 14 *day of* Dec., *one thousand nine hundred and* 80 *at* Pgh., *County of* Hend., *State of Indiana, Groom* Ashley D. Stevenson *of* Hend. *County, State of* Ind. *and, Bride* Anita S. Osborne *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 14 *day of* Dec., 19 80.

Signed Hubert Green
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* Dec, 19 80.

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

No. 596

File

Dec. 2, 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 12-2-80
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 12-2-80
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 James Middle Hayden Last Hodges

Date of Birth: Month Dec Day 25 Year 1957

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 10031 Old Rd 40, City Anapls, 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 Delma Hodges
   Residence of father (if deceased so state) Anapls In.
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Myrtle Key
   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 James H Hodges
New Address 10031 OLD RD 40 INDPLS

Subscribed and sworn to before me this 2 day of Dec, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Ann Last Morphew

Date of Birth: Month Nov. Day 5 Year 1961

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 3041 Clover Dr. City Anapls, 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 Harold Morphew
   Residence of father (if deceased so state) Anapls In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Carol Mann
   Residence of mother (if deceased so state) W. Palm Beach, Fla.
   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 Lori Ann Morphew
New Address 10031 Old RD 40 Indpls

Subscribed and sworn to before me this 2 day of Dec, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 8 *day of* Dec., 1980, *authorizing the joining together as husband and wife* James H. Hodges *and* Lori A. Morphew
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Edward Justice *hereby certify that on the* 20 *day of* Dec. *one thousand nine hundred and* 80 *at* Avon, *County of* Hend., *State of Indiana, Groom* James H. Hodges *of* Marion *County, State of* Ind., *and, Bride* Lori A. Morphew *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* Dec., 1980.

Signed Edward Justice
Official Designation Minister

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

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 597
File 42
12-2-80
Date of Application

MALE
Medical Examination Report Dated 11-25-80
Name of Physician George Avery

FEMALE
Medical Examination Report Dated 11-25-80
Name of Physician George Avery

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

MALE APPLICANT

Name: First Jeffrey Middle D. Last Lawrence
Date of Birth: Month 3 Day 16 Year 38
Place of Birth (State or foreign country) Ky.
Residence Address: Street or R. R. 8246 W. Thompson Rd. 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 Robert F. Lawrence
   Residence of father (if deceased so state) Indpls., Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Verla D. Bradley
   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 Jeffrey D. Lawrence
New Address 1501 S. 92nd ave. Indpls.

Subscribed and sworn to before me this 2 day of Dec., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Phyllis Middle A. Last Jones
Date of Birth: Month 2 Day 25 Year 61
Place of Birth (State or foreign country) Ky.
Residence Address: Street or R. R. 9510 W. Morris 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 #56182
☐ Other (Specify) .....

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Calvin E. Jones
   Residence of father (if deceased so state) Indpls., Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Dora A. Herron
   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 Phyllis A. Jones
New Address 1501 S. Kiel Ave, Indpls.

Subscribed and sworn to before me this 2 day of Dec., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 1980, authorizing the joining together as husband and wife Jeffrey Lawrence and Phyllis Jones
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Don Lambert hereby certify that on the 6 day of Dec., one thousand nine hundred and 80 at Bridgeport, County of Marion, State of Indiana, Groom Jeffrey Lawrence of Marion County, State of Ind. and, Bride Phyllis Jones 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 Dec., 1980.

Signed Don Lambert
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of Dec., 1980.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

No. 598

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

December 2, 1980
Date of Application

MALE
Medical Examination Report Dated 12-1-80
Name of Physician J. Wiesenver

FEMALE
Medical Examination Report Dated 12-1-80
Name of Physician J. Wiesenver

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

Date of Birth: Month April Day 29 Year 1929

Place of Birth (State or foreign country) Tennessee

Residence Address: Street or R. R. RR1 Box 262 City Clayton County Hendricks State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Theodore Carter 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 Theodore Carter
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Orda May Lea
   Residence of mother (if deceased so state) Limestone, Tenn
   Birthplace of mother (State or foreign country) Tenn

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

Signed James Franklin Carter
New Address R.R.1 Box 262 CLAYTON IN

Subscribed and sworn to before me this 2 day of Dec, 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Barbara Middle Sue Last Camden

Date of Birth: Month July Day 31 Year 1944

Place of Birth (State or foreign country) Arkansas

Residence Address: Street or R. R. RR2 Sullivan City County Franklin State Mo

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Dea Anna Kay Camden 16
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jesse Loyd Whitaker
   Residence of father (if deceased so state) Lincoln Kansas
   Birthplace of father (State or foreign country) Ark.
9. Full maiden name of mother Nina Jo Von Nada
   Residence of mother (if deceased so state) Corning Ark.
   Birthplace of mother (State or foreign country) Ark

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

Signed Barbara Camden
New Address Rt Bx 262 Clayton, Inda

Subscribed and sworn to before me this 2 day of Dec, 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Dec, 19 80, *authorizing the joining together as husband and wife* James T. Carter *and* Barbara S. Camden
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Elizabeth Dierking *hereby certify that on the* 6 *day of* Dec, *one thousand nine hundred and* 80 *at* Rt 1 Box 262, *County of* Hend, *State of Indiana, Groom* James T. Carter *of* Hend *County, State of* Ind, *and, Bride* Barbara S. Camden *of* Franklin *County, State of* Missouri, *were by me united 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* Dec, 19 80.

Signed Elizabeth Dierking
Official Designation Subs Reverend

Filed and recorded in accordance with the laws of the State of Indiana this 9 *day of* Dec, 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. 599

File

12-2-80
Date of Application

MALE
Medical Examination Report Dated 11-25-80
Name of Physician Joseph Kerlin, M.D.

FEMALE
Medical Examination Report Dated 11-25-80
Name of Physician Joseph Kerlin, M.D.

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

MALE APPLICANT

Name: First Orland Middle L. Last Cyphers, Jr.

Date of Birth: Month 11 Day 14 Year 1956

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

Residence Address: Street or R. R. 208 Church St. 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) Form 214 - Government

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Allen Fortner - age 5 mo.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Orland L. Cyphers, Sr.
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Grace Nichols
   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 Orland L Cyphers Jr
New Address 208 CHURCH LINTON

Subscribed and sworn to before me this 2nd day of Dec. 19 80.
Glen M. Harney Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Angela Middle Darlene Last Fortner

Date of Birth: Month 7 Day 05 Year 1963

Place of Birth (State or foreign country) Lee County, Virginia

Residence Address: Street or R. R. 208 Church St. 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.
   Jesse Allen Fortner - age 5 mo.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jessee C. Fortner
   Residence of father (if deceased so state) Maryland
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Barbara Brooks
   Residence of mother (if deceased so state) Ams, Indiana
   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 Angela Fortner
New Address Linton In 208 Church St. 46149

Subscribed and sworn to before me this 2nd day of Dec. 19 80.
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 Superior Court by written order issued 3 day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 2nd *day of* December, 19 80, *authorizing the joining together as husband and wife* Orland L. Cyphers, Jr. *and* Angela D. Fortner

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

I, Frank L. Edwards *hereby certify that on the* 6 *day of* Dec., *one thousand nine hundred and* 80 *at* Linton, *County of* Hend., *State of Indiana, Groom* Orland L. Cyphers, Jr. *of* Marion *County, State of* Ind. *and, Bride* Angela D Fortner *of* Lee *County, State of* Virginia, *were by me united 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* Dec., 19 80.

Signed Frank L. Edwards
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 9 *day of* Dec., 19 80.

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. 599

File

12-2-80
Date of Application

MALE
Medical Examination Report Dated 11-25-80
Name of Physician Joseph Kerlin, M.D.

FEMALE
Medical Examination Report Dated 11-25-80
Name of Physician Joseph Kerlin, M.D.

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

MALE APPLICANT

Name: First Orland, Middle L., Last Cyphers, Jr.
Date of Birth: Month 11, Day 14, Year 1956
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. 208 Church St., 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) Form 214 - Government

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Allen Fortner - age 5 mo.
7.
8.
9.

FEMALE APPLICANT

Name: First Angela, Middle Darlene, Last Fortner
Date of Birth: Month 7, Day 05, Year 1963
Place of Birth (State or foreign country) Lee County, Virginia
Residence Address: Street or R. R. 208 Church St., 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.
   Jesse Allen Fortner - age 5 mo.
7.
8.
9.

signs, state facts which render the consent of the other parent unnecessary

I, Barbara Mathias, hereby give my consent for my Daughter, Angela Fortner to marry Orland Cyphers.

Barbara Mathias

Subscribed and sworn to before me this 21 day of May 19 80

Fred Rady
Notary Public

NOTARY PUBLIC STATE OF INDIANA
MY COMMISSION EXPIRES MAY 31, 1982

I, Jessee FORTNER, hereby give my consent for my Daughter, Angela FORTNER to marry ORLAND Cyphers.

Jessee Fortner

Subscribed and sworn to before me this 2nd day of June 19 80.

Marie Baker
Notary Public
Comm. exp. 3/14/82

and, Bride Angela D. Fortner of Lee County, State of Virginia, were by me united 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 Dec., 19 80.

Signed Frank N. Edwards
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of Dec., 19 80.

Signed Ellen M. Harvey Clerk
HENDRICKS Circuit Court

No. 600

File

Dec. 4, 1980
Date of Application

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated Dec. 2, 1980
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated Dec. 2, 1980
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 Richard Middle V. Last Headrick
Date of Birth: Month 3 Day 10 Year 1958
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 401 W. Main City Liston County In State

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License 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
   Richard Scott - 2 yrs.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 C. Headrick
   Residence of father (if deceased so state) Liston In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elenor Simms
   Residence of mother (if deceased so state) Liston, 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 x Richard V. Headrick
New Address Liston Ind
Subscribed and sworn to before me this 4th day of Dec., 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 Cullivan
Date of Birth: Month 10 Day 8 Year 1960
Place of Birth (State or foreign country) Lebanon, In.
Residence Address: Street or R. R. R.R. #4 Box 297 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/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
   Andrew William - 2 yrs.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 A. Krisch
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Texas
9. Full maiden name of mother Betty Eve Clark
   Residence of mother (if deceased so state) Brownsburg
   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 Debra L. Cullivan
New Address Liston Indiana
Subscribed and sworn to before me this 4th day of Dec., 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 days waiver and filed in 1 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 4th day of Dec., 1980, authorizing the joining together as husband and wife Richard V. Headrick and Debra L. Cullivan
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Mary Jane Russell hereby certify that on the 4th day of Dec., one thousand nine hundred and 80
State of Indiana, Groom Richard V. Headrick at Danville, County of Hend., and, Bride Debra L. Cullivan 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 4th day of Dec., 1980.

Signed Mary Jane Russell
Official Designation 1st. Deputy Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of Dec., 1980.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 601
File 42
12-5-80 Date of Application

MALE
Medical Examination Report Dated 11-28-80
Name of Physician Wm. Ringer

FEMALE
Medical Examination Report Dated 12-2-80
Name of Physician Ronald Stegemoller

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

MALE APPLICANT

Name: First David Middle E. Last May
Date of Birth: Month 3 Day 19 Year 55
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 23 Bayer City Williamsport 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 Robert S. May
   Residence of father (if deceased so state) Williamsport Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Beulah May Jennings
   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 David E. May
New Address 219 South 6th Street Vincennes, IN

Subscribed and sworn to before me this 5 day of Dec., 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 L. Last Saunders
Date of Birth: Month 3 Day 8 Year 55
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. Box 158 City N. Salem County Ind. State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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 James H. Sawders
   Residence of father (if deceased so state) North Salem Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Marcia B. Kisner
   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 Kathy L. Saunders
New Address 219 S. 6th St. Vincennes IN.

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11th day of Dec., 19 80, authorizing the joining together as husband and wife David E. May and Kathy L. Saunders
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, R. Anthony Clark hereby certify that on the 20 day of Dec., one thousand nine hundred and 80 at N. Salem, County of Hend., State of Indiana, Groom R. Anthony Clark of Knox County, State of Ind., and, Bride Kathy L. Saunders 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 Dec., 19 80.
Signed R. Anthony Clark
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of Dec., 19 80.
Signed Ellen M. Harvey Clerk
HENDRICKS Circuit Court

No. 602

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

12-8-80
Date of Application

MALE
Medical Examination Report Dated 12-1-80
Name of Physician Thomas A. Jones, M.D.

FEMALE
Medical Examination Report Dated 12-1-80
Name of Physician Thomas A. Jones, 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 Dean Middle S. Last Ziegler

Date of Birth: Month 2 Day 22 Year 1949

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

Residence Address: Street or R. R. 810 Manor Ct., Plfd. City Hendricks County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) 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.
   Jason Ziegler
   ☒ Chad Ziegler
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Frederick James Ziegler
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Jean Broadus
   Residence of mother (if deceased so state) Cloverdale, In.
   Birthplace of mother (State or foreign country) Michigan

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

Signed X Dean S. Ziegler
New Address 810 MANOR COURT, PLAINFIELD

Subscribed and sworn to before me this 8th day of Dec., 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 Penny Middle S. Last Coder

Date of Birth: Month 1 Day 21 Year 1953

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

Residence Address: Street or R. R. 810 Manor Ct., Plfd. City Hendricks County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) 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.
   Cory Coder
   Vikki Coder
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be 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 Archer Wilson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marjie Maxine Moran
   Residence of mother (if deceased so state) Spencer, 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 Penny S Coder
New Address 810 MANOR CT RED FND.

Subscribed and sworn to before me this 8th day of Dec., 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* 12 *day of* Dec *, 19* 80 *, authorizing the joining together as husband and wife* Dean S. Ziegler *and* Penny S. Coder
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Daniel L. Engber *hereby certify that on the* 20 *day of* Dec. *, one thousand nine hundred and* 80 *at* Indpls. *, County of* Marion *, State of Indiana, Groom* Dean S. Ziegler *of* Hend. *County, State of* Ind. *, and, Bride* Penny S. Coder *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* Dec. *, 19* 80.

Signed Daniel L. Engber
Official Designation Chaplain

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* Dec. *, 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. 603
File 42
12-8-80 Date of Application

MALE
Medical Examination Report Dated 12-1-80
Name of Physician Linda Lewis Benson

FEMALE
Medical Examination Report Dated 12-1-80
Name of Physician Linda Lewis Benson

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

MALE APPLICANT

Name: First Jack Middle Lee Last Lovey
Date of Birth: Month June Day 27 Year 1934
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 859 Spring Hollow Ct. City Plainfield County Hend. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers license 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.
   Kirk Lynn
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Owmer W. Tovey
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elizabeth K. Rinehart
   Residence of mother (if deceased so state) Columbus 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 Jack Lee Tovey
New Address 859 Spring Hollow Ct. Plainfield Ind.

Subscribed and sworn to before me this 8 day of Dec., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 K. Last Spencer
Date of Birth: Month Nov. Day 14 Year 1939
Place of Birth (State or foreign country) Texas
Residence Address: Street or R. R. 859 Spring Hollow Ct. 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) Voters Reg. #05686

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

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

Signed X Ann K. Spencer
New Address 859 Spring Hollow Ct. Plainfield Ind.

Subscribed and sworn to before me this 8 day of Dec., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 22nd *day of* Dec., 19 80, *authorizing the joining together as husband and wife* Jack Lee Tovey *and* Ann K. Spencer

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

I, Daniel L. Engler *hereby certify that on the* 1 *day of* Jan., *one thousand nine hundred and* 81 *at* Ind., *County of* Hend., *State of Indiana, Groom* Jack Lee Tovey *of* Hend. *County, State of* Ind., *and, Bride* Ann K. Spencer *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 1 *day of* Jan., 19 81.

Signed Daniel L. Engler
Official Designation Chaplain

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* Jan., 19 81.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 604

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

Dec. 8, 1980
Date of Application

MALE
Medical Examination Report Dated Dec. 5, 1980
Name of Physician J. Thomas Vieira M.D.

FEMALE
Medical Examination Report Dated Dec. 5, 1980
Name of Physician J. Thomas Vieira 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 D. Last Lukens

Date of Birth: Month 5 Day 3 Year 1956

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

Residence Address: 1310 Rushmore Blvd E. Street or R. R. Indpls. City In. County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License 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 Bobby Gene Lukens
   Residence of father (if deceased so state) Vin. Ind.
   Birthplace of father (State or foreign country) St Francisville, Ill.
9. Full maiden name of mother Mary Anne Wans
   Residence of mother (if deceased so state) Vincennes, In
   Birthplace of mother (State or foreign country) Gilsburg, Ill.

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

Signed David D Lukens

New Address 1310 RUSHMORE Blvd E.; Indpls, IN.

Subscribed and sworn to before me this 8th day of December, 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Elizabeth Middle Last Vieira

Date of Birth: Month 6 Day 21 Year 1957

Place of Birth (State or foreign country) Pocos de Caldas, Brazil South America

Residence Address: Box 153 Street or R. R. Coatesville City In. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers License 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 J. Thomas Vieira
   Residence of father (if deceased so state) Coatesville, In
   Birthplace of father (State or foreign country) Alfanas Brazil S.A.
9. Full maiden name of mother Doris Conley
   Residence of mother (if deceased so state) Coatesville, In.
   Birthplace of mother (State or foreign country) Princeton, Ill.

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

Signed Elizabeth A. Vieira

New Address 1310 Rushmore Blvd E Indpls, Ind.

Subscribed and sworn to before me this 8th day of December, 1980

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12th day of December, 1980, authorizing the joining together as husband and wife David D. Lukens and Elizabeth Vieira

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

I, Wayne D. Kivett hereby certify that on the 27 day of Dec. one thousand nine hundred and 80 at Greencastle, County of Putnam, State of Ind., Groom David D. Lukens of Marion County, State of Ind., and, Bride Elizabeth Vieira 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 Dec., 1980.

Signed Wayne D. Kivett

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of Dec., 1980

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 605

File

Dec. 8 1980
Date of Application

MALE
Medical Examination Report Dated Dec. 4, 1980
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated Dec. 4, 1980
Name of Physician A. N. Scudder

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

MALE APPLICANT

Name: First Nicholas Middle — Last Isaprios

Date of Birth: Month 6 Day 13 Year 1941

Place of Birth (State or foreign country) Gary Indiana

Residence Address: Street or R. R. 713 Iron Wood Dr. City Pfd. County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers License 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.
   Kelly 16
   Dawn 12
   Kristin 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 Steve N. Isaprios
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Italy
9. Full maiden name of mother Dorothy Porter
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Italy

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

Signed N. S. Isaprios
New Address 18 Tocoi Crt. Brownsburg Ind.

Subscribed and sworn to before me this 8th day of Dec., 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 Sandra Middle — Last Slusser

Date of Birth: Month 5 Day 8 Year 1945

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

Residence Address: Street or R. R. 18 Tocove Ct. City Brownsburg County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) 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 J. Leon Parsons
   Residence of father (if deceased so state) Brownsburg In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Beatrice K. Shaw
   Residence of mother (if deceased so state) Brownsburg
   Birthplace of mother (State or foreign country) Indpls.

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

Signed Sandra L. Slusser
New Address 18 Tocoi Ct. Brownsburg Ind.

Subscribed and sworn to before me this 8th day of Dec., 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 12 th day of December, 1980, authorizing the joining together as husband and wife Richard Jackson and Sandra Slusser

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

I, John C. Mavis hereby certify that on the 12 day of Dec, one thousand nine hundred and 80 at Hendricks, County of Hend., State of Indiana, Groom Richard Jackson of Hend. County, State of Ind., and, Bride Sandra Slusser 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 Dec., 19 80.

Signed John C. Mavis
Official Designation Judge Sup II

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of Dec., 19 80.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

No. 606

File

Dec. 9 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 12-1-80
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated 12-1-80
Name of Physician M. O. Scamahorn

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

MALE APPLICANT

Name: First David Middle Lee Last Alexander

Date of Birth: Month Nov. Day 19 Year 1955

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

Residence Address: Street or R. R. RR #1 Box 1B City Jamestown County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
113-55-090356

☐ Other (Specify)

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

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

New Address Rt. 1 Box 1B JAMESTOWN IN 46147

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 Melinda Middle S. Last Cain

Date of Birth: Month Jan. Day 10 Year 1959

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

Residence Address: Street or R. R. Box 133 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
112-59-009617

☐ Other (Specify)

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

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

New Address Rt. 1 Box 1B Jamestown, In. 46147

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 16 *day of* Dec., 19 80, *authorizing the joining together as husband and wife* David L. Alexander *and* Melinda S. Cain
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William C. McGraw *hereby certify that on the* 21 *day of* Dec., *one thousand nine hundred and* 80 *at* Pittsboro, *State of Indiana, Groom,* David L. Alexander *of* Hend. *County, State of* Ind., *and, Bride* Melinda S. Cain *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 23 *day of* Dec., 19 80.

Signed William C. McGraw
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* Dec., 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. 607

File

12-9-80 Date of Application

MALE
Medical Examination Report Dated 12-9-80
Name of Physician David Haggard, M.D.

FEMALE
Medical Examination Report Dated 12-9-80
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 Jimmie Middle Lee Last Vogel, Jr.

Date of Birth: Month 11 Day 17 Year 1959

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

Residence Address: Street or R. R. 129 Pickett St., City Plfd., County Hend., State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Drivers 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 Jimmie Lee Vogel, Sr.
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Violet Louise Danz
   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 + Jimmie L Vogel Jr.
New Address 129 pickett st

Subscribed and sworn to before me this 9th day of Dec., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Sharon Middle Kay Last Benge

Date of Birth: Month 7 Day 14 Year 1962

Place of Birth (State or foreign country): Danville Indiana

Residence Address: Street or R. R. 129 Pickett St. City Plfd. County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) #8516

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Leray Benge
   Residence of father (if deceased so state) Plfd., In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Delsie Jeanine Fuller
   Residence of mother (if deceased so state) Plfd., In.
   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 + Sharon K Benge
New Address 129 Pickett St

Subscribed and sworn to before me this 9th day of Dec., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 15th day of Dec., 1980, authorizing the joining together as husband and wife Jimmie Lee Vogel Jr. and Sharon May Benge

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

I, Edwin J. Phillips hereby certify that on the 20 day of Dec., at Plfd., County of Hend., one thousand nine hundred and 80 State of Indiana, Groom Jimmie Lee Vogel Jr. of Hend. County, State of Ind., and, Bride Sharon M. Benge 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 Dec., 1980.

Signed Edwin J. Phillips
Official Designation Pastor

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

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

No. 608

File

Dec. 9 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 12-2-80
Name of Physician Dr. David R. Stout

FEMALE
Medical Examination Report Dated 12-2-80
Name of Physician Dr. David R. 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 Charles Middle — Last Doan

Date of Birth: Month Nov. Day 2 Year 1936

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

Residence Address: Street or R. R. RR #1 Box 108 City Clayton 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. # 4313-32-5459

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

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

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

Signed Charles E Doan

New Address RR #1 Box 108 Clayton Ind

Subscribed and sworn to before me this 9th day of Dec., 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 — Last Foster

Date of Birth: Month Sept Day 2 Year 1935

Place of Birth (State or foreign country): Chattanooga Tenn

Residence Address: Street or R. R. RR #1 Box 108 City Clayton 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 # 188228 14 State of Tenn

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

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

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

Signed Betty B. Foster

New Address RR 1, Box 108, Clayton, Ind.

Subscribed and sworn to before me this 9th day of Dec., 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Dec., 19 80, *authorizing the joining together as husband and wife* Charles Doan *and* Betty Foster
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Duane E. Moss *hereby certify that on the* 15 *day of* Dec., *one thousand nine hundred and* 80 *at* Clayton, *County of* Hend., *State of Indiana, Groom* Chas. Doan *of* Hend. *County, State of* Ind., *and, Bride* Betty Foster *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 15 *day of* Dec., 19 80.

Signed Duane E. Moss

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 *day of* Dec., 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. 609

File

Dec. 11, 1980
Date of Application

MALE
Medical Examination Report Dated 12-9-80
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 11-20-80
Name of Physician Kurt H. Stiver

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

Date of Birth: Month July Day 21 Year 1962

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

Residence Address: Street or R/R. RR #3 Box 284A 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 Carl Stanley Walton
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Avis Jacqueline Bolyard
   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 Thomas Karl Walton
New Address RR 3 Box 284A, Brownsburg

Subscribed and sworn to before me this 11 day of Dec., 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 [illegible] Last Scott

Date of Birth: Month March Day 2 Year 1963

Place of Birth (State or foreign country) New Jersey

Residence Address: Street or R/R. 30 Fairwood City Brownsburg County [illegible] State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 L. Scott
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Jacksonville, Fl.
9. Full maiden name of mother Donna VanDyke
   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 Dawn Scott
New Address RR 3 Box 284A Browns

Subscribed and sworn to before me this 11 day of Dec, 19[illegible]

Glen M. Harvey Clerk HENDRICKS Circuit Cour

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Fat

Signed.....Mo

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18 day of Dec., 1980, authorizing the joining together as husband and wife Thomas K. Walton and Dawn Scott

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

I, Jerry R. Nash hereby certify that on the 20 day of Dec., one thousand nine hundred and 80 at Brownsburg, County of Hend., State of Indiana, Groom Thomas K. Walton of Hend. County, State of Ind., and, Bride Dawn 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 20 day of Dec., 1980.

Signed Jerry R. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of Dec., 1980.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 609

File

Dec. 11, 1980
Date of Application

MALE
Medical Examination Report Dated 12-9-80
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 11-20-80
Name of Physician Kurt H. Stiver

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

Date of Birth: Month July Day 21 Year 1962

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

Residence Address: Street or R/R. RR #3 Box 284A 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 Carl Stanley Walton
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Avis Jacqueline Bolyard
   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.

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

...Clerk

FEMALE APPLICANT

Name: First Dawn Middle Michele Last Scott

Date of Birth: Month March Day 2 Year 1963

Place of Birth (State or foreign country) New Jersey

Residence Address: Street or R/R. 30 Fairwood 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 Gilbert L. Scott
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Jacksonville, Fl.
9. Full maiden name of mother Donna VanDyke
   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.

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

...Clerk

Nev

Subscribed and sworn
Glen M

CONSENT OF PARE

We, the parents, of th
signs, state facts whic

State of Indiana,
County of HE

Sign
Sign

Subscribed and sworn t

I, Gilbert L Scott & Donna Scott, hereby give my consent for my Daughter, Dawn Michele Scott to marry Thomas C Walton.

Subscribed and sworn to before me this 18 day of Dec. 1980

James Schofield 11-14-83
Notary Public HENDRICKS

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18 day of Dec., 1980, authorizing the joining together as husband and wife Thomas K. Walton and Dawn Scott

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

I, Jerry R. Nash hereby certify that on the 20 day of Dec., one thousand nine hundred and 80 at Brownsburg, County of Hend., State of Indiana, Groom Thomas K. Walton of Hend. County, State of Ind., and, Bride Dawn 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 20 day of Dec., 1980.

Signed Jerry R. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of Dec., 1980.

Signed Dawn M. Harvey Clerk
HENDRICKS Circuit Court

Re Marriage

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 610

File

12-12-80
Date of Application

MALE
Medical Examination Report Dated 12-9-80

Name of Physician Frank Johnson

FEMALE
Medical Examination Report Dated 12-9-80

Name of Physician Frank 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 Charles Middle A Last Turner

Date of Birth: Month 3 Day 14 Year 1941

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. 226 Wabash 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 Charles A. Turner
   Residence of father (if deceased so state) Monrovia Indiana
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Hazel W London
   Residence of mother (if deceased so state) Monrovia, Indiana
   Birthplace of mother (State or foreign country) Ill

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

Signed Charles A. Turner

New Address 226 Wabash, Plainfield

Subscribed and sworn to before me this 12 day of Dec, 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Carol Middle L Last Turner

Date of Birth: Month 6 Day 10 Year 1943

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. 226 Wabash City Plainfield County In State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers 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.
   Daniel Turner 20
   Realeen Turner 17
   Kelly Turner 12
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 W Huddleston
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nellie S. Roisdon
   Residence of mother (if deceased so state) Indianapolis, 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 Carol L. Turner

New Address 226 Wabash Plainfield

Subscribed and sworn to before me this 12 day of Dec, 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12th day of December, 19 80, Charles A. Turner and Carol L. Turner

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

I, Dave S. Hays hereby certify that on the 20 day of Dec., one thousand nine hundred and 80 at Pitt, County of Hend, State of Ind., and, Bride Carol L. Turner 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 Dec., 19 80.

Signed Dave S. Hays

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of Dec., 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. 611
File 42
12-12-80
Date of Application

MALE
Medical Examination Report Dated 12-1-80
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 12-1-80
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 Barth Middle K. Last Fisher
Date of Birth: Month 12 Day 23 Year 57
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R. R. 734 E. Altgeld City South Bend 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 Sam D. Fisher
   Residence of father (if deceased so state) Mawawa, Ind
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Elizabeth J. Belcher
   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 Barth Fisher
New Address 734 E. Altgeld S. Bend

Subscribed and sworn to before me this 12 day of Dec., 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 Nancy Middle E. Last McGinnis
Date of Birth: Month 9 Day 29 Year 58
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R. R. 145 B N. Mill City Pitt 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 Robert A. McGinnis
   Residence of father (if deceased so state) Pitt.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Phyllis J. Scruff
   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 Nancy E. McGinnis
New Address 734 E. Altgeld, So. Bend, 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

Be 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 December, 19 80, authorizing the joining together as husband and wife Barth K. Fisher and Nancy E. McGinnis

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

I, Mary S. Hays hereby certify that on the 10 day of January, one thousand nine hundred and 81 at Pitt, County of Head, State of Ind., Groom Barth K. Fisher of St. Joseph County, State of Ind., and, Bride Nancy E. McGinnis of Head 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 Jan., 19 81

Signed Mary S. Hays
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of Jan., 19 81

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 612

File 42

12-12-80
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 12-9-80
Name of Physician James Black

FEMALE
Medical Examination Report Dated 12-9-80
Name of Physician James Black

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

MALE APPLICANT

Name: First Mark Middle A. Last Waggoner
Date of Birth: Month 12 Day 21 Year 59
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 13 E. Burns Dr. City N. B'burg. 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) Reg. Voter Reg.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 L. Waggoner
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Joyce J. Herring
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

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

Signed ☒ Mark A Waggoner
New Address 315 WILLIAMS Dr B'burg IN
Subscribed and sworn to before me this 12 day of Dec., 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 Mary Middle L. Last Worley
Date of Birth: Month 2 Day 6 Year 60
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. R 1 Box 267 C City B'burg 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) Reg. Voter Reg.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jack L. Worley
   Residence of father (if deceased so state) Unable.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Rita M. Hester
   Residence of mother (if deceased so state) B'burg Ind.
   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 ☒ Mary L Worley
New Address 315 Williams Dr. B'burg In
Subscribed and sworn to before me this 12 day of Dec., 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* 15th *day of* Dec., 1980, *authorizing the joining together as husband and wife* Mark Waggoner *and* Mary L. Worley
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* Dec., *one thousand nine hundred and* 80 *at* Brownsburg, *County of* Hend., *State of Indiana, Groom* Mark Waggoner *of* Hend. *County, State of* Ind., *and, Bride* Mary L. Worley *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* Dec., 1980.

Signed Donald Tyler
Official Designation Minister

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

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. 613
File 42
12-15-80
Date of Application

MALE
Medical Examination Report Dated 12-11-80
Name of Physician O. Kourany

FEMALE
Medical Examination Report Dated 12-11-80
Name of Physician O. Kourany

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

MALE APPLICANT

Name: First Kenneth Middle Gregory Last Watt
Date of Birth: Month 9 Day 15 Year 62
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. RR 2 Box 347 City Camby, 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. expired. & Reg. Voter

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

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

Signed ☒ Kenny G Watt
New Address Webers trailer Court Lot 23 Mooresville, In. 46158
Subscribed and sworn to before me this 15 day of Dec., 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 Jane Middle Ellen Last Hughey
Date of Birth: Month 11 Day 2 Year 65
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. P O Box 31 City Mooresville, 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 William A. Hughey
   Residence of father (if deceased so state) Greenwood, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Patricia E. Howell
   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 ☒ Jane Hughey
New Address Webers trailer Court Lot 23 Mooresville In. 46158
Subscribed and sworn to before me this 15 day of Dec., 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 ☒ Patricia Ellen Hughey Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... 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 15 day of Dec., 1980, authorizing the joining together as husband and wife Kenneth G. Watt and Jane E. Hughey

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

I, John C. Mowrer hereby certify that on the 15 day of Dec., one thousand nine hundred and 80 at Danville, County of Hend., State of Indiana, Groom Kenneth G. Watt of Hend. County, State of Ind., and, Bride Jane E. Hughey 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 15 day of Dec., 1980.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of Dec., 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, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 613
File 42
12-15-80
Date of Application

MALE
Medical Examination Report Dated 12-11-80
Name of Physician O. Kourany

FEMALE
Medical Examination Report Dated 12-11-80
Name of Physician O. Kourany

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

MALE APPLICANT

Name: First Kenneth Middle Gregory Last Watt
Date of Birth: Month 9 Day 15 Year 62
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. RR 2 Box 347 City Camby, 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

FEMALE APPLICANT

Name: First Jane Middle Ellen Last Hughey
Date of Birth: Month 11 Day 2 Year 6[illegible]
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. PO Box 31 City Mooresville, 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

PLANNED PARENTHOOD ASSOCIATION OF INDIANAPOLIS, INC.

615 NORTH ALABAMA STREET, ROOM 336

INDIANAPOLIS, INDIANA 46204

634-8019

12-3-80

To Whom It May Concern:

Jane Hughey. was seen at our clinic on 12-3-80. A Pap smear and gonorrhea culture were taken.

Pregnancy test results positive L.M.P. 10-10-80

Pelvic examination revealed uterus to be 8-9weeks IUP.

Signed: Joan Murray RN

Additional comments:

No ☒ Yes ☐
No ☐ Yes ☐
No ☒ Yes ☐
No ☒ Yes ☐
No ☒ Yes ☐
No ☒ Yes ☐

No ☐ Yes ☐

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Circuit Court
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were by me united 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* Dec., 1980.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* Dec., 1980.

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

No. 64

File

12-15-80
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 12-10-80
Name of Physician Thomas C. Dascoli M.D.

FEMALE
Medical Examination Report Dated 12-10-80
Name of Physician Thomas C. Dascoli 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 L. Last Mc Clelland

Date of Birth: Month November Day 25 Year 1960

Place of Birth (State or foreign country): Waunakee - Wisconsin - Town of Cameron

Residence Address: Street or R. R. 7115 Tina Dr. City Indpls. County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Franklin D. Mc Clelland
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Hamilton, Missouri
9. Full maiden name of mother Ruby Jane Ely
   Residence of mother (if deceased so state) Indianapolis In.
   Birthplace of mother (State or foreign country) Hamilton Missouri

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

Signed x Donald McClelland

New Address 7115 TINA D.R. INDPLS, IND.

Subscribed and sworn to before me this 15 day of Dec., 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Cheryl Middle L. Last Williams

Date of Birth: Month July Day 5 Year 1961

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

Residence Address: Street or R. R. RR #5 Box 111 City Danville, County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License 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 Roy Williams
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Glenda Fitch
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed x Cheryl Williams

New Address 7115 Tina Dr. Indpls.

Subscribed and sworn to before me this 15 day of Dec., 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 19 *day of* December, 19 80, *authorizing the joining together as husband and wife* Donald Mc Clelland *and* Cheryl Williams

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

I, John A. Welch *hereby certify that on the* 20 *day of* Dec., *one thousand nine hundred and* 80 *at* Indpls., *County of* Marion, *State of Indiana, Groom* Donald Mc Clelland *of* Marion *County, State of* Ind., *and, Bride* Cheryl Williams *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* Dec., 19 80.

Signed John A. Welch

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 31 *day of* Dec., 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. 615
File 42
12-15-80
Date of Application

MALE
Medical Examination Report Dated 12-10-80
Name of Physician Thomas N. Fisher

FEMALE
Medical Examination Report Dated 12-10-80
Name of Physician Thomas N. Fisher

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

MALE APPLICANT

Name: First Gary Middle D. Last Groves
Date of Birth: Month Sept. Day 24 Year 1943
Place of Birth (State or foreign country) Tennessee
Residence Address: Street or R. R. 4485 N. 900 E., City Brownsburg, County Hendricks, State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's license W/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Tina Maine Groves
   Rick Allen Groves
   Gary Dale Groves
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jesse L. Groves
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Bessie L. Lacy
   Residence of mother (if deceased so state) 3955 E. Isaacs Ave., 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 ~~Debra Lynn Latham~~ Gary D Groves Same
New Address

Subscribed and sworn to before me this 15 day of Dec., 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 Lynn Last Latham
Date of Birth: Month Sept. Day 28 Year 1955
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 4485 N. 900 E., City Brownsburg, County Hendricks, State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's license W/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Dean Allen Latham
   Michelle Lynn Latham
   Randall Eugene Latham
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Carl Miller
   Residence of father (if deceased so state) 846 Round Lake Rd., Union Lake, Michigan
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Ruth JoAnn Reid
   Residence of mother (if deceased so state) 523 S. Grand, 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 Debra Lynn Latham
New Address 4485 N 900 E
Subscribed and sworn to before me this 15 day of Dec., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* Dec, 19 80, *authorizing the joining together as husband and wife* Gary D. Groves *and* Debra L. Latham

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

I, James D. Clayton *hereby certify that on the* 20 *day of* Dec., *one thousand nine hundred and* ~~80~~ 80 *at* Indpls., *County of* ~~Hendricks~~ *State of Indiana, Groom* Gary D. Groves *of* Hend., *County, State of* Ind., *and, Bride* Debra L. Latham *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* Dec., 19 80.

Signed James D. Clayton
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* Dec., 19 80.

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

No. 616

File 42

12-15-80
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 12-15-80
Name of Physician Jerry Jarrell

FEMALE
Medical Examination Report Dated 12-15-80
Name of Physician Jerry Jarrell

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

Date of Birth: Month 5 Day 31 Year 60

Place of Birth (State or foreign country) Virginia

Residence Address: Street or R. R. 714 E. Main St. City Danville County . State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lloyd W. Hufford
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Donna J. Logan
   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 ✕ Timothy L. Hufford
New Address Ft. Lewis Wa.

Subscribed and sworn to before me this 15 day of Dec., 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 Sherl Middle J. Last Peyton

Date of Birth: Month 3 Day 8 Year 63

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. R 2 Box 498 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 John R. Peyton
   Residence of father (if deceased so state) Danville
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Patricia M. Hadley
   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 ✕ Sherl Peyton
New Address Ft. Lewis Wa.

Subscribed and sworn to before me this 15 day of Dec., 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 ✕ John R. Peyton Father

Signed ✕ Patricia M. Peyton Mother

Subscribed and sworn to before me this 15 day of Dec., 1980

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 15 *day of* Dec., 1980, *authorizing the joining together as husband and wife* Timothy L. Hufford *and* Sherl J. Peyton

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

I, James D. Wilson *hereby certify that on the* 15 *day of* Dec., *one thousand nine hundred and* 80 *at* Hadley, *State of Indiana, Groom* Timothy L. Hufford *of* Hend. *County, State of* Ind., *and, Bride* Sherl J. Peyton *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* Dec., 1980.

Signed James D. Wilson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 *day of* Dec., 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, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 617

File

12-15-80
Date of Application

MALE
Medical Examination Report Dated 12/4/80
Name of Physician David Haggard, M.D.

FEMALE
Medical Examination Report Dated 12/4/80
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 Hughie Middle A. Last Cromer

Date of Birth: Month 6 Day 09 Year 1945

Place of Birth (State or foreign country): Mt. Vernon, Kentucky

Residence Address: Street or R. R. 3611 Camble Rd. 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) 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.
   Coetta Cromer - age 14
   Darla Cromer - age 12
   Curtis Cromer - age 11
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Herman Cromer
   Residence of father (if deceased so state) Mt. Vernon, Ky.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Laura Eveline McClure
   Residence of mother (if deceased so state) Mt. Vernon, Ky.
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Hughie Cromer

New Address RR 8, Box 374 Ind.

Subscribed and sworn to before me this 15th day of Dec., 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 S. Last Poore

Date of Birth: Month 9 Day 9 Year 1955

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

Residence Address: Street or R. R. 3611 Camble Rd. City Plfd. County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate #10474 ☐ Judicial Decree

☐ Other (Specify)

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

New Address R.R. 8 Box 374 Ind

Subscribed and sworn to before me this 15 day of Dec., 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* December, 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, ...*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*

No. 618

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

Dec. 15, 1980
Date of Application

MALE
Medical Examination Report Dated 12-11-80
Name of Physician Fred Hendricks

FEMALE
Medical Examination Report Dated 12-11-80
Name of Physician Fred Hendricks

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

MALE APPLICANT

Name: First William Middle R. Last Wood
Date of Birth: Month Dec Day 6 Year 1946
Place of Birth (State or foreign country) N. Carolina
Residence Address: Street or R. R. 2317 Second 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) Medical Drivers L.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.
   Janella Wood
   Angela Wood
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William C. Wood
   Residence of father (if deceased so state) Inpls. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Doris Atkinson
   Residence of mother (if deceased so state) Inpls, Ind.
   Birthplace of mother (State or foreign country) N. Car.

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

Signed William R Wood
New Address 2317 Second St Plainfield In

Subscribed and sworn to before me this 15 day of Dec, 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 Lisa Middle Jan Last Auman
Date of Birth: Month Aug. Day 13 Year 1956
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 2317 Second 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 D. Patrick
   Residence of father (if deceased so state) Inapls, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Margaret L. Case
   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 Lisa J Auman
New Address 2317 2nd ST Plainfield, In

Subscribed and sworn to before me this 15 day of Dec, 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* 15 *day of* Dec, 19 80, *authorizing the joining together as husband and wife* William R Wood *and* Lisa J. Auman
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Moore *hereby certify that on the* 12 *day of* Dec., *one thousand nine hundred and* 80 *at* Danville, *State of Indiana, Groom* William R. Wood *of* Hend. *County, State of* Ind., *and, Bride* Lisa J. Auman *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* Dec., 19 80.

Signed John C. Moore
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* Dec., 19 80.

Signed Alex 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. 619
File 42
12-15-80
Date of Application

MALE
Medical Examination Report Dated 12-9-80
Name of Physician Carl L. Heinlein

FEMALE
Medical Examination Report Dated 12-9-80
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 Martin Middle Evan Last Mc Mahon
Date of Birth: Month October Day 18 Year 1959
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 545 S. Jefferson, City Danville, County Hendricks, State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers license W/picture

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

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

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

Signed X Martin Evan McMahon
New Address 545 S. Jefferson, Danville

Subscribed and sworn to before me this 15 day of Dec., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Sharon Middle Dorene Last Sturgis
Date of Birth: Month Nov Day 30 Year 1961
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 545 S. Jefferson, City Danville, County Hendricks, State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Leslie Sturgis, Jr.
   Residence of father (if deceased so state) Elletsville, Indiana
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Claris Jane Cain
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Sharon Dorene Sturgis
New Address 545 S. Jefferson / Danville

Subscribed and sworn to before me this 15 day of Dec., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* 19 *day of* December, 19 80, *authorizing the joining together as husband and wife* Martin E. McMahon *and* Sharon D. Sturgis

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

I, John C. Maurer *hereby certify that on the* 20 *day of* Dec., *one thousand nine hundred and* 80 *at* Danville, *County of* Hend., *State of Indiana, Groom* Martin E. McMahon *of* Hend *County, State of* Ind., *and, Bride* Sharon D. Sturgis *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* Dec, 19 80.

Signed John C. Maurer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* Dec, 19 80.

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

No. 620
File 42
12-15-80
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 12-15-80
Name of Physician David B. Hoggard

FEMALE
Medical Examination Report Dated 12-15-80
Name of Physician David B. 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 David Middle B Last Snodgrass
Date of Birth: Month May Day 30 Year 1962
Place of Birth (State or foreign country) Danville Indiana
Residence Address: Street or R. R. 298 S Indiana 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 W. Snodgrass Sr.
   Residence of father (if deceased so state) Danville, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ernestine Sims
   Residence of mother (if deceased so state) Danville, Ind
   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 David B Snodgrass
New Address 298 So. Ind. Dan. Ind

Subscribed and sworn to before me this 16 day of Dec, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Terri Middle L Last Schoenrock
Date of Birth: Month Oct Day 21 Year 1963
Place of Birth (State or foreign country) Beatrice Nebraska
Residence Address: Street or R. R. 865 E Main St. City Danville County In State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed Terri Schoenrock
New Address 298 S Ind. Danville, Ind.

Subscribed and sworn to before me this 16 day of Dec, 1980
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Theodore J Schoenrock Father

Signed Shirley A. Schoenrock Mother

Subscribed and sworn to before me this 16 day of Dec, 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 ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Dec., 1980, *authorizing the joining together as husband and wife* David B. Snodgrass *and* Terri L. Schoenrock
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, R. O. Passanake *hereby certify that on the* 21 *day of* Dec., *one thousand nine hundred and* 80 *at* Ind., *County of* Hend., *State of Indiana, Groom* David B. Snodgrass *of* Hend. *County, State of* Ind., *and, Bride* Terri L. Schoenrock *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 21 *day of* Dec., 1980.

Signed R. O. Passanake
Official Designation Pastor

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

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

Re marriage

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 621

File

Date of Application

MALE
Medical Examination Report Dated 12-15-80
Name of Physician Joseph Kerlin

FEMALE
Medical Examination Report Dated 12-15-80
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 L. Last Nichols

Date of Birth: Month Jan Day 19 Year 1957

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 2 Box 128 City Coatesville County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☑

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

☐ Other (Specify) 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.
   Douglas Nichols
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jerry Nichols
   Residence of father (if deceased so state) Coatesville, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Martha Church
   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 Mark L. Nichols
New Address P.O. Box 119 Liston, In. 46149

Subscribed and sworn to before me this 16 day of Dec, 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 S Last Nichols

Date of Birth: Month June Day 21 Year 1958

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 2 Box 256 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) 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.
   Douglas Nichols
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Lester
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Va.
9. Full maiden name of mother Mollie Collins
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Va.

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

Signed Peggy S. Nichols
New Address P O Box 119 Liston Ind 46149

Subscribed and sworn to before me this 16 day of Dec, 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 II Court by written order issued 3 day waiver and filed in Clerk's authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Dec., 19 80, *authorizing the joining together as husband and wife* Mark L. Nichols *and* Peggy S. Nichols

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

I, John C. Maurer *hereby certify that on the* 19 *day of* Dec., *one thousand nine hundred and* 80, *at* Danville, *County of* Hend., *State of Indiana, Groom* Mark L. Nichols *of* Hend. *County, State of* Ind. *and, Bride* Peggy S. Nichols *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* Dec., 19 80.

Signed John C. Maurer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* Dec., 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. 622

File

12-16-80
Date of Application

MALE
Medical Examination Report Dated 12-15-80

Name of Physician A. Scudder

FEMALE
Medical Examination Report Dated 12-15-80

Name of Physician A. Scudder

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

MALE APPLICANT

Name: First Jeffrey; Middle L; Last Brunes

Date of Birth: Month Jan; Day 18; Year 1962

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

Residence Address: 35 Robinwood Dr; City Brownsburg; County; State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

New Address 2500 S. Garland Rd.

Subscribed and sworn to before me this 16 day of Dec, 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Tetrick

Date of Birth: Month Oct; Day 3; Year 1962

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

Residence Address: RR 3 Box 75; Street or R. R. Plainfield; City; 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 Riley V. Tetrick
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Louise Burdine
   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 Karen Tetrick

New Address 2500 S Garland Rd

Subscribed and sworn to before me this 16 day of Dec, 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 16 *day of* Dec., 1980, *authorizing the joining together as husband and wife* Jeffrey L. Brunes *and* Karen J. Tetrick

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

I, George Davis *hereby certify that on the* 20 *day of* Dec., *one thousand nine hundred and* 80, *at* Brownsburg, *County of* Hend., *State of Indiana, Groom* Jeffrey L. Brunes *and, Bride* Karen J. Tetrick *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* Dec., 1980.

Signed George W. Davis

Official Designation Minister

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

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 623

File

12-16-80 Date of Application

MALE
Medical Examination Report Dated 12-11-80
Name of Physician L Iranell

FEMALE
Medical Examination Report Dated 12-11-80
Name of Physician L Iranell

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

MALE APPLICANT

Name: First Bob Middle L Last Gipson

Date of Birth: Month January Day 1 Year 63

Place of Birth (State or foreign country) Jeffersonville Indiana

Residence Address: Street or R. R. RR2 Box 316B 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) _____

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Gipson
   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) Clayton, 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 Bob L. Gipson
New Address RR1 Box 533 Clayton

Subscribed and sworn to before me this 16 day of Dec, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Virgil L Gipson Father
Signed Mary K. Gipson Mother

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

FEMALE APPLICANT

Name: First Deborah Middle K Last Phillips

Date of Birth: Month August Day 16 Year 1963

Place of Birth (State or foreign country) Lafayette Indiana

Residence Address: Street or R. R. RR1 Box 533 City Clayton 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 Robert L Phillips
   Residence of father (if deceased so state) Clayton, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary A. Vanguesdy
   Residence of mother (if deceased so state) Clayton, In
   Birthplace of mother (State or foreign country) Indiana

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

Signed Deborah K Phillips
New Address RR1 Box 533 Clayton

Subscribed and sworn to before me this 16 day of Dec, 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Robert L Phillips Father
Signed Mary Ann Phillips Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23rd *day of* December, 19 80, *authorizing the joining together as husband and wife* Bob L. Gipson *and* Deborah K. Phillips

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

I, David D. Tracy *hereby certify that on the* 27 *day of* Dec, *one thousand nine hundred and* 80 *at* Clayton, *County of* Hend, *State of Indiana, Groom* Bob L. Gipson *of* Hend *County, State of* Ind, *and, Bride* Deborah K. Phillips *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* Dec., 19 80.

Signed David D. Tracy
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* Dec., 19 80.

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

No. 624

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

12-17-80
Date of Application

MALE
Medical Examination Report Dated 12-15-80
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 12-15-80
Name of Physician David B. Haggard

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

MALE APPLICANT

Name: First Bradley Middle L. Last Jones

Date of Birth: Month Feb Day 17 Year 1953

Place of Birth (State or foreign country)

Residence Address: Street or R. R. 10042 Osceola Dr. City Indpls County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 C. Jones
   Residence of father (if deceased so state) Plainfield, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Bishop
   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 Bradley L. Jones
New Address 10042 Osceola Dr. Indianapolis

Subscribed and sworn to before me this 17 day of December, 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Kristine Middle M. Last Zieher

Date of Birth: Month Aug Day 26 Year 1959

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

Residence Address: Street or R. R. 10042 Osceola Dr. City Indpls. County In. State

Previous Marital Status: Never Married ☐ OR ☑

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License 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 Robert Carl Zieher
   Residence of father (if deceased so state) Plainfield, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margaret Evelyn Kozlovic
   Residence of mother (if deceased so state) Plainfield, In
   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 Kristine M. Zieher
New Address 10042 Osceola Dr. Indpls.

Subscribed and sworn to before me this 17 day of Dec., 1980

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... 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 17 day of Dec., 1980, authorizing the joining together as husband and wife Bradley L. Jones and Kristine M. Zieher

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

I, Donald E. Buchanan hereby certify that on the 20 day of Dec., one thousand nine hundred and 80 at Plfd, County of Hend, State of Indiana, Groom Bradley L. Jones of Hend County, State of Ind, and, Bride Kristine M. Zieher 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 Dec., 1980.

Signed Donald E. Buchanan
Official Designation Catholic Priest

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

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 625

File

12-17-80
Date of Application

MALE
Medical Examination Report Dated 12-9-80
Name of Physician Robert A. Hearin M.D.

FEMALE
Medical Examination Report Dated 12-5-80
Name of Physician Ernest I. Takafuji 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 Anechiarico Last Jr.
Date of Birth: Month Oct Day 12 Year 1936
Place of Birth (State or foreign country): Mt. Vernon New York
Residence Address: Street or R. R. HHC - 1/32nd Ft Ord City Marina County Monterey State California
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1980
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Army I.D.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Anechiarico Sr.
   Residence of father (if deceased so state) Mt. Vernon New York
   Birthplace of father (State or foreign country) New York.
9. Full maiden name of mother Gladys Belmonte
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) New Hampshire

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

Signed John Anechiarico Jr.
New Address 455 Ramona Apt #1 Monterey, CA. 93940

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 Margaret Middle Clay Last
Date of Birth: Month Jan Day 15 Year 1950
Place of Birth (State or foreign country): Cedar Bluff Virginia
Residence Address: Street or R. R. Stilesville In City County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1978
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) .....

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Otis A. Stinson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Leatha M. Whitt
   Residence of mother (if deceased so state) Stilesville In.
   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 Margaret Clay
New Address 455 Ramona Ave., Monterey, Ca

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* ..... *of Indiana dated the* 23rd *day of* December, 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, ... *hereby certify that on the* ..... *day of* ....., *one thousand nine hundred and* ..... *at* ....., *County of* ....., *State of Indiana, Groom* ..... *of* ..... *County, State of* ....., *and, Bride* ..... *of* ..... *County, State of* ....., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this ..... *day of* ....., 19.....

Signed .....

Official Designation .....

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

Signed ..... *Clerk*

HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 626

File

12-18-80
Date of Application

MALE
Medical Examination Report Dated 12-3-80
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 12-3-80
Name of Physician Larry D. Lovell

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

MALE APPLICANT

Name: First Lee Middle J. Last Homer

Date of Birth: Month 9 Day 13 Year 1951

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

Residence Address: Street or R. R. 326 North Bancroft City Indpls. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1977

Date of birth verified by: ☑ Birth Certificate # 9451 ☐ Judicial Decree

☐ Other (Specify)

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

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

New Address R. 1 Box 37 CLAYTON, IND. 46118

Subscribed and sworn to before me this 18th day of December, 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 Lana Middle Last Gardner

Date of Birth: Month 6 Day 5 Year 1957

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

Residence Address: Street or R. R. RR #1 Box 37 City Clayton County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1979

Date of birth verified by: ☑ Birth Certificate # 6410 ☐ Judicial Decree

☐ Other (Specify)

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

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

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

Signed Lana Gardner

New Address RR 1 Box 37 Clayton, IN 46118

Subscribed and sworn to before me this 18th day of Dec., 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 ..... in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 24 *day of* Dec., 19 80., *authorizing the joining together as husband and wife* Lee T. Homer *and* Lana Gardner

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

I, Jewell E. Reuss *hereby certify that on the* 1 *day of* Jan., *one thousand nine hundred and* 81 *at* Ballwille, *County of* Hend., *State of Indiana, Groom* Lee T. Homer *of* Hend. *County, State of* Ind., *and, Bride* Lana Gardner *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 1 *day of* Jan., 19 81.

Signed Jewell E. Reuss

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* Jan., 19 81.

Signed Mary Jane Russell 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. 627
File 42
12-18-80
Date of Application

MALE
Medical Examination Report Dated 12-15-80
Name of Physician Glenn W. Baker

FEMALE
Medical Examination Report Dated
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 Paul Middle E. Last Preston

Date of Birth: Month 8 Day 9 Year 49

Place of Birth (State or foreign country) Ind.

Residence Address: 9848 Street or R. R. Bradbury Dr. City Indpls. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) 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.
   Robert Preston
   Steven Preston
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Henry Preston Jr.
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Helena Parker
   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 Paul E. Preston
New Address 17 Cimarron Trail

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 Karmen Middle K. Last Carnes

Date of Birth: Month 12 Day 4 Year 40

Place of Birth (State or foreign country) Ind.

Residence Address: 17 Cimarron Tr. Street or R. R. City Mooresville 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.
   Kelly Carnes
   Randell Carnes
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Jacob Burns
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Anna Dean Yoger
   Residence of mother (if deceased so state) North Manchester, 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 Karmen Kay Carnes
New Address 17 Cimarron Tr.

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* 22 24 *day of* Dec, 1980, *authorizing the joining together as husband and wife* Paul E. Preston *and* Karmen K. Carnes

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

I, Talmage Hoggard *hereby certify that on the* 26 *day of* Dec., *one thousand nine hundred and* 80 *at* Mooresville, *County of* Morgan, *State of Indiana, Groom* Paul E. Preston *of* Marion *County, State of* Ind., *and, Bride* Karmen K. Carnes *of* Morgan *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 30 *day of* Dec., 1980.

Signed Talmage Hoggard
Official Designation Minister

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

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

No. 628

File

Dec 18, 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 12-8-80
Name of Physician M J R. Foronda

FEMALE
Medical Examination Report Dated 12-4-80
Name of Physician M. Nuly

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

Date of Birth: Month August Day 24 Year 1961

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

Residence Address: Street or R. R. RR 3 Box 719A City Brownsburg, 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 Onya L. Morgan
   Residence of father (if deceased so state) Brownsburg, Indiana
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Estelle Louise Kelly
   Residence of mother (if deceased so state) Brownsburg, 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 Dennis Morgan
New Address Fort Benning GA.

Subscribed and sworn to before me this 18 day of Dec, 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 Beth Middle Ann Last McGlone

Date of Birth: Month August Day 25 Year 1962

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

Residence Address: Street or R. R. RR1 Box 286 City Donville 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 Thomas Jerry McGlone
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sharon Ann Schofield
   Residence of mother (if deceased so state) Donville, 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 Beth McGlone
New Address Fort Benning Georgia

Subscribed and sworn to before me this 18 day of Dec, 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* 23rd *day of* Dec., 1980, *authorizing the joining together as husband and wife* Dennis Morgan *and* Beth Ann McGlone
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Harry W. Strader *hereby certify that on the* 23 *day of* Dec., *one thousand nine hundred and* 80 *at* Brownsburg, *County of* Hend., *State of Indiana, Groom* Dennis Morgan *of* Hend. *County, State of* Ind., *and, Bride* Beth Ann McGlone *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* Dec., 1980.

Signed Harry W. Strader
Official Designation Pastor

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

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 629
File 42
12-18-80
Date of Application

MALE
Medical Examination Report Dated 12-10-80
Name of Physician Kathy Deasy

FEMALE
Medical Examination Report Dated 12-4-80
Name of Physician Kathy Deasy

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

MALE APPLICANT

Name: First Robert Middle A. Last Porter

Date of Birth: Month 4 Day 7 Year 60

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 202 S. Center 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 Myron V. Porter
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Marilyn A. Dills
   Residence of mother (if deceased so state) Butlerville, 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 Robert A. Porter
New Address Ind. Boys School apt #2 Plfd.

Subscribed and sworn to before me this 18 day of Dec, 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 Tamara Middle S. Last Rawley

Date of Birth: Month 5 Day 1 Year 63

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Ind. Boys School Apt 2 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 Ronald L. Rawley
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Karen J. Reynolds
   Residence of mother (if deceased so state) Lange
   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 Tamara S. Rawley
New Address Ind. Boys School Apt. #2 Plfd.

Subscribed and sworn to before me this 18 day of Dec., 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 3 days 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 18 day of Dec., 1980, authorizing the joining together as husband and wife Robert A. Porter and Tamara S. Rawley

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

I, Edison C. White hereby certify that on the 20 day of Dec., at Plfd., County of Hend., one thousand nine hundred and 80 State of Indiana, Groom Robert A. Porter of Hend. County, State of Ind., and, Bride Tamara S. Rawley 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 Dec., 1980.

Signed Edison C. White
Official Designation Minister

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

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. 630

File

12-19-80
Date of Application

MALE
Medical Examination Report Dated 12-16-80
Name of Physician William Wolf, Jr.

FEMALE
Medical Examination Report Dated 12-16-80
Name of Physician Wm. Wolf, Jr.

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

MALE APPLICANT

Name: First Robert Middle / Last Grothe

Date of Birth: Month 1 Day 29 Year 1941

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

Residence Address: Street or R. R. 5761 Lakeland Blvd, City Indpls., County Hend., State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Driver's 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 Harry A. Grothe
   Residence of father (if deceased so state) Indpls., In.
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Louise Fleischmann
   Residence of mother (if deceased so state) Indpls., In.
   Birthplace of mother (State or foreign country) Ohio

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

Signed Robert Grothe
New Address 5761 Lakeland Blvd

Subscribed and sworn to before me this 19th day of Dec., 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 Pauline Middle J. / Last Spaulding

Date of Birth: Month 10 Day 31 Year 1947

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

Residence Address: Street or R. R. 5761 Lakeland Blvd, City Indpls., County Hend., State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Driver's 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
   Kim Spaulding
   Kenneth Spaulding
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joan Braun
   Residence of father (if deceased so state) Indpls., In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary E. Hoblit
   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 Pauline Spaulding
New Address 5761 Lakeland Blvd.

Subscribed and sworn to before me this 19th day of Dec., 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* 23 *day of* Dec, 19 80, *authorizing the joining together as husband and wife* Robert Grothe *and* Pauline J. Spaulding
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Porter Berry *hereby certify that on the* 27 *day of* Dec, *one thousand nine hundred and* 80 *at* 5761 Lakeland Blvd, *County of* Hend., *State of Indiana, Groom* Robert Grothe *of* Hend. *County, State of* Ind., *and, Bride* Pauline J. Spaulding *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* Dec., 19 80.

Signed Porter Berry
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* Jan, 19 81.

Signed Mary Lou Russell 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. 631

File

12-22-80 Date of Application

MALE
Medical Examination Report Dated 12-16-80
Name of Physician Dr. Eric Clark

FEMALE
Medical Examination Report Dated 12-22-80
Name of Physician Dr. Eric Clark

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

MALE APPLICANT

Name: First James Middle Edward Last Collier

Date of Birth: Month 3 Day 05 Year 1950

Place of Birth (State or foreign country) Beech Grove Ind.

Residence Address: Street or R. R. 769 Mackey Rd. 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.
   James Darren Collier, age 4
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lewis James Collier
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wilma Fern Gilstrap
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed X James Edward Collier
New Address 394 W. Marion St Danville, Ind.

Subscribed and sworn to before me this 22nd day of Dec., 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 Jennifer Middle Kay Last Gilbert

Date of Birth: Month 7 Day 23 Year 1951

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

Residence Address: Street or R. R. 394 W. Marion, 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Marie Kristine Gilbert, age 7
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Albert Hastings Moore
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Marie Mayors
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Jennifer Kay Gilbert
New Address 394 W. Marion St Danville, Ind. 46122

Subscribed and sworn to before me this 22nd day of Dec., 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 ~~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 22 day of Dec., 1980, authorizing the joining together as husband and wife James E. Collier and Jennifer Kay Gilbert

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

I, James E. Dayton hereby certify that on the 24 day of Dec., one thousand nine hundred and 80 at Danville, County of Hend., State of Indiana, Groom James E. Collier of Hend. County, State of Ind., and, Bride Jennifer Kay Gilbert 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 Dec., 1980.

Signed James E. Dayton
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of Dec., 1980.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

No. 634

File ~~12-22~~ 12-22-80

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

Name of Physician

FEMALE
Medical Examination Report Dated 12-10-80

Name of Physician Melvin Baird Jr.

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

MALE APPLICANT

Name: First Ronald Middle P Last Sides Jr

Date of Birth: Month Dec Day 21 Year 1955

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

Residence Address: Street or R. R. P.O. Box 127 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) Verified by

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 P. Sides Sr.
   Residence of father (if deceased so state) Indianapolis, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Beulah Strayhorn
   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 Ronald Sides Jr

New Address

Subscribed and sworn to before me this 24 day of Dec, 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Carol Middle Ann Last Malone

Date of Birth: Month 10 Day 3 Year 55

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 114 W. 36th St. Apt. 10 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 Frank Malone
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Hollitin Penn.
9. Full maiden name of mother Lettie D. Bird
   Residence of mother (if deceased so state) 114 W. 36th St. Indpls. Id.
   Birthplace of mother (State or foreign country) Princeton Ky.

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

Signed Carol Ann Malone

New Address 114 W. 36th St. #10 Indpls, IN 46208

Subscribed and sworn to before me this 22 day of Dec, 1980.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Jan, 19 81, authorizing the joining together as husband and wife Ronald P. Sides Jr. and Carol Malone

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

I, Mary Jane Russell hereby certify that on the 15 day of January, one thousand nine hundred and 81 at Ind. County, State of Ind., State of Indiana, Groom Ronald P. Sides Jr. of Hend. County, State of Ind., and, Bride Carol Malone 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 15 day of Jan., 19 81.

Signed Mary Jane Russell

Official Designation Clerk Hend. Co.

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of Jan., 19 81.

Signed Mary Jane Russell 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. 635
File 42
12-22-80
Date of Application

MALE
Medical Examination Report Dated 12-18-80
Name of Physician J. Kerlin

FEMALE
Medical Examination Report Dated 12-18-80
Name of Physician J. 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 Floyd Middle R. Last Greason
Date of Birth: Month July Day 5 Year 1942
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. 243 E. N. Street City Danville 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Robert alon Greason 15
   Steven Michael Greason 14
   David Matthew Greason 11
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ormond W Greason
   Residence of father (if deceased so state) Indianapolis, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruth Natilie Mapleu
   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 Floyd Robert Greason
New Address 243 E. North St Danville

Subscribed and sworn to before me this 22 day of Dec, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Lou Last Nesbit
Date of Birth: Month June Day 23 Year 1942
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. 1123 E N. Pershing Ave 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Larry David Stone 17
   Traci Kristen Nesbit 12
   Rebecca Lucile Nesbit 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 Harvey Stone
   Residence of father (if deceased so state) Clayton, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred Lyett Osborn
   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 Nancy Lou Nesbit
New Address 243 E. North St Danville In

Subscribed and sworn to before me this 22 day of Dec, 1980.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE 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.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Dec, 19 80, *authorizing the joining together as husband and wife* Floyd R. Greason *and* Nancy Lou Nesbit
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mavis *hereby certify that on the* 31 *day of* Dec, *one thousand nine hundred and* 80 *at* Danville, *County of* Hend, *State of Indiana, Groom* Floyd R. Greason *of* Hend *County, State of* Ind *and, Bride* Nancy Lou Nesbit *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 31 *day of* Dec, 19 80.

Signed John C. Mavis
Official Designation Judge Sup Ct

Filed and recorded in accordance with the laws of the State of Indiana this.....day of Jan, 19 81.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 636

File 42

12-22-80
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 12-22-80
Name of Physician David Hoggard

FEMALE
Medical Examination Report Dated 12-22-80
Name of Physician David B. 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 Michael Middle Allen Last Gray

Date of Birth: Month 4 Day 10 Year 59

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 2302 N. Center 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/ 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.
   Michael J. Gray
   Erin N. Gray
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Phillip Gray
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Jane M. Jones
   Residence of mother (if deceased so state) Same
   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 ☒ Michael Allen Gray
New Address 302 N CENTER St PLAINFIELD

Subscribed and sworn to before me this 22 day of Dec., 1980

Ellen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First LaDonna Middle Sue Last Day

Date of Birth: Month 5 Day 25 Year 59

Place of Birth (State or foreign country)

Residence Address: Street or R. R. Rt 1 Box 357 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) 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
   Melissa Day
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Dwight Wade
   Residence of father (if deceased so state) Clayton
   Birthplace of father (State or foreign country) Phillips, Ind.
9. Full maiden name of mother Phyllis Jones
   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 ☒ LaDonna Sue Day
New Address 302 N Center St Plainfield

Subscribed and sworn to before me this 22 day of Dec., 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 Supt. Court by written order issued 3 days 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* 22 *day of* Dec., 19 80, *authorizing the joining together as husband and wife* Michael Allen Gray *and* LaDonna Sue Day. *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Ralph P. Wade *hereby certify that on the* 22 *day of* Dec., *one thousand nine hundred and* 80 *at* Lizton, *State of Indiana, Groom* Michael A. Gray *of* Lizton *County, State of* Morgan, *and, Bride* LaDonna Sue Day *of* Hpld. *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* Dec., 19 80.

Signed Ralph P. Wade
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 29 *day of* Dec., 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. 637
File 42
12-22-80
Date of Application

MALE
Medical Examination Report Dated 12-18-80
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 12-16-80
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 Jerry Middle Dale Last Mitchell

Date of Birth: Month 7 Day 4 Year 50

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. R 1 Box 666 D City Plfd. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Drivers 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.
   Stacey Lynn
   Chad Matthew
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 B. Mitchell
   Residence of father (if deceased so state) Plfd., Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Wilma Sears
   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 ☒ Jerry Dale Mitchell
New Address R#1 Box 666 D Plainfield Ind.

Subscribed and sworn to before me this 22 day of Dec., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Jo Last Crawley

Date of Birth: Month 6 Day 5 Year 57

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. R 1 Box 666 D City Plfd. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Drivers 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.
   Jennifer L.
   Jeffery H.
   Jamie M.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Doyle W. Bush
   Residence of father (if deceased so state) Indpls., Ind
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Dorothy Corn
   Residence of mother (if deceased so state) Oakland City 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 ☒ Betty Jo Crawley
New Address R#1 Box 666 D Plainfield In

Subscribed and sworn to before me this 22 day of Dec, 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 29 *day of* Dec., 19 80, *authorizing the joining together as husband and wife* Jerry D. Mitchell *and* Betty Jo Crawley

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

I, Ralph Wade *hereby certify that on the* 1 *day of* Jan., *one thousand nine hundred and* 81 *at* Plfd., *County of* Hend., *State of Indiana, Groom* Jerry D. Mitchell *of* Hend., *County, State of* Ind., *and, Bride* Betty Jo Crawley *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 1 *day of* Jan., 19 80.

Signed Ralph P. Wade
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* Jan., 19 80.

Signed Mary Jane Russell *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. 638
File 42
12-22-80
Date of Application

MALE
Medical Examination Report Dated 12-15-80
Name of Physician David Hoggard

FEMALE
Medical Examination Report Dated 12-22-80
Name of Physician David 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 Gordon Middle E. Last Miller

Date of Birth: Month 9 Day 24 Year 43

Place of Birth (State or foreign country) Va.

Residence Address: Street or R. R. 2936 Avon Rd. City Plfl. 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 & picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Scotty W. Miller
   Dina M. Miller
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William T. Miller
   Residence of father (if deceased so state) Newsport Va.
   Birthplace of father (State or foreign country) Va.
9. Full maiden name of mother Mildred E. A[illegible]
   Residence of mother (if deceased so state) Deceased
   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 Gordon E. Miller
New Address 2936 Avon Rd,

Subscribed and sworn to before me this 2d day of Dec., 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 Sandra Middle [illegible] Last Heath

Date of Birth: Month 11 Day 26 Year 59

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 2936 Avon Rd. City Plfl. 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
   Douglas S. Heath
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Monroe S. Heath
   Residence of father (if deceased so state) Indpls., Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Barbara J. [illegible] Settle
   Residence of mother (if deceased so state) Indpls., Ind.
   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 Sandra S. Heath
New Address 2936 Avon Rd,

Subscribed and sworn to before me this 22 day of Dec., 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 Sept. Court by written order issued 3 days ago 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* 23 *day of* Dec., 1980, *authorizing the joining together as husband and wife* Gordon E. Miller *and* Sandra Heath
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Charlotte R. Kennedy *hereby certify that on the* 6th *day of* Jan. *one thousand nine hundred and* 81 *at* Indpls., *County of* Marion, *State of Indiana, Groom* Gordon E. Miller *of* Hend., *County, State of* Ind. *and, Bride* Sandra Heath *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* Jan., 19 81.

Signed Charlotte R. Kennedy
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 9 *day of* Jan., 19 81.

Signed Mary Jane Russell *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. 639
File 42
12-23-80
Date of Application

MALE
Medical Examination Report Dated 12-22-80
Name of Physician L. Iramell

FEMALE
Medical Examination Report Dated 12-22-80
Name of Physician L. Iramell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 R. Last Landrock
Date of Birth: Month 2 Day 18 Year 57
Place of Birth (State or foreign country) Florida
Residence Address: Street or R. R. 314 S. Taft 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/ 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 Kenneth R. Landrock
   Residence of father (if deceased so state) Fort Lauderdale Fla
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Sara Anne Collings
   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 Kenneth R. Landrock
New Address 225 Mill Run Dr. apt #A

Subscribed and sworn to before me this 23 day of Dec., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Natalie Middle Ann Last Storm
Date of Birth: Month 4 Day 14 Year 58
Place of Birth (State or foreign country) Bitburg Germany
Residence Address: Street or R. R. 225 Mill Run Dr. Apt A City Plfd. County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers 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 Arnold K. Storm
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Joyce J. Osborn
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) London England

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

Signed Natalie A. Storm
New Address 225 Mill Run Dr Apt #A

Subscribed and sworn to before me this 23 day of Dec., 1980
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....of Indiana dated the 20th day of Dec., 1980, authorizing the joining together as husband and wife Kenneth R. Landrock and Natalie Ann Storm

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

I, James O. Dronsdale hereby certify that on the 10 day of Jan., one thousand nine hundred and 81 at Rockville, County of Parke, State of Ind., Groom Kenneth R. Landrock of Hend. Marion County, State of Ind., and, Bride Natalie Ann Storm 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 Jan., 1981. Signed James O. Dronsdale
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of Jan., 1981. Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 640

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

December 23 1980
Date of Application

MALE
Medical Examination Report Dated Dec. 12 1980
Name of Physician James Meeks

FEMALE
Medical Examination Report Dated Dec. 12 1980
Name of Physician Julie Page Schlect

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 J. Last Southard
Date of Birth: Month 9 Day 23 Year 1949
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R. R. 2520 Brandywine Dr. City Indpls., County Marion, State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's 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.
   Carie Southard
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Billie Southard
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Viola Mary Joseph
   Residence of mother (if deceased so state) Indpls., In.
   Birthplace of mother (State or foreign country) In.

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

Signed Daniel J. Southard
New Address 10222 N. 1075 E
Subscribed and sworn to before me this 29th day of Dec., 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 Sherry Middle O. Last Turley
Date of Birth: Month March Day 29 Year 1948
Place of Birth (State or foreign country) Lebanon Boone Co. In.
Residence Address: Street or R. R. 10222 North 1075 E. Brownsburg City In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Max Eugene Summers
   Residence of father (if deceased so state) Thorntown, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred June Baker
   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 O Turley
New Address 10222 N. 1075 E Brownsburg In 46112
Subscribed and sworn to before me this 23 day of December, 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* 29th *day of* Dec., 1980, *authorizing the joining together as husband and wife* Daniel J. Southard *and* Sherry O. Turley.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Harry Whinery *hereby certify that on the* 1 *day of* Jan., *one thousand nine hundred and* 81 *at* Indpls., *County of* Marion, *State of Indiana, Groom* Daniel J. Southard *of* Marion *County, State of* Ind., *and, Bride* Sherry O. Turley *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* Jan., 19 80.

Signed Harry Whinery
Official Designation Chaplain

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* Jan., 19 81.

Signed Marylou Rennell 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. 641
File 12-23-80
42
Date of Application

MALE
Medical Examination Report Dated 12-24-80
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 12-20-80
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 Michael Middle P. Last Hiltenbeitel

Date of Birth: Month 2 Day 26 Year 56

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 2628 Duck Creek Rd., Apt. 1, City Cinn. County Hamilton State Ohio

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 H. Hiltenbeitel
   Residence of father (if deceased so state) 1989 Flint Shire Ct, Cinn., Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Dolores P. Schweikert
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ohio

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

Signed X Michael P. Hiltenbeitel
New Address 2628 Duck Creek Apt 1

Subscribed and sworn to before me this 24 day of Dec, 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 Maureen Middle J. Last Thomas

Date of Birth: Month 9 Day 4 Year 59

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. 514 Dunn St. City Pfld. County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers lic w/ priest.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 M. Thomas
   Residence of father (if deceased so state) Pfld. Ind.
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Ruth E. Matya
   Residence of mother (if deceased so state) Same
   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 Maureen J. Thomas
New Address 2628 Duck Creek Rd apt 1 Cincinnati Oh 45212

Subscribed and sworn to before me this 23 day of Dec., 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 Sept I 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 24th day of Dec., 1980, authorizing the joining together as husband and wife Michael P. Hiltenbeitel and Maureen J. Thomas

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

I, Laurence Sauer hereby certify that on the 27 day of Dec., one thousand nine hundred and 80 at St. Susanna Church, County of Hend., State of Ind., Groom Michael P. Hiltenbeitel of Hamilton County, State of Ohio, and, Bride Maureen J. Thomas 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 Dec., 1980

Signed Laurence Sauer
Official Designation Roman Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of Jan, 1981

Signed Mary Jane Russell 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. 642

File

12-23-80
Date of Application

MALE
Medical Examination Report Dated 12-18-80
Name of Physician Ludmila O. Trammell

FEMALE
Medical Examination Report Dated 12-18-80
Name of Physician Ludmila 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 John Middle Edward Last Sowder

Date of Birth: Month Oct Day 28 Year 1959

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R. R. R R #1 Box 227 City Clayton 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 James W. Sowder
   Residence of father (if deceased so state) Bargersville, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Nola J. Wooten
   Residence of mother (if deceased so state) Clayton, 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 John E. Sowder
New Address RR1 Box 227 Clayton IN

Subscribed and sworn to before me this 23 day of Dec., 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 Lorinda Middle Kay Last Wagers

Date of Birth: Month Dec Day 20 Year 1960

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R. R. R R #1 Box 124 City Clayton County In 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)

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

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

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

Signed Lorinda K Wagers
New Address RR 1 Box 227 Clayton, IN

Subscribed and sworn to before me this 23 day of Dec., 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 31st day of Dec., 19 80, authorizing the joining together as husband and wife John E. Sowder and Lorinda K. Wagers

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

I, John C. Mowrer hereby certify that on the 31 day of Dec., one thousand nine hundred and 80 at Ben Davis, County of Hend, State of Indiana, Groom John E. Sowder of Hend County, State of Ind., and, Bride Lorinda K. Wagers 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 31 day of Dec., 1980.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of Jan., 19 81.

Signed Mary Jane Russell 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. 643
File 42
12-24-80
Date of Application

MALE
Medical Examination Report Dated 12-11-80
Name of Physician Karl Isenbarger

FEMALE
Medical Examination Report Dated 12-11-80
Name of Physician Karl Isenbarger

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Michael Last Storm
Date of Birth: Month June Day 26 Year 1954
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. Rt 1 Box 109 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) # 113-54-060547

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Storm
   Residence of father (if deceased so state) Rt 1, Box 109, Lizton, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Concetta Carmillo
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Italy

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

Signed ✕ John M. Storm
New Address 5458C PLEASANT HILL CIRCLE, INDIANAPOLIS 46224

Subscribed and sworn to before me this 24 day of Dec., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Gibbs
Date of Birth: Month June Day 6 Year 1958
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 149 Cartersburg Rd. 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) # 58-049471

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Irvin L. Gibbs
   Residence of father (if deceased so state) 149 Cartersburg Rd, Danville, Ind.
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Glenna L. Reid
   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 ✕ Mary A. Gibbs
New Address SAME

Subscribed and sworn to before me this 24 day of Dec., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29 day of Dec., 19 80, authorizing the joining together as husband and wife John M. Storm and Mary Ann Gibbs
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Dean L. Phillips hereby certify that on the 13 day of Jan, one thousand nine hundred and 81 at Montclair Chr. Church, County of Hend., State of Indiana, Groom John M. Storm of Hend. County, State of Ind., and, Bride Mary Ann Gibbs 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 Dec., 19 80.

Signed Dean L. Phillips
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of Jan, 19 81.
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 644

File

12-29-80
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 12-23-80
Name of Physician Irving Cohen, M.D.

FEMALE
Medical Examination Report Dated 12-23-80
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 John Middle Edward Last Fletcher

Date of Birth: Month 10 Day 03 Year 1930

Place of Birth (State or foreign country) Pittsburgh, Pa.

Residence Address: Street or R. R. 3162 Sunkerfield Lane City Indpls. County Marion State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

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

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

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

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

Signed John E Fletcher

New Address 2080 S Raceway Rd, Indy

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

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 Rebecca Middle Jean Last Hobbs

Date of Birth: Month 7 Day 11 Year 1944

Place of Birth (State or foreign country) Carmel, California

Residence Address: Street or R. R. 2080 S. Raceway Rd. City Indpls. County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's 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
   Jeffery
   Matthew
   Kelly
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 C. Kimmel
   Residence of father (if deceased so state) Biloxi, Miss.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Evelyn M. Jeffery
   Residence of mother (if deceased so state) deceased
   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 Rebecca J. Hobbs

New Address 2080 S. Raceway Rd, Indpls.

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

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* 29th *day of* Dec., 19 80, *authorizing the joining together as husband and wife* John E. Fletcher *and* Rebecca J. Hobbs

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

I, Edward Curtice *hereby certify that on the* 31 *day of* Dec., *one thousand nine hundred and* 80 *at* Avon, *County of* Hend., *State of Indiana, Groom* John E. Fletcher *of* Marion *County, State of* Ind., *and, Bride* Rebecca J. Hobbs *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* Dec., 19 80.

Signed Edward Curtice

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* Jan., 19 81.

Signed Mary Lou Russell 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. 645
File 42
12-29-80 Date of Application

MALE
Medical Examination Report Dated 12-20-80
Name of Physician R. N. Scudder

FEMALE
Medical Examination Report Dated 12-20-80
Name of Physician R. N. Scudder

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

MALE APPLICANT

Name: First Richard Middle C. Last Schrock
Date of Birth: Month July Day 29 Year 1940
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. US 40 Sherry Lane City Brownsburg 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Christian Eugene Schrock
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kansas
9. Full maiden name of mother Vera Margaret Watson
   Residence of mother (if deceased so state) 5202 W. 15th, Speedway, In
   Birthplace of mother (State or foreign country) Wisconsin

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

Signed X Richard C. Schrock
New Address RR 5 40 Sherry Lane

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Lera Middle L. Last Lynn
Date of Birth: Month January Day 7 Year 1935
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R. R. 22 Murphy Court City Brownsburg 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Frederick Lloyd Lester
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Edie Daugherty
   Residence of mother (if deceased so state) 310 Goodrich St., Crossville, 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 Lera L. Lynn
New Address Rt 5 40 Sherry Ln.

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29th day of Dec., 1980, authorizing the joining together as husband and wife Richard C. Schrock and Lera L. Lynn

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

I, Paul L. Channels hereby certify that on the 3 day of January, one thousand nine hundred and 81 at Speedway, County of Marion, State of Indiana, Groom Richard C. Schrock of Hend. County, State of Ind., and, Bride Lera L. Lynn 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 Jan., 19 81.

Signed Paul L. Channels
Official Designation Assoc. Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of Jan., 19 81.

Signed Mary Jane Russell 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. 646
File 42
12-29-80
Date of Application

MALE
Medical Examination Report Dated 12-26-80
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 12-26-80
Name of Physician David M. Haggard

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

MALE APPLICANT

Name: First David, Middle J., Last Issen
Date of Birth: Month Feb. Day 14 Year 1961
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 9718 W. Stafford, City Indianapolis, County Hendricks, State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Armed Service I.D.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John E. Issen
   Residence of father (if deceased so state) 9718 W. Stafford, Indpls, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Donna Cleotha Ratliff
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ohio

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

Signed X David J Issen
New Address unknown
Subscribed and sworn to before me this 29 day of Dec., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Hanlon
Date of Birth: Month December Day 6 Year 1961
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 1009 Raymond 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) 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 Richard Allen Hanlon
   Residence of father (if deceased so state) 1009 Raymond St. Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janet Kay Murphy
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Linda Hanlon
New Address unknown
Subscribed and sworn to before me this 29 day of Dec., 1980.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 29 *day of* Dec, 1980, *authorizing the joining together as husband and wife* David J. Issen *and* Linda A. Hanlon
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John E. Mourer *hereby certify that on the* 31 *day of* Dec, *one thousand nine hundred and* 80, *at* Danville, *County of* Hend., *State of Indiana, Groom* David J. Issen *of* Hend. *County, State of* Ind., *and, Bride* Linda A. Hanlon *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 31 *day of* Dec, 1980.

Signed John E. Mourer
Official Designation Judge Sept.

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* Jan, 1981.

Signed Mary Jane Russell *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. 647

File

12-29-80
Date of Application

MALE
Medical Examination Report Dated 12-18-80
Name of Physician M. O. Seamahorn, M.D.

FEMALE
Medical Examination Report Dated 12-18-80
Name of Physician M. O. 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 Michael Middle L. Last Knights

Date of Birth: Month 11 Day 03 Year 1960

Place of Birth (State or foreign country) Pittsfield Mass.

Residence Address: Street or R. R. Box 154 N. Salem City, Hend. County, Indiana State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Lawrence Knights, Jr.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Phillip Lawrence Knights
   Residence of father (if deceased so state) Advance, Ins.
   Birthplace of father (State or foreign country) Mass.
9. Full maiden name of mother Yvonne D. Archenbauld
   Residence of mother (if deceased so state) Advance, Ins.
   Birthplace of mother (State or foreign country) Mass.

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

Signed Michael L Knights

New Address PO Box 154 NORTH SALEM

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

Glen M. Harney Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Beth Middle Ann Last Ballmer

Date of Birth: Month 9 Day 07 Year 1962

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

Residence Address: Box 154 Street or R. R. N. Salem City, Hend. County, Indiana State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

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

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

New Address P. O. Box 154 N.S.

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

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 Dec., 1980, authorizing the joining together as husband and wife Michael L. Knights and Beth Ann Ballmer

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

I, D. Stoner Clark hereby certify that on the 31 day of Dec., one thousand nine hundred and 80 at North Salem, County of Hend., State of Indiana, Groom Michael L. Knights of Hend. County, State of Ind., and, Bride Beth Ann Ballmer 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 31 day of Dec., 1980. Signed D. Stoner Clark

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of Jan., 1981. Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 648

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

12-31-80
Date of Application

MALE
Medical Examination Report Dated 12-30-80
Name of Physician Patrick Foley, M.D.

FEMALE
Medical Examination Report Dated 12-30-80
Name of Physician Patrick Foley, 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 Daniel Middle R. Last Hessler

Date of Birth: Month 7 Day 28 Year 1961

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

Residence Address: Street or R. R. 118 E. Main, City Ams, 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) Armed Forces I. D. & Driving 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 James Bruce Hessler
   Residence of father (if deceased so state) Ams, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Margaret Steep
   Residence of mother (if deceased so state) Ams, 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 Hessler

New Address 7105 ISLANDER DR APT. C

Subscribed and sworn to before me this 31st day of Dec., 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 Jami Middle S. Last Finch

Date of Birth: Month 11 Day 1 Year 1963

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

Residence Address: Street or R. R. 7105 Islander Dr, City Indpls, County Marion, State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree #13049

☐ Other (Specify).....

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

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

New Address 7105 Islander Dr. Apt C

Subscribed and sworn to before me this 31st day of Dec., 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 Donald L Finch Father

Signed Patricia J Finch Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 31 *day of* December, 1980, *authorizing the joining together as husband and wife* Daniel R. Hessler *and* Jami S. Finch

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

I, Selma Koesling *hereby certify that on the* 3 *day of* Jan., *one thousand nine hundred and* 81 *at* Hadley, *County of* Hend., *State of Indiana, Groom* Daniel R. Hessler *of* Hendricks *County, State of* Ind., *and, Bride* Jami S. Finch *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* Jan., 19 81.

Signed Selma Koesling

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* Jan., 19 81.

Signed Mary Jane Russell *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. [redacted] 1
File 42
1-5-81
Date of Application

MALE
Medical Examination Report Dated 12-29-80
Name of Physician William A. Edwards

FEMALE
Medical Examination Report Dated 12-29-80
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 Randy Middle Wayne Last Singleton
Date of Birth: Month Nov. Day 23 Year 1959
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR 6 Box 250 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.
   Brooklynn Marie Singleton
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bassie Singleton
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Mary K. Butler
   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 Randy W. Singleton
New Address RR 6 Box 250 Danville, Ind.

Subscribed and sworn to before me this 6 day of Jan, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Tracie Middle E Last Traylor
Date of Birth: Month Nov. Day 5 Year 1960
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 1007 N. Wolfe City Springfield County Sangamon State Ill.
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 Clement Vincent Traylor
   Residence of father (if deceased so state) 1007 N. Wolfe, Springfield, Ill.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Dalie E. Ekis
   Residence of mother (if deceased so state) Some
   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 Tracie E Traylor
New Address RR 6 Box 250 Danville Ind

Subscribed and sworn to before me this 5 day of Jan, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 6th *day of* January, 19 81, *authorizing the joining together as husband and wife* Randy W. Singleton *and* Tracie E. Traylor

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

I, Doris D. Irons, *hereby certify that on the* 6 *day of* Jan., *one thousand nine hundred and* 81 *at* Danville, *County of* Hend., *State of Indiana, Groom* Randy W. Singleton *of* Hend. *County, State of* Ind., *and, Bride* Tracie E. Traylor *of* Sangamon *County, State of* Ill., *were by me united 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* Jan., 19 81. *Signed* Doris D. Irons
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 8 *day of* Jan., 1981
Signed Mary Jane Russell *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. ~~50~~ 2

File 42

1-5-81
Date of Application

MALE
Medical Examination Report Dated 1-2-81

Name of Physician James Williams

FEMALE
Medical Examination Report Dated 1-2-81

Name of Physician James Williams

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

MALE APPLICANT

Name: First Mike Middle E. Last Rahn

Date of Birth: Month 9 Day 11 Year 58

Place of Birth (State or foreign country)

Residence Address: 516 Magnolia Dr. Plfd. 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

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

New Address 516 Magnolia Dr.

Subscribed and sworn to before me this 5 day of Jan., 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Bridget Middle A. Last Cauldwell

Date of Birth: Month 11 Day 6 Year 62

Place of Birth (State or foreign country)

Residence Address: 516 Magnolia Dr. Plfd. 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 William C. Cauldwell
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Bridget E. Holden
   Residence of mother (if deceased so state) 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 Bridget A Cauldwell

New Address 516 Magnolia Dr

Subscribed and sworn to before me this 5 day of Jan., 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13th *day of* Jan., 19 81, *authorizing the joining together as husband and wife* Mike E. Rahn *and* Bridget A. Cauldwell

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

I, Robert Harris *hereby certify that on the* 13 *day of* Jan., *one thousand nine hundred and* 81 *at* Plfd., *State of Indiana, Groom* Mike E. Rahn *of* Hend., *County, State of* Ind., *and, Bride* Bridget A. Cauldwell *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* Jan, 19 81

Signed Robert E. Harris

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* Jan, 19 81

Signed Mary Jane Russell 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. 3

File

1-6-81 Date of Application

MALE
Medical Examination Report Dated 1-5-81
Name of Physician David B. Haggard MD

FEMALE
Medical Examination Report Dated 1-5-81
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 Patrick Middle M. Last Cline

Date of Birth: Month 4 Day 29 Year 1961

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

Residence Address: Street or R. R. Box 31 City Amo 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) Armed Forces

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

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

New Address Box 23 Amo In

Subscribed and sworn to before me this 6th day of January, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Bambi Middle L. Last Hessler

Date of Birth: Month March Day 1 Year 1963

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

Residence Address: Street or R. R. Box 23 City Amo County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate #2545 ☐ Judicial Decree

☐ Other (Specify) .....

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

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

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

Signed Bambi L. Hessler

New Address Box 23 Amo Ind

Subscribed and sworn to before me this 6th day of January, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed James B Hessler Father

Signed Mrs James Hessler Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6th day of Jan., 19 81, authorizing the joining together as husband and wife Patrick M. Cline and Bambi L. Hessler

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

I, Frank W. Rodgers hereby certify that on the 6 day of Jan, one thousand nine hundred and 81 at Amo, County of Hend., State of Indiana, Groom Patrick M. Cline of Hend County, State of Ind., and, Bride Bambi L. Hessler 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 Jan., 19 81. Signed Frank W. Rodgers

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of Jan, 19 81. Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 4
File 42
1-6-81
Date of Application

MALE
Medical Examination Report Dated 12-16-80
Name of Physician N. H. Himelstein

FEMALE
Medical Examination Report Dated 12-16-80
Name of Physician N. H. Himelstein

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

MALE APPLICANT

Name: First Gregory Middle [illegible] Last Powell
Date of Birth: Month 4 Day 17 Year 60
Place of Birth (State or foreign country): Indpls. Ind.
Residence Address: 4303 Street or R. R. SR 39 City Mooresville 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) Driver's 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gerald J. Powell
   Residence of father (if deceased so state) Mooresville Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Barbara J. Heiswolf
   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 Gregory Powell
New Address 2527 Debonair Ter. Indpls

Subscribed and sworn to before me this 6 day of Jan, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Terri Middle [illegible] Last Hardin
Date of Birth: Month 7 Day 30 Year 63
Place of Birth (State or foreign country): Ind.
Residence Address: 316 Parkwood Dr. Street or R. R. City B'burg. County [illegible] State [illegible]
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Claud W. Hardin
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Joyce M. Brown
   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 Terri Hardin
New Address 2527 Debonair Ter. Indpls #[illegible]

Subscribed and sworn to before me this 6 day of Jan., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10 *day of* January, 19 81, *authorizing the joining together as husband and wife* Gregory J. Powell *and* Terri J. Hardin
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Hollis S. Miller *hereby certify that on the* [illegible] *day of*
one thousand nine hundred and [illegible] *at* Bburg, *County of* Hend.,
State of Indiana, Groom Gregory J. Powell *of* Hend *County, State of* Ind
and, Bride Terri J. Hardin *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* Jan, 19 81.

Signed Hollis S. Miller
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* Jan, 19 81.
Signed Mary Jane Russell *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. 5

File

1-6-81 Date of Application

MALE
Medical Examination Report Dated 1-5-81
Name of Physician Oliver W. Page, Jr.

FEMALE
Medical Examination Report Dated 1-5-81
Name of Physician Oliver W. Page, Jr.

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

MALE APPLICANT

Name: First Robert Middle Clifton Last Yates

Date of Birth: Month Aug Day 19 Year 1958

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 6855 Barr Will Dr. City Snaps 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 Kay C. Yates
   Residence of father (if deceased so state) Snaps, In.
   Birthplace of father (State or foreign country) Mich.
9. Full maiden name of mother Mary Lou Forbes
   Residence of mother (if deceased so state) Snaps, In.
   Birthplace of mother (State or foreign country) Mich.

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

Signed Robert C. Yates

New Address 2400 Northwestern West Lafayette

Subscribed and sworn to before me this 6 day of Jan, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Lynn Middle Marie Last Morgan

Date of Birth: Month Jan Day 21 Year 1961

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 Box 267 City Plainfield 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 Timothy R. Morgan
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Carolyn A. Mitchell
   Residence of mother (if deceased so state) Snaps. 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 Lynn M. Morgan

New Address 2400 Northwestern Ave.

Subscribed and sworn to before me this 6 day of Jan, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10 *day of* Jan, 1981, *authorizing the joining together as husband and wife* Robert C. Yates *and* Lynn M. Morgan

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

I, Dewey A. Thackston *hereby certify that on the* 10 *day of* Jan, *one thousand nine hundred and* 81 *at* Plfd, *County of* Hend, *State of Indiana, Groom* Robert C. Yates *of* Marion *County, State of* Ind, *and, Bride* Lynn M. Morgan *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* Jan, 1981.

Signed Dewey A. Thackston

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* Jan, 19 81.

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 6
File 42
1-6-81
Date of Application

MALE
Medical Examination Report Dated 12-30-80
Name of Physician Larry D. Lovall

FEMALE
Medical Examination Report Dated 12-30-80
Name of Physician Larry D. Lovall

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

MALE APPLICANT

Name: First Tim Middle James Last Plank
Date of Birth: Month Jan. Day 30 Year 60
Place of Birth (State or foreign country) Pennsylvania
Residence Address: Street or R. R. 5450 W. 96th St. City Zionsville County Boone State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed X Tim Plank
New Address 5450 W 96ST
Subscribed and sworn to before me this 6th day of Jan., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 (none) Last Whitis
Date of Birth: Month Dec. Day 7 Year 1960
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR 1 Box 252 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 Raymond E Whitis
   Residence of father (if deceased so state) RR 1 Box 252, Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Edwina Josephine Day
   Residence of mother (if deceased so state) Dead
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Diana Whitis
New Address 5450 W. 96th St.
Subscribed and sworn to before me this 6th day of Jan., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10 *day of* January, 19 81, *authorizing the joining together as husband and wife* Tim James Plank *and* Diana Whitis
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Edward O Roberts *hereby certify that on the* 10 *day of* Jan *one thousand nine hundred and* 81 *at* Ind, *County of* Hend, *State of Indiana, Groom* Tim James Plank *of* Boone *County, State of* Ind *and, Bride* Diana Whitis *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* Jan, 19 81.

Signed Edward O Roberts
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 19 *day of* Jan, 19 81.

Signed Mary Jane Russell *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. 7
File 42
1-7-81
Date of Application

MALE
Medical Examination Report Dated 12-30-80
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 12-30-80
Name of Physician Larry D. Lovell

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

MALE APPLICANT

Name: First Richard Middle D. Last Bogle
Date of Birth: Month April Day 27 Year 1955
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R. R. RR 2 Box 256, 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.
   Brandy Lee Bogle
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be 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 Bogle
   Residence of father (if deceased so state) unknown
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Clara Louise Coleman
   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 Richard D Bogle
New Address R#2 Box 256 DANVILLE
Subscribed and sworn to before me this 7 day of Jan., 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Linda Middle L. Last Williams
Date of Birth: Month June Day 2 Year 1954
Place of Birth (State or foreign country) Virginia
Residence Address: Street or R. R. RR 2 Box 256, 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Patricia Ann Williams
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul Douglas Lester
   Residence of father (if deceased so state) RR 2 Box 253 Danville, Ind.
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Molly Collins
   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 Linda L Williams
New Address R#2 Box 256 Danville
Subscribed and sworn to before me this 7 day of Jan., 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... 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 7th day of Jan, 1981, authorizing the joining together as husband and wife Richard D Bogle and Linda L Williams.

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

I, John C. Mowrer hereby certify that on the 10 day of Jan, one thousand nine hundred and 81 at Danville, County of Hend, State of Indiana, Groom Richard D. Bogle of Hend County, State of Ind, and, Bride Linda L Williams 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 Jan., 1981.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of Jan, 1981.

Signed Mary Jane Russell 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. 8
File 47
1-7-81
Date of Application

MALE
Medical Examination Report Dated 12-16-80
Name of Physician G.M. Sinkovic

FEMALE
Medical Examination Report Dated 12-16-80
Name of Physician G.M. Sinkovic

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

MALE APPLICANT

Name: First Russell Middle C Last Taylor
Date of Birth: Month February Day 4 Year 1947
Place of Birth (State or foreign country)
Residence Address: Street or R. R. 4890 Cragen Rd., City Martinsville, County Morgan, State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers license W/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Melissa Taylor - Age 13
   Russell C. Taylor 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 Emmett H. Taylor
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Edna Woolbright
   Residence of mother (if deceased so state) Wynn Arkansas
   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 ☒ Russell C Taylor
New Address 63 Locust, Avon Ind
Subscribed and sworn to before me this 7th day of January, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Marilyn Middle Kay Last Stovall
Date of Birth: Month April Day 26 Year 1949
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR1 Box 179, 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) 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.
   Karen Lee Stovall 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 Herbert H. Moran
   Residence of father (if deceased so state) 1342 S. Sheffield Indpls., Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Beulah Janese Brasier
   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 ☒ Marilyn K. Stovall
New Address 63 Locust, Avon, Ind
Subscribed and sworn to before me this 7 day of Jan., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12 Th *day of* Jan., 19 81, *authorizing the joining together as husband and wife* Russell C. Taylor *and* Marilyn Kay Stovall
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Charles E. Chestnut *hereby certify that on the* 7th *day of* Jan., *one thousand nine hundred and* 81 *at* Indpls., *County of* Marion, *State of Indiana, Groom* Russell C. Taylor *of* Morgan *County, State of* Ind., *and, Bride* Marilyn Kay Stovall *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* Jan., 19 81.

Signed Charles E. Chestnut
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* Jan., 19 81.

Signed Mary Jane Russell *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. 9

File

1-8-81 Date of Application

MALE
Medical Examination Report Dated 1-7-81
Name of Physician Joseph Kerlin, M.D.

FEMALE
Medical Examination Report Dated 1-7-81
Name of Physician Joseph Kerlin, M.D.

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

MALE APPLICANT

Name: First Albert Middle — Last Solomon

Date of Birth: Month 3 Day 26 Year 1921

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

Residence Address: Street or R. R. R.R. #1 City Bainbridge County Putnam State In.

Previous 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 Ken Solomon
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virgie Little
   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 × Albert Solomon

New Address R.R.1 Bainbridge, Ind.

Subscribed and sworn to before me this 8th day of Jan., 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Ruth Middle A. Last Powers

Date of Birth: Month 10 Day 13 Year 1922

Place of Birth (State or foreign country) Henry Co. Indiana

Residence Address: Street or R. R. 840 Sunset 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) 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 Horace L. Allison
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy F. Browne
   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 × Ruth A Powers

New Address R.R. 1, Bainbridge, In. 46105

Subscribed and sworn to before me this 8th day of Jan., 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... 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 8th day of January, 19 81, authorizing the joining together as husband and wife Albert Solomon and Ruth A Powers

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

I, Earl T. Barham hereby certify that on the 9 day of Jan., one thousand nine hundred and 81 at Danville, County of Hend., State of Indiana, Groom Albert Solomon of Put. County, State of Ind. and, Bride Ruth A. Powers 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 Jan, 19 81

Signed Earl T. Barham

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of Jan., 19 81

Signed Mary Jane Russell 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. 10

File

January 8, 1980
Date of Application

MALE
Medical Examination Report Dated 1-6-81
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 1-5-81
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 Thomas Middle Dale Last Runyon

Date of Birth: Month May Day 9 Year 1962

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

Residence Address: Street or R. R. 15 East 56th St City B'Burg 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 Richard Dale Runyon
   Residence of father (if deceased so state) Brownsburg In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judy Darlene Curts
   Residence of mother (if deceased so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Richmond In.

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

Signed Thomas D Runyon

New Address 2 Burns Dr. North B'Burg

Subscribed and sworn to before me this ... day of January, 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Amy Middle Jo Last Wolfe

Date of Birth: Month April Day 2 Year 1964

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

Residence Address: Street or R. R. 2 Burns Dr. N. City Brownsburg County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Amy Jo Wolfe

New Address 2 Burns Dr. N.

Subscribed and sworn to before me this 8 day of January, 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Donald V. Wolfe Father

Signed Myrtle R. Wolfe Mother

Subscribed and sworn to before me this 8 day of January, 19 81

Mary Jane Russell 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 waiting ... 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 9th day of January, 19 81, authorizing the joining together as husband and wife

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

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

Dated this ... day of ..., 19...

Signed .....

Official Designation .....

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

Signed ..... Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 11

File

1-9-81 Date of Application

MALE
Medical Examination Report Dated 1-7-81
Name of Physician Michael Neely, M.D.

FEMALE
Medical Examination Report Dated 1-7-81
Name of Physician Michael Neely, M.D.

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

MALE APPLICANT

Name: First J. Middle Louis Last Norman

Date of Birth: Month 12 Day 19 Year 1907

Place of Birth (State or foreign country) Lawrence Co., Indiana

Residence Address: Street or R.R. R. #1 Box 147 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) 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 Rollo Otto Norman
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Etta Izella Donica
   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 J. Louis Norman
New Address RR 1 Box 149 North Salem, Ind. 46165

Subscribed and sworn to before me this 9 day of Jan., 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Matilda Middle F. Last Mosley

Date of Birth: Month 4 Day 08 Year 1917

Place of Birth (State or foreign country) Adair Co., Kentucky

Residence Address: Street or R. R. R. #1 Box 45 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) Driver's Lic. w/ picture

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter W. Sapp
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) N. Carolina
9. Full maiden name of mother Laura N. Tedder
   Residence of mother (if deceased so state) deceased
   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 Matilda F. Mosley
New Address R. 1, Box 149 North Salem Ind.

Subscribed and sworn to before me this 9 day of Jan., 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13th day of January, 19 81, authorizing the joining together as husband and wife J. Louis Norman and Matilda F. Mosley

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

I, Earl C. Davis hereby certify that on the 13 day of Jan, one thousand nine hundred and 81 at N. Salem, County of Hend., State of Indiana, Groom J. Louis Norman of Hend. County, State of Ind., and, Bride Matilda F. Mosley 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 Jan., 19 81.

Signed Earl C. Davis

Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of Jan., 19 81

Signed Mary Jane Russell 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. 12

File

1-12-81 Date of Application

MALE
Medical Examination Report Dated 1-5-81
Name of Physician David Hadley, M.D.

FEMALE
Medical Examination Report Dated 1-5-81
Name of Physician David Hadley, M.D.

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

MALE APPLICANT

Name: First Mark Middle D. Last Donaldson

Date of Birth: Month 11 Day 16 Year 1961

Place of Birth (State or foreign country) Hampton Virginia

Residence Address: Street or R. R. R. #2 Box 23 City Dell City County Perry State In.

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 Daniel D. Donaldson
   Residence of father (if deceased so state) Dell City, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Catherine M. Smith
   Residence of mother (if deceased so state) Dell City, 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 Mark D Donaldson
New Address 3236 Six Points Rd Indpls, In

Subscribed and sworn to before me this 12th day of Jan., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Jane Middle M. Last Roe

Date of Birth: Month 12 Day 22 Year 1960

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

Residence Address: Street or R. R. 17 Elm Dr. City Plainfield County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Driver's 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 Paul Roe
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Clare Sue Allen
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Illinois

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

Signed X Jane Roe
New Address 3236 Six Points Rd, Indpls, In

Subscribed and sworn to before me this 12 day of Jan., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Jan., 1981, authorizing the joining together as husband and wife Mark D. Donaldson and Jane M. Roe

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

I, William R. Clayton hereby certify that on the 17 day of January, one thousand nine hundred and 81 at Plfd., County of Hend., State of Ind., and, Bride Jane M. Roe 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 Jan., 1981.

Signed William R. Clayton
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of Jan., 1981.

Signed Mary Jane Russell 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. 13

File

1-12-81 Date of Application

MALE
Medical Examination Report Dated 1-7-81
Name of Physician David Hadley, M.D.

FEMALE
Medical Examination Report Dated 1-7-81
Name of Physician David Hadley, M.D.

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

MALE APPLICANT

Name: First Leonard Middle Joseph Last Reed

Date of Birth: Month 7 Day 10 Year 1957

Place of Birth (State or foreign country) Pt. Royal, S. Carolina

Residence Address: Street or R. R. 451 Gibbs Rd. City Danville County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers Lic. w/ picture

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

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

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

Signed Leonard J Reed

New Address 3525 Brandywine Ct. Apt. 912 Indpls

Subscribed and sworn to before me this 12 day of Jan., 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Brenda Middle Diann Last Wilson

Date of Birth: Month 5 Day 21 Year 1960

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

Residence Address: Street or R. R. 6723 Stanley Ln. City Camby 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

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

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

Signed Brenda M. Wilson

New Address 3525 Brandywine Ct. Indpls

Subscribed and sworn to before me this 12 day of Jan., 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Jan., 19 81, authorizing the joining together as husband and wife Leonard Joseph Reed and Brenda D. Wilson

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

I, Ralph P. Wade hereby certify that on the 24 day of Jan., one thousand nine hundred and 81 at Greenwood, County of Marion, State of Indiana, Groom Leonard Joseph Reed of Hend. County, State of Ind., and, Bride Brenda D. Wilson 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 24 day of Jan., 19 81.

Signed Ralph P. Wade

Official Designation Pstr.

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of Jan., 19 81

Signed Mary Jane Russell 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. 14
File 42
1-12-81
Date of Application

MALE
Medical Examination Report Dated 12-23-80
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 12-23-80
Name of Physician A. N. Scudder

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

MALE APPLICANT

Name: First Albert Middle J. Last Ralph
Date of Birth: Month May Day 23 Year 1939
Place of Birth (State or foreign country) New Jersey
Residence Address: Street or R. R. 1646 Jasper City Plainfield County Hendricks State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers license 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 15
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 L. Ralph
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) New Jersey
9. Full maiden name of mother Grace Wiseman
   Residence of mother (if deceased so state) 9222 Jasison Dr., Indpls, Ind.
   Birthplace of mother (State or foreign country) New Jersey

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

Signed ☒ Albert J. Ralph
New Address 1646 Jasper Ave Plainfield Ind

Subscribed and sworn to before me this 12 day of Jan., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Jacqueline Middle A. Last Bennett
Date of Birth: Month April Day 18 Year 1944
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 1646 Jasper City Plainfield County Hendricks State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers license 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.
   Angie 18
   Terry 17
   Dawn 11
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Everett Lester Routt
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jean Elizabeth Burrous
   Residence of mother (if deceased so state) 557 5th St., Kokomo, Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed ☒ Jacqueline A. Bennett
New Address 1646 Jasper Ave. Plainfield Ind.

Subscribed and sworn to before me this 12 day of Jan., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* Jan., 19 81, *authorizing the joining together as husband and wife* Albert J. Ralph *and* Jacqueline A. Bennett
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mowrer *hereby certify that on the* 12 *day of* Jan., *one thousand nine hundred and* 81 *at* Danville, *County of* Hend., *State of Indiana, Groom* Albert J. Ralph *of* Hend. *County, State of* Ind. *and, Bride* Jacqueline A. Bennett *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* Jan., 19 81.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 12 *day of* Jan., 19 81.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Re-Marriage

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 15
File 42
1-13-81 Date of Application

MALE
Medical Examination Report Dated 12-31-80
Name of Physician G. Donnally

FEMALE
Medical Examination Report Dated 12-30-80
Name of Physician G. Donnally

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

MALE APPLICANT

Name: First Jack Middle E. Last Justus
Date of Birth: Month May Day 2 Year 1940
Place of Birth (State or foreign country) Castleton, In.
Residence Address: Street or R. R. 9314 Mooresville Rd, City Camby, 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.
   Janet
   Jo Ellen
   Jeff
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be 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 Curtis Justus
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bertha Emily Cook
   Residence of mother (if deceased so state) Castleton, 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 × Jack E Justus
New Address 9314 North Mooresville Rd
Subscribed and sworn to before me this 13 day of Jan., 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Jennie Middle L. Last Justus
Date of Birth: Month 1 Day 17 Year 1944
Place of Birth (State or foreign country) Kokomo, In.
Residence Address: Street or R. R. 9314 Mooresville Rd, City Camby, County Hend., State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's Lic. w/ picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Janet
   Jo Ellen
   Jeff
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Maurice Hilbert Hendrickson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Iris Hupper
   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 × Jennie L. Justus
New Address 9314 Mooresville Rd. Camby In. 46113
Subscribed and sworn to before me this 13 day of Jan., 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 aboye named parties, the HENDRICKS County Sup. Ct. 2 Court by written order issued 2 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* 13 *day of* January, 19 81, *authorizing the joining together as husband and wife* Jack E. Justus *and* Jennie L. Justus

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

I, Allen D. Kirk *hereby certify that on the* 13 *day of* Jan., *one thousand nine hundred and* 81 *at* Mooresville, *County of* Morgan, *State of Indiana, Groom* Jack E. Justus *of* Hend. *County, State of* Ind. *and, Bride* Jennie L. Justus *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* Jan., 19 81.

Signed Allen D. Kirk
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* Jan., 19 81.

Signed Mary Jane Russell *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. 16
File 42
1-14-81
Date of Application

MALE
Medical Examination Report Dated 1-9-81
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 1-9-81
Name of Physician Larry D. Lovell

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

MALE APPLICANT

Name: First Mike Middle D. Last Mustard
Date of Birth: Month Jan. Day 11 Year 1949
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR1 Box 171, 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) 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 Donald J. Mustard
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Estella Ruth Malcomb
   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 Mike D Mustard
New Address RR1 Box 171 Lizton, Ind.

Subscribed and sworn to before me this 14th day of Jan., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Connie Middle J. Last West
Date of Birth: Month October Day 18 Year 1953
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. P.O. Box 44, 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) 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
   Michael J. West 8
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support
8. Full name of father Benford Barton Bonwell
   Residence of father (if deceased so state) Crawfordsville, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Thelma Jean Smith
   Residence of mother (if deceased so state) Crawfordsville, 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 Connie J. West
New Address RR1 Box 171 Lizton, Ind.

Subscribed and sworn to before me this 14th day of Jan., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... 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 5 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* 14th *day of* Jan., 19 81, *authorizing the joining together as husband and wife* Mike Mustard *and* Connie J. West
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John B. Hancock *hereby certify that on the* 17 *day of* Jan., *one thousand nine hundred and* 81 *at* Poland Ind., *County of* Clay, *State of Indiana, Groom* Mike D. Mustard *of* Howe *County, State of* Ind., *and, Bride* Connie J. West *of* Howe *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* Jan., 19 81.

Signed John B. Hancock
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* Jan., 19 81.
Signed Mary Jane Russell *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. 17
File 42
1-14-81
Date of Application

MALE
Medical Examination Report Dated 1-8-81
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 1-8-81
Name of Physician David Hadley

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

MALE APPLICANT

Name: First James Middle — Last Wilson
Date of Birth: Month 10 Day 14 Year 15
Place of Birth (State or foreign country) Ind. Hend Co.
Residence Address: Street or R. R. R 1 Box 235 City Danville County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers 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 James H. Wilson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Eva May Hayden
   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 James Wilson
New Address R35 RR1 Danville Ind.

Subscribed and sworn to before me this 14 day of Jan, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Norma Middle J. Last Brickert
Date of Birth: Month 8 Day 31 Year 42
Place of Birth (State or foreign country) Hend Co. Ind.
Residence Address: Street or R. R. 405 W. Main City Pitts. 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.
   James E. Brickert
   John D. Brickert

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Watson
   Residence of father (if deceased so state) ~~R~~ Deceased
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Edith Hankerson
   Residence of mother (if deceased so state) Clayton, 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 Norma Brickert
New Address 405 W Main

Subscribed and sworn to before me this 14 day of Jan, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* January, 19 81, *authorizing the joining together as husband and wife* James Wilson *and* Norma J. Brickert

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* Jan., *one thousand nine hundred and* 81 *at* Danville, *County of* Hend, *State of Indiana, Groom* James Wilson *of* Hend *County, State of* Ind, *and, Bride* Norma J. Brickert *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 21 *day of* Jan., 19 81.

Signed Mary Jane Russell
Official Designation Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* Jan., 19 81.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 18

File 42

1-15-81
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 1-9-81
Name of Physician R. L. Wilkinson

FEMALE
Medical Examination Report Dated 1-9-81
Name of Physician R. L. Wilkinson

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

MALE APPLICANT

Name: First Roger Middle P. Last Wilkinson

Date of Birth: Month March Day 17 Year 1951

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 23 Richfield Lane City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Driver's 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 Roger Lewis Wilkinson
   Residence of father (if deceased so state) 484 Centaluay, Anderson, Ind.
   Birthplace of father (State or foreign country) Florida
9. Full maiden name of mother Carolyn H. Watts
   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 Roger P. Wilkinson

New Address 23 Richfield La Danville

Subscribed and sworn to before me this 15 day of Jan., 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 A. Last Koontz

Date of Birth: Month Oct. Day 24 Year 1952

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 23 Richfield Lane City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Driver's 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 Roy Lamar Koontz Jr.
   Residence of father (if deceased so state) ~~Dead~~ RR 2 Box 96, Brownsburg, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Ann Baker
   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 X Marjorie A Koontz

New Address 23 Richfield La Danville

Subscribed and sworn to before me this 15 day of Jan., 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Jan., 19 81, authorizing the joining together as husband and wife Roger P. Wilkinson and Marjorie A. Koontz

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

I, Thomas McCartin hereby certify that on the 24 day of Jan., one thousand nine hundred and 81 at Danville, County of Hend., State of Indiana, Groom Roger P. Wilkinson of Hend. County, State of Ind. and, Bride Marjorie A. Koontz 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 Jan., 19 81.

Signed Thomas McCartin

Official Designation Dep. Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of Jan., 19 81.

Signed Mary Jane Russell 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. 19
File 42
1-15-81
Date of Application

MALE
Medical Examination Report Dated 1-12-81
Name of Physician James Black

FEMALE
Medical Examination Report Dated 1-12-81
Name of Physician James Black

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

MALE APPLICANT

Name: First Jerry Middle L. Last Pierce
Date of Birth: Month March Day 31 Year 1961
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 9642 Harmony City Indpls County Hend. State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify)

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

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

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

Signed Jerry Lee Pierce
New Address 9642 Harmony Drive
Subscribed and sworn to before me this 15th day of Jan, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Barbara Middle A. Last York
Date of Birth: Month Oct Day 2 Year 1959
Place of Birth (State or foreign country) Ind
Residence Address: Street or R. R. 210 Wayside Dr. City Plainfield County Hen. State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Mendenhall
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Judy Hubner
   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 Barbara Ann York
New Address 9642 Harmony Dr.
Subscribed and sworn to before me this 15 day of Jan, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... 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 I 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 15th day of January, 19 81, authorizing the joining together as husband and wife Jerry L. Pierce and Barbara A. York

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

I, James D Douglass hereby certify that on the 17 day of Jan, one thousand nine hundred and 81 at Ind, County of Hend, State of Indiana, Groom Jerry L. Pierce of Ind, County, State of Ind, and, Bride Barbara A. York 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 Jan, 19 81. Signed James D Douglass
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of Jan, 19 81.
Signed Mary Jane Russell 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. 20
File 42
1-16-81
Date of Application

MALE
Medical Examination Report Dated 1-10-81
Name of Physician David Haggard, M.D.

FEMALE
Medical Examination Report Dated 1-10-81
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 Enoch Middle A. Last Ralph
Date of Birth: Month 12 Day 13 Year 1915
Place of Birth (State or foreign country) Brooklyn, N. Y.
Residence Address: Street or R. R. 133 S. Center St., City Plainfield, County Hend., State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's 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. Ralph
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) N. Y.
9. Full maiden name of mother Elizabeth Chichester
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) S. Carolina

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

Signed Enoch A. Ralph
New Address 133 S. Center St Plainfield

Subscribed and sworn to before me this 16 day of January, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Sarah Middle M. Last Callahan
Date of Birth: Month 10 Day 25 Year 1928
Place of Birth (State or foreign country) Stilesville, Indiana
Residence Address: Street or R. R. 920 Walton Dr., City Plainfield, County Hend., State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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.
   Kelly Jean Callahan
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Grant Elmore
   Residence of father (if deceased so state) Spencer, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lillie Mae Siddons
   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 Sarah M Callahan
New Address 133 S. Center St Plainfield

Subscribed and sworn to before me this 16 day of January, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Jan., 19 81, *authorizing the joining together as husband and wife* Enoch A. Ralph *and* Sarah M. Callahan
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Leon Davis *hereby certify that on the* 2 *day of* Feb., *one thousand nine hundred and* 81 *at* Ind., *State of Indiana, Groom* Enoch A. Ralph *of* Hend. *County, State of* Ind., *and, Bride* Sarah M. Callahan *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* Feb., 19 81.

Signed Leon Davis
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* Feb., 19 81.

Signed Mary Jane Russell *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. #21

File

1-16-81 Date of Application

MALE
Medical Examination Report Dated 1-15-14-81
Name of Physician Glenn Baker M.D.

FEMALE
Medical Examination Report Dated 1-14-81
Name of Physician Glenn Baker M.D.

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

MALE APPLICANT

Name: First Michael Middle L. Last Williams

Date of Birth: Month 2 Day 6 Year 51

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

Residence Address: Street or R. R. 10147 Osceola Drive City Indpls County Hendricks State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) 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.
   Melinda Sue Williams 10
   Jason Michael Williams 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 Otis Williams Jr.
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Anna Marie Carter
   Residence of mother (if deceased so state) Brownsburg, In
   Birthplace of mother (State or foreign country) Kansas

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

Signed x Michael L. Williams
New Address 10147 OSCCOLA DR.

Subscribed and sworn to before me this 14th day of January, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 A. Last Hinson

Date of Birth: Month 8 Day 11 Year 54

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

Residence Address: Street or R. R. 10147 Osceola Drive City Indpls County Hendricks State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) 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 Roy C. Hinson
   Residence of father (if deceased so state) San Antonio, Texas
   Birthplace of father (State or foreign country) Kansas
9. Full maiden name of mother Bonnie Lou Risher
   Residence of mother (if deceased so state) San Antonio, Texas
   Birthplace of mother (State or foreign 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 A. Hinson
New Address 10147 Osceola Dr

Subscribed and sworn to before me this 16th day of January, 1981
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....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 I 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 16th day of January, 1981, authorizing the joining together as husband and wife Michael L. Williams and Karen A. Hinson

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

I, Kenneth V. Yost hereby certify that on the 17 day of Jan., one thousand nine hundred and 81 at Mooresville, County of Morgan, State of Indiana, Groom Michael L. Williams of Hend. County, State of Ind., and, Bride Karen A. Hinson 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 Jan., 1981.

Signed Kenneth V. Yost
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of Jan., 1981.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 22

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

Date of Application

MALE
Medical Examination Report Dated 1-14-81
Name of Physician John J. Mac M.D.

FEMALE
Medical Examination Report Dated 1-14-81
Name of Physician John J. Mac 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 Michael Middle D. Last McGuire

Date of Birth: Month 6 Day 29 Year 54

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

Residence Address: Street or R. R. 7111 Mariner Way 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 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 Samuel McGuire
   Residence of father (if deceased so state) Spencer, In.
   Birthplace of father (State or foreign country) Spencer, In
9. Full maiden name of mother Nancy Susan Balls
   Residence of mother (if deceased so state) Spencer, In
   Birthplace of mother (State or foreign country) Bloomington, In

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

Signed ☒ Michael D McGuire

New Address 7111 Mariner Way

Subscribed and sworn to before me this 16th day of January, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 E. Last Gipson

Date of Birth: Month 3 Day 8 Year 51

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

Residence Address: Street or R. R. RR 2 Box 314B 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children

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

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

Signed Mary E. Gipson

New Address 7111 Mariner Way

Subscribed and sworn to before me this 16th day of January 1981

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Jan., 1981, authorizing the joining together as husband and wife Michael D. McGuire and Mary E. Gipson

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

I, Jerry R. Nash hereby certify that on the 31 day of Jan., one thousand nine hundred and 81 at Brownsburg, County of Hend, State of Indiana, Groom Michael D McGuire of Marion County, State of Ind, and, Bride Mary E. Gipson 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 31 day of Jan, 1981.

Signed Jerry R. Nash

Official Designation

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of Feb., 1981.

Signed Mary Jane Russell 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. 23

File

Jan 19, 1981 Date of Application

MALE
Medical Examination Report Dated Jan 13, 1981
Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated Jan 13, 1981
Name of Physician Michael Neely

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

MALE APPLICANT

Name: First Steven Middle P. Last Kersey

Date of Birth: Month July Day 3 Year 1960

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

Residence Address: Street or R. R. R 6 Box 299 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.

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

New Address 1250 Sycamore Lane, Danville

Subscribed and sworn to before me this 19 day of Jan, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 M. Last Konechnik

Date of Birth: Month May Day 20 Year 1962

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

Residence Address: Street or R. R. 71 N. Road 200 E City Danville, County State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

New Address 1250 Sycamore Lane

Subscribed and sworn to before me this 19 day of Jan, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 26 day of Jan., 1981, authorizing the joining together as husband and wife Steven P. Kersey and Susan M. Konechnik

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

I, Ronald E. McDingle hereby certify that on the 14 day of Feb., one thousand nine hundred and 81 at Danville, County of Hend, State of Indiana, Groom Steven P. Kersey of Hend County, State of Ind and, Bride Susan M. Konechnik 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 14 day of Feb., 1981.

Signed Rev. Ronald E. McDingle

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of Feb., 1981.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

102

No. 84

File

Jan 19 1981
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 Jan 14 1981
Name of Physician Robert Flores

FEMALE
Medical Examination Report Dated Jan 9
Name of Physician Jos E. Walther

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of 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 Rita, Middle C., Last Colon

Date of Birth: Month November, Day 11, Year 1946

Place of Birth (State or foreign country): Cincinatti, Ohio

Residence Address: Street or R. R. RI Box 392, 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.
   Timothy R. Colon 10
   Koryn K. Colon 8
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Delmus Long
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Georgia Scott
   Residence of mother (if deceased so state) Plainfield, 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 Rita C Colón

New Address RR1, Box 392A, Plainfield

Subscribed and sworn to before me this 19 day of Jan, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

MALE APPLICANT

Name: First Larry, Middle R, Last Baker

Date of Birth: Month November, Day 14, Year 1948

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

Residence Address: Street or R. R. 634 Lakeside Dr, City Plainfield, County, State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify) Drivers 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
   Kellie M Baker 10
   Robin E. Baker 8
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support
8. Full name of father Woodrow C Baker
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marjorie Bennett
   Residence of mother (if deceased so state) Fountaintown, Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Larry R Baker

New Address RR1 Box 392A, Plainfield

Subscribed and sworn to before me this 19 day of Jan, 1981

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23rd *day of* January, 19 81, *authorizing the joining together as husband and wife* Larry R Baker *and* Rita C Colon

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

I, Jeffrey A. Voss *hereby certify that on the* 24 *day of* Jan. *one thousand nine hundred and* 81 *at* Plfd *State of Indiana, Groom* Larry R. Baker *of* Hend *County, State of* In. *and, Bride* Rita C. Colon *of* Hend *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 24 *day of* Jan., 19 81.

Signed Jeffrey A. Voss

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 26 *day of* Feb., 19 81.

Signed Mary Jane Russell 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. 25
File 42
1-19-81 Date of Application

MALE
Medical Examination Report Dated 1-14-81
Name of Physician Walter McMannis

FEMALE
Medical Examination Report Dated 1-14-81
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 Phillip Middle — Last Haworth

Date of Birth: Month 2 Day 28 Year 56

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

Residence Address: Street or R. R. 119 N. Jefferson St. City B'burg County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Driver Lic Xprint

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Cecil E. Haworth
   Residence of father (if deceased so state) Indpls, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Elsie Mary Howard
   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 Phillip E Haworth
New Address 119 N JEFFERSON

Subscribed and sworn to before me this 19 day of Jan, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Teresa Middle — Last Lee

Date of Birth: Month 10 Day 1 Year 57

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 119 N. Jefferson St. City B'burg 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.
   Melissa Sue Lee

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Billy J. Dreher
   Residence of father (if deceased so state) Ind Rockdale
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Phyllis A. Charley
   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 K Lee
New Address 119 N Jefferson

Subscribed and sworn to before me this 19 day of Jan, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23rd day of January, 19 81, authorizing the joining together as husband and wife Phillip Haworth and Teresa Lee

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

I, John C. Mourer hereby certify that on the 23 day of Jan., one thousand nine hundred and 81 at Danville, County of Hend., State of Indiana, Groom Phillip Haworth of Hend. County, State of Ind., and, Bride Teresa Lee 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 23 day of Jan., 19 81.

Signed John C. Mourer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of Jan., 19 81.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 26

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

Jan. 20, 1981
Date of Application

MALE
Medical Examination Report Dated 1-17-81
Name of Physician Carl Hemlein

FEMALE
Medical Examination Report Dated 1-17-81
Name of Physician Carl Hemlein

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

Date of Birth: Month Feb Day 3 Year 1941

Place of Birth (State or foreign country) Ind.

Residence Address: 303 N. Indiana Street or R. R. Danville City In. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Dr. Lyons

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marion F. Seckman
   Residence of father (if deceased so state) Ams, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Virginia B. Summers
   Residence of mother (if deceased so state) Ams, 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 Stephen R. Seckman
New Address 142 N. Washington St

Subscribed and sworn to before me this 20 day of Jan, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Anne Middle Elizabeth Last Willard

Date of Birth: Month June Day 15 Year 1943

Place of Birth (State or foreign country) Ind.

Residence Address: 142 N. Washington St. Street or R. R. Danville City In. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Forest Lee Bowen
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Leona P. Crouch
   Residence of mother (if deceased so state) English, 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 Anne E. Willard
New Address 142 N Washington St

Subscribed and sworn to before me this 20 day of Jan, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Jan, 19 81, *authorizing the joining together as husband and wife* Stephen R Seckman *and* Anne Elizabeth Willard
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mowrer *hereby certify that on the* 23 *day of* Jan, *one thousand nine hundred and* 81 *at* Danville, *County of* Hend, *State of Indiana, Groom* Stephen R Seckman *of* Hend *County, State of* Ind *and, Bride* Anne E. Willard *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 23 *day of* Jan, 19 81.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 29 *day of* Jan, 19 81.

Signed Mary Jane Russell *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. 27

File

Jan. 20, 1981
Date of Application

MALE
Medical Examination Report Dated 1-15-81
Name of Physician Carl Heinlein

FEMALE
Medical Examination Report Dated 1-15-81
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 Randy Middle Joe Last Mayo

Date of Birth: Month May Day 22 Year 1963

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 138 Spring 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)

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

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

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

Signed Randy Joe Mayo

New Address

Subscribed and sworn to before me this 20 day of Jan, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Jane Middle Marie Last Acton

Date of Birth: Month Jan Day 23 Year 1964

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 313 N. Vine 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 Wayne J. Acton
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Loretta M. Taylor
   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 Jane M Acton

New Address

Subscribed and sworn to before me this 22 day of Jan, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

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 days age waivers 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 21 day of Jan, 19 81, authorizing the joining together as husband and wife Randy Joe Mayo and Jane Marie Acton

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

I, Jon McKilliard hereby certify that on the 24 day of Jan, at 5:30 pm, County of Hend, one thousand nine hundred and 81, State of Indiana, Groom Randy Joe Mayo of Hend County, State of Ind, and, Bride Jane Marie Acton 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 Jan, 19 81.

Signed Jon McKilliard

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of Feb, 19 81.

Signed Mary Jane Russell 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. 27

File

Jan. 20, 1981
Date of Application

MALE
Medical Examination Report Dated 1-15-81
Name of Physician Carl Heinlein

FEMALE
Medical Examination Report Dated 1-15-81
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 Randy Middle Joe Last Mayo

Date of Birth: Month May Day 22 Year 1963

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 138 Spring St. City Plainfield County Ha. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

FEMALE APPLICANT

Name: First Jane Middle Marie Last Acton

Date of Birth: Month Jan Day 23 Year 1964

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 313 N. Vine City Plainfield County Ha. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

Wayne Jr. Acton

Comes now Randy Joe Mayo (d.o.b. May 18, 1963) and _____ and orally petition the Court for a waiver of age requirement, and three days waiting period from the time of making application and the issuance of a marriage license. Court hears evidence and being advised, finds that said waiting period, and age requirements, should be waived, and that a license should be issued immediately; provised that all other requirements are met.

The Clerk is therefore directed to issue a license to marry to the above said applicants, provided that they meet all other requirements, without waiting three days from date of application until issuance: said waiting period, and age requirement, being hereby waived.

Patricia Shellman
Director Hendricks County Welfare
~~JUDGE~~

"FILED" CLERK
HENDRICKS COUNTY
JAN 21 2 03 PM '81

...mation given and correct.

..., 19 81.
...Circuit Court

...nly one parent

...Father
...Mother
..., 19.....
...Clerk

...parties, the
...and filed

...Circuit Court
...and and wife

...ed and recorded in accordance with the laws of the State of Indiana this.....
Signed Mary Jane Rubarth ...Clerk
HENDRICKS ...Circuit Court

No. 28
File 41
1-21-81
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 1-13-81
Name of Physician Glenn Ballenger

FEMALE
Medical Examination Report Dated 1-13-81
Name of Physician Glenn A. Ballenger

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

MALE APPLICANT

Name: First Gregory Middle L. Last Harrison
Date of Birth: Month 11 Day 29 Year 57
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 9105 E. 136 City Brownsburg County Ind. State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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 Thomas G. Garrison
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary E. Nix
   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 ☒ Gregory L Harrison
New Address 9105 E. 136

Subscribed and sworn to before me this 21 day of Jan, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 E. Last Harrell
Date of Birth: Month 11 Day 14 Year 59
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R. R. 49 E. Tilden City Brownsburg County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers 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 James J. Harrell
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Nancy O. Mead
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Vermont

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

Signed ☒ Kathleen E. Harrell
New Address 9105 E. 136

Subscribed and sworn to before me this 21 day of Jan, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Jan., 19 81, *authorizing the joining together as husband and wife* Gregory L Harrison *and* Kathy E. Harrell.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John M. Hall *hereby certify that on the* 21 *day of* Jan. *one thousand nine hundred and* 81 *at* Brownsburg, *County of* Hend., *State of Indiana, Groom* Gregory L. Harrison *of* Hend. *County, State of* Ind. *and, Bride* Kathy E. Harrell *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* Jan., 19 81.

Signed John M. Hall
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 2 *day of* March, 19 81.
Signed Mary Jane Russell *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. 29
File 42
1-23-81
Date of Application

MALE
Medical Examination Report Dated 1-21-81
Name of Physician Thomas Moretto

FEMALE
Medical Examination Report Dated 1-20-81
Name of Physician Richard G. Hinchman

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Keller
Date of Birth: Month 7 Day 8 Year 63
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 2875 Rd. 225 E. City Danville County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Keller
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Indpls. Ind.
9. Full maiden name of mother Judith Lambert
   Residence of mother (if deceased so state) 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 Robert E Keller
New Address RR6 BOX 42
Subscribed and sworn to before me this 23 day of Jan, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 J. Last Cave
Date of Birth: Month 1 Day 5 Year 61
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. R 6 Box 45 City Danville County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Baptismal 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 Donald R. Cave
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Pauline M. Hansman
   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 Cynthia J. Cave
New Address RR 6 Box 42
Subscribed and sworn to before me this 23 day of Jan, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 27th day of January, 1981, authorizing the joining together as husband and wife Robert E. Keller and Cynthia J. Cave

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

I, Mary J. Wade hereby certify that on the 31 day of Jan, one thousand nine hundred and 81 at Danville, County of Hend, State of Indiana, Groom Robert E. Keller of Hend County, State of Ind, and, Bride Cynthia J. Cave 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 31 day of Jan, 19 81. Signed Mary J. Wade
Official Designation

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of Feb, 19 81. Clerk
Signed Mary Jane Russell 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. 30
File 42
1-27-81
Date of Application

MALE
Medical Examination Report Dated 1-26-81
Name of Physician Dr. John F. May, M.D.

FEMALE
Medical Examination Report Dated 1-26-81
Name of Physician Dr. John F. May. 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 Jim Middle D. Last Long.
Date of Birth: Month 12 Day 21 Year 57
Place of Birth (State or foreign country) Arkansas
Residence Address: Street or R. R. 3612 Marcella Lane City Indpls. County Marion State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father C.R (Buck) Long
   Residence of father (if deceased so state) Akeley, Minnesota
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Sandra Sue Straw
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Danville, Ill.

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

Signed X Timothy D Long
New Address 3612 MARCELLA Ln. Indpls. In. 46222

Subscribed and sworn to before me this 27 day of Jan, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Louise Middle A. Last Hensley
Date of Birth: Month Nov Day 26 Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 205 N. Cross City Danville County Hendricks State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed X Louise Hensley
New Address 3612 Marcella Ln.

Subscribed and sworn to before me this 27 day of Jan, 1981
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed X ..... Father
Signed X Faye Hensley ..... Mother
Subscribed and sworn to before me this 27 day of Jan, 1981
Mary Jane Russell 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 27 day of Jan, 1981, authorizing the joining together as husband and wife Timothy D Long and Louise A Hensley

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

I, Jerry D. Van Hise hereby certify that on the 31 day of Jan, one thousand nine hundred and 81, at Danville, County of Hend, State of Indiana, Groom Timothy D. Long of Marion County, State of Ind, and, Bride Louise Hensley 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 31 day of Jan, 1981.

Signed Jerry D. Van Hise
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of Feb, 1981.

Signed Mary Jane Russell 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. 30
File 42
1-27-81
Date of Application

MALE
Medical Examination Report Dated 1-26-81
Name of Physician Dr. John F. Mox, M.D.

FEMALE
Medical Examination Report Dated 1-26-81
Name of Physician Dr. John F. Mox. 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 Tim Middle A. Last Long.
Date of Birth: Month 12 Day 21 Year 57
Place of Birth (State or foreign country) Arkansas
Residence Address: Street or R. R. 3612 Marcella Ave Indpls. City Marion County State Ind.

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

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

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father C.R (Buck) Long
   Residence of father (if deceased so state) Akeley, Minnesotta
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Sandra Sue Straw
   Residence of mother (if deceased so state) In
   Birthplace of mother (State or foreign country)

State of Indiana, County of HENDRICKS } ss:
Signed X Tim
New Address 3612 M
Subscribed and sworn to before me this 27
Mary Jane Russell

CONSENT OF PARENTS, PARENT OR GUA
We, the parents, of this applicant hereby give
signs, state facts which render the consent of

State of Indiana, County of HENDRICKS } ss:
Signed X
Signed
Subscribed and sworn to before me this

COMPLETE IF MARRIAGE LIC
HENDRICKS (
in Clerks Office

FEMALE APPLICANT

Name: First Louise Middle A. Last Hensley
Date of Birth: Month Nov Day 26 Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 205 E Cross City Danville County Hendricks State In

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

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

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

Jan. 26, 1981

I Henry Hensley Jr. do authorize my daughter
Louise Ann Hensley to apply for a marriage license.
She was 17 on 11-26 (date) 1980.
She has my permission to Marry Tim Long.

Henry Hensley Jr.

Patricia R. Houser
Patricia R. Houser
Notary Public
Putnam County

My Commission Expires 9-27-84

Be It Remembered, the
of Indiana dated the 27
Timothy D
Be it further remembered, the followin
I, Jerry D Van Hue hereby certify that on the 31 day of Jan
one thousand nine hundred and 81 at Danville, County of Hend
State of Indiana, Groom Timothy D. Long of Marion County, State of Ind
and, Bride Louise Hensley 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 31 day of Jan, 1981.

Signed Jerry D. Van Hue
Official Designation Mg Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of Feb, 1981.

Signed Mary Jane Russell 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. 31
File 42
1-27-81 Date of Application

MALE
Medical Examination Report Dated 1-20-81
Name of Physician G. R. Harris

FEMALE
Medical Examination Report Dated 1-20-81
Name of Physician G. 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 Bruce Middle Reed Last Durell
Date of Birth: Month December Day 19 Year 1958
Place of Birth (State or foreign country) Indianapolis
Residence Address: 601 Street or R. R. Ridge Ln. City Plainfield County Han State Ind
Previous 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 James Reed Durell
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Suzanne Spear
   Residence of mother (if deceased so state) Plainfield, Ind.
   Birthplace of mother (State or foreign country) Pennsylvania

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

Signed Bruce Reed Durell
New Address 4540 Gifford Rd. Apt. 32-C Bloomington
Subscribed and sworn to before me this 27 day of January, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Beth Last Wertz
Date of Birth: Month February Day 11 Year 1961
Place of Birth (State or foreign country) Hendricks Co. Indiana
Residence Address: 532 Street or R. R. Walton City Plainfield County Han State Ind.
Previous 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 Kenneth William Wertz
   Residence of father (if deceased so state) Plainfield, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Darlene Ann McIntyre
   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 Mary Beth Wertz
New Address 4540 Gifford Rd. Apt. 32C Bloom. In 47401
Subscribed and sworn to before me this 27 day of January, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 4th day of Feb., 19 81, authorizing the joining together as husband and wife Bruce Reed Durell and Mary Beth Wertz

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

I, William R. Clayton hereby certify that on the 14 day of Feb., one thousand nine hundred and 81 at Pitt, County of Hend, State of Ind, State of Indiana, Groom Bruce Reed Durell of Hend County, State of Ind, and, Bride Mary Beth Wertz 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 14 day of Feb., 19 81.

Signed William R. Clayton
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of Feb., 19 81.

Signed Mary Jane Russell 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. 32
File 42
1-27-81
Date of Application

MALE
Medical Examination Report Dated 1-27-81
Name of Physician ~~Robert~~ Malcolm D. Scamahorn

FEMALE
Medical Examination Report Dated 1-27-81
Name of Physician Malcolm D. Scamahorn

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

MALE APPLICANT

Name: First James Middle E. Last Penner
Date of Birth: Month March Day 11 Year 1957
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR 2 Box 322, 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) 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 Erwin Paul Penner
   Residence of father (if deceased so state) RR2 Box 322, Clayton, Ind.
   Birthplace of father (State or foreign country) Nebraska
9. Full maiden name of mother Alfreida Ruth Regier
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Kansas

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

Signed X James E Penner
New Address Unknown

Subscribed and sworn to before me this 27 day of Jan., 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 C. Last Littell
Date of Birth: Month June Day 5 Year 1959
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR 2 Box 356, 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) 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 Larry Dale Littell
   Residence of father (if deceased so state) RR 2 Box 356, Clayton, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Emma Segovia
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Texas

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

Signed X Darlene Littell
New Address unknown

Subscribed and sworn to before me this 27 day of Jan., 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* February *19* 81, *authorizing the joining together as husband and wife* James E. Penner *and* Darlene C. Littell
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Steven W. Ramsey *hereby certify that on the* 14 *day of* Feb. *one thousand nine hundred and* 81 *at* Hazelwood, *County of* Hend. *State of Indiana, Groom* James E Penner *of* Hend. *County, State of* Ind. *and, Bride* Darlene C. Littell *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 14 *day of* Feb. *19* 81.

Signed Steven Ramsey
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* Feb., *19* 81.

Signed Mary Jane Russell *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. 33
File 42
1-27-81 Date of Application

MALE
Medical Examination Report Dated 1-27-81
Name of Physician Herbert Hill

FEMALE
Medical Examination Report Dated 1-27-81
Name of Physician Herbert Hill

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

MALE APPLICANT

Name: First Clyde Middle R Last Erwin, II
Date of Birth: Month Jan. Day 5 Year 1963
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 6825 S. 425 E. City Lebanon, County Boone, 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) # 031

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Ray Erwin
   Residence of father (if deceased so state) Atlanta Dr., Noble, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Katherine Baskett
   Residence of mother (if deceased so state) 6825 S. 425 E. Lebanon, 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 ☒ Clyde Ray Erwin II
New Address 108 S. Leffids Dr.

Subscribed and sworn to before me this 27th day of Jan., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Last Craighead
Date of Birth: Month March Day 21 Year 1963
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 108 Sheffield Dr., 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) # 3226

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Elmer Harvey Craighead
   Residence of father (if deceased so state) 108 Sheffield Dr., Danville, Ind.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Sue Ann Slippin
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Tennessee

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

Signed ☒ Lisa Craighead
New Address 108 Sheffield Dr.

Subscribed and sworn to before me this 27th day of Jan., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ☒ E. H. Craighead Father
Signed ☒ Sue Craighead Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 3rd day of Feb., 19 81, authorizing the joining together as husband and wife Clyde R. Erwin II and Lisa Craighead

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

I, Dennis L. Apple hereby certify that on the 6 day of Dec., one thousand nine hundred and 81 at Indpls., County of Marion, State of Ind., County, State of Ind., State of Indiana, Groom Clyde R. Erwin II of Boone and, Bride Lisa Craighead 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 6 day of Dec., 19 81.

Signed Dennis L. Apple
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of Dec., 19 81.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 34

File

1-27-81
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

MALE
Medical Examination Report Dated 1-20-81
Name of Physician Charles Hasbrook, M.D.

FEMALE
Medical Examination Report Dated 1-20-81
Name of Physician Charles F. Hasbrook, M.D.

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

MALE APPLICANT

Name: First Richard Middle E. Last Downton

Date of Birth: Month 2 Day 01 Year 1960

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

Residence Address: Street or R. R. 3407-A Rybolt, City Indpls., County Marion, State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Driver's 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 Richard E. Downton
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Delores Fitzsimmons
   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 Richard E. Downton

New Address 3407 A Rybolt

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 Mary Middle Jane Last Skiles

Date of Birth: Month 5 Day 28 Year 1961

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

Residence Address: Street or R. R. R. #1 Box 333, 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

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

New Address 3407 A Rybolt

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* 3 *day of* Feb, *19* 81, *authorizing the joining together as husband and wife* Richard E. Downton *and* Mary Jane Skiles

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

I, Richard Kavanagh *hereby certify that on the* 7 *day of* Feb., *one thousand nine hundred and* 81 *at* Indpls., *State of Indiana, Groom* Richard E. Downton *of* Marion *County, State of* Ind., *and, Bride* Mary Jane Skiles *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* Feb., *19* 81.

Signed Richard Kavanagh

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* Feb., *19* 81.

Signed Mary Jane Russell *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. 35

File

1-28-81 Date of Application

MALE
Medical Examination Report Dated 1-28-81
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 1-28-81
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 Glen Middle Dale Last Thompson

Date of Birth: Month February Day 25 Year 1951

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

Residence Address: Street or R. R. 316 W. North St. 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 (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   None
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Chester Levi Thompson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Elsie Harriett
   Residence of mother (if deceased so state) Franklin, Ind.
   Birthplace of mother (State or foreign country) Bloomington, Ind.

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

Signed Glen Dale Thompson

New Address 316 W. North St. Plainfield Ind.

Subscribed and sworn to before me this 29 day of January, 19 81.

Glen M Harvey Clerk HENDRICKS Circuit Court
Mary Jane Russell

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Anna Middle Mae Last Lucas

Date of Birth: Month March Day 9 Year 1948

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

Residence Address: Street or R. R. 316 W. North St. 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 (picture)

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

New Address 316 W. North, Plainfield, Ind.

Subscribed and sworn to before me this 29 day of January, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ....., 19 81, authorizing the joining together as husband and wife of Indiana dated the 29 day of Jan and Glen Dale Thompson and Anna Mae Lucas

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

I, William P. Hendricks hereby certify that on the 29 day of Jan, at Washington Township, County of Hendricks, one thousand nine hundred and 81 at Washington Township, County of Hendricks, State of Indiana, Groom Glen Dale Thompson of Hend. County, State of Ind. and, Bride Anna Mae Lucas 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 Jan., 19 81. Signed Reverend William Hendricks

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of February, 19 81. Signed Mary Jane Russell 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. 36
File 42
1-30-81
Date of Application

MALE
Medical Examination Report Dated 1-22-81
Name of Physician David Stout

FEMALE
Medical Examination Report Dated 1-22-81
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 William Middle R Last Meyer
Date of Birth: Month 5 Day 24 Year 48
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 1627 Tarpon 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Allen Meyer
   Michael Dane Meyer
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert O. Meyer
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Vanessa H. Miller
   Residence of mother (if deceased so state) 607 W. Main 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 William Robert Meyer
New Address 1627 Tarpon Ave Plainfield Ind
Subscribed and sworn to before me this 30 day of Jan., 1981.
Mary Jane Pennell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Maher
Date of Birth: Month 5 Day 16 Year 45
Place of Birth (State or foreign country) Pa.
Residence Address: Street or R. R. 1627 Tarpon 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Philip D. Maher
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) PA.
9. Full maiden name of mother Dora M. Miller
   Residence of mother (if deceased so state) 2463 Briarglen Dr. Clearwater Florida
   Birthplace of mother (State or foreign country) PA

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary Ann Maher
New Address 1686 Tarpon Ave Plainfield Ind
Subscribed and sworn to before me this 30 day of Jan., 1981.
Mary Jane Pennell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Feb, 1981, *authorizing the joining together as husband and wife* William R. Meyer *and* Mary Ann Maher
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William R. Clayton *hereby certify that on the* 14 *day of* Feb, *one thousand nine hundred and* 81 *at* Coatsville, *County of* Hend, *State of Indiana, Groom* William R. Meyer *of* ~~Ind~~ Hend *County, State of* Ind *and, Bride* Mary Ann Maher *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 14 *day of* Feb, 1981.

Signed William R. Clayton
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 19 *day of* Feb, 1981
Signed Mary Jane Pennell *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. 37

File

Jan 30, 1981
Date of Application

MALE
Medical Examination Report Dated 1-22-81
Name of Physician Hoggard

FEMALE
Medical Examination Report Dated 1-22-81
Name of Physician 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 Robert Middle George Last Street

Date of Birth: Month 6 Day 2 Year 60

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: 3603 S Clarks Creek Rd. Indpls.
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 Robert H. Street
   Residence of father (if deceased so state) Terre Haute Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Magalene
   Residence of mother (if deceased so state) Indpls. Ind.
   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 H Street

New Address 3603 S Clarks Creek Rd

Subscribed and sworn to before me this 30 day of Jan, 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Patricia Middle Jean Last Convey

Date of Birth: Month 5 Day 23 Year 60

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: 3603 S. Clarks Creek Rd.
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 James R. Convey
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Marjie B. Burchett
   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 Patricia Jean Convey

New Address 3603 S Clarks Creek Rd.

Subscribed and sworn to before me this 30 day of Jan, 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 4th day of Feb., 1981, authorizing the joining together as husband and wife Robert H. Street and Patricia J. Convey

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Darrell W. Cox hereby certify that on the 14 day of Feb., one thousand nine hundred and 81 at 11405 Maple Lane, County of Hend., State of Indiana, Groom Robert H. Street of Hend. County, State of Ind., and, Bride Patricia J. Convey 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 Feb., 1981. Signed Darrell W. Cox

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of Feb., 1981. Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 39

File 2-2-81

42

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 1-26-81
Name of Physician Black

FEMALE
Medical Examination Report Dated 1-26-81
Name of Physician Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kerry Middle D. Last Marshand

Date of Birth: Month 4 Day 12 Year 55

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 331 W Vermont City Brownsburg County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers lic. & 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.
   Jennifer Ann Marshand
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Homer H. Marshand
   Residence of father (if deceased so state) Ft. Wayne Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Ila May Houghton
   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 Kerry D. Marshand

New Address 331 W. Vermont St. Brwnsbg.

Subscribed and sworn to before me this 2 day of Feb., 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of.....19.....

.....Clerk

FEMALE APPLICANT

Name: First Patricia Middle L. Last Mitchell

Date of Birth: Month 8 Day 30 Year 49

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 331 W Vermont City Brownsburg County Hend 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. & 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
   Kristi N. Mitchell
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John R. Wilson
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Helen Pudiop
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patricia L. Mitchell

New Address 33 W. Vermont St. Brownsbg.

Subscribed and sworn to before me this 2 day of Feb., 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of.....19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....HENDRICKS.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Feb., 19 81, *authorizing the joining together as husband and wife* Kerry D. Marshand *and* Patricia L. Mitchell.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Gerald S. Zore *hereby certify that on the* 14 *day of* Feb., *one thousand nine hundred and* 81, *at* Brownsburg, *County of* Hend, *State of Indiana, Groom* Kerry D. Marshand, *of* Hend *County, State of* Ind. *and, Bride* Patricia L. Mitchell, *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 14 *day of* Feb., 19 81.

Signed Gerald S. Zore

Official Designation Judge, Marion Sup. Ct.

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* Feb., 19 81.

Signed Mary Jane Russell *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. 38 39

File

Feb 2, 1981
Date of Application

MALE
Medical Examination Report Dated Jan 27, 1981
Name of Physician R L Veach

FEMALE
Medical Examination Report Dated Jan 27, 1981
Name of Physician R. L. Veach

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Mark Middle D. Last Licklider

Date of Birth: Month Nov Day 13 Year 1960

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. RR1 Donville, 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Oscar D. Licklider
   Residence of father (if deceased so state) Bainbridge, Indiana
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Paula Jo Corrigan
   Residence of mother (if deceased so state) Bainbridge, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mark D. Licklider

New Address Same

Subscribed and sworn to before me this 2 day of Feb, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Cathleen Middle Ann Last Lyon

Date of Birth: Month June Day 9 Year 1962

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. RR 1 Donville, 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Willard A. Lyon
   Residence of father (if deceased so state) Donville, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joyce A. Pridemore
   Residence of mother (if deceased so state) Beechgrove, 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 Cathleen A. Lyon

New Address 224 Mickley Apt D Indpls, IN.

Subscribed and sworn to before me this 2 day of Feb, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* February, 19 81, *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*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 3540
File 42
2-3-81
Date of Application

MALE
Medical Examination Report Dated 1-27-81
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated 1-27-81
Name of Physician Thomas M Walker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Timothy Middle Dean Last Burge
Date of Birth: Month Oct. Day 11 Year 1952
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 226 N. Carr Rd. City Plainfield County Hendricks State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's license W/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold Dudley Burge
   Residence of father (if deceased so state) Naples, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy Diane Pippenger
   Residence of mother (if deceased so state) Naples, 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 Timothy D Burge
New Address 226 N. Carr Rd.

Subscribed and sworn to before me this 3 day of Feb., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Tokill
Date of Birth: Month Jan. Day 26 Year 1945
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 226 N. Carr Rd. City Plainfield County Hendricks State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's license W/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Craig Tokill 10
   Daniel Tokill 8

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Fred J. Chappell
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Vivian E. Myers
   Residence of mother (if deceased so state) Ft. Wayne, Indiana
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Susan K Tokill
New Address 226 N. Carr Rd.

Subscribed and sworn to before me this 3 day of Feb., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13 *day of* Feb., 19 81, *authorizing the joining together as husband and wife* Timothy D. Burge *and* Susan K. Tokill
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mowrer *hereby certify that on the* 14 *day of* Feb. *one thousand nine hundred and* 81 *at* Danville, *County of* Hend, *State of Indiana, Groom* Timothy D. Burge *of* Hend *County, State of* Ind *and, Bride* Susan K. Tokill *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 14 *day of* Feb., 19 81.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 17 *day of* Feb., 19 81.

Signed Mary Jane Russell 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. 41
File 42
2-3-81
Date of Application

MALE
Medical Examination Report Dated Feb 5, 1981
Name of Physician J. Honaker

FEMALE
Medical Examination Report Dated 1-19-81
Name of Physician Berning Penn

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 allen Last Baum
Date of Birth: Month Dec Day 17 Year 1960
Place of Birth (State or foreign country): Porter County Indiana
Residence Address: Street or R.R. P.O. 127 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) IYC F.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.
   Kristi Baum 1
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Vernon Howard Baum
   Residence of father (if deceased so state) RR1 Wanatah, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Ann Downey
   Residence of mother (if deceased so state) RR1 Wanatah, 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 David A Baum
New Address
Subscribed and sworn to before me this 18 day of Feb, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Sherry Middle L. Last Metts
Date of Birth: Month April Day 5 Year 1960
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6454 W. 1350 S., City Wanatah, County LaPorte, State Ind.

Previous 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.
   Kristi Baum 1
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Bruce Metts
   Residence of father (if deceased so state) 6454 W. 1350 S., Wanatah, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alice Jean Beaty
   Residence of mother (if deceased so state) 8702 W. Joliet Rd., LaPorte, Ind.
   Birthplace of mother (State or foreign country) Mississippi

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Sherry L. Metts
New Address Unknown
Subscribed and sworn to before me this 3 day of Feb., 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 18 day of Feb., 1981, authorizing the joining together as husband and wife David Allen Baum and Sherry L. Metts

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Douglas Downey hereby certify that on the 24 day of Feb., at Ply., County of Hend., one thousand nine hundred and 81 State of Indiana, Groom David Allen Baum of Hend. County, State of Ind., and, Bride Sherry L. Metts of LaPorte 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 Feb., 1981.

Signed Douglas Downey
Official Designation Elder (Church of Christ)

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of Feb., 1981.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court