Remarriage

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 42

File

Feb 3 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

MALE
Medical Examination Report Dated 1-26-81
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 1-26-81
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 Eric Middle William Last Cox

Date of Birth: Month April Day 3 Year 58

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1226 Almond Dr. City Danville County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Dr. Transit

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

New Address R.R. #1 Box 166 Danville

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

FEMALE APPLICANT

Name: First Donna Middle Kay Last Cox

Date of Birth: Month Sept Day 5 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 Box 166 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.
   Ryan Alan Cox
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Burin Gentry
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Maxine Walls
   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 Donna K Cox

New Address RR #1 Box 166 Danville

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

Be 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 February, 19 81, Eric William Cox and Donna Kay Cox.

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

I, John P. Ray, hereby certify that on the 14 day of February, one thousand nine hundred and 81, at Danville, County of Hend, State of Indiana, Groom Eric D. Cox, and, Bride Donna K. Cox, 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 P. Ray

Official Designation Episcopal Priest

Filed and recorded in accordance with the laws of the State of Indiana this 13 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. 43
File 42
2-4-81
Date of Application

MALE
Medical Examination Report Dated 2-2-81
Name of Physician Blasé

FEMALE
Medical Examination Report Dated 2-2-81
Name of Physician Blasé

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

MALE APPLICANT

Name: First Carl Middle Robert Last Benton, Jr.
Date of Birth: Month 4 Day Year 57
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 2905 Consulate Lane City Speedway 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. & 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 Carl R. Benton Sr.
   Residence of father (if deceased so state) Avon Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Barbara J. Joyner
   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 Carl Robert Benton Jr.
New Address 2905 CONSULATE LANE

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 Dayna Middle K. Last Berry
Date of Birth: Month 5 Day 22 Year 57
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 9830 W. Indpls. City County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers 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.
   Greta Danielle Benton
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father E. W. Berry
   Residence of father (if deceased so state) Westlimpton Ind.
   Birthplace of father (State or foreign country) Kansas
9. Full maiden name of mother Alberta Myers
   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 Dayna K Berry
New Address 2905 Consulate Lane

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 Corp II Court by written order issued Waiver of 3 days 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* 4th *day of* February, 19 81, *authorizing the joining together as husband and wife* Carl Robert Benton Jr. *and* Dayna K. Berry
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Sparry L. Bellville *hereby certify that on the* 7 *day of* Feb., *at* Brownsburg, *County of* Hend., *one thousand nine hundred and* 81 *State of Indiana, Groom* Carl Robert Benton Jr. *of* Marion *County, State of* Ind., *and, Bride* Dayna K. Berry *of* Hendricks *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 9 *day of* Feb., 19 81. *Signed* Sparry L. Bellville
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. 44

File

2-4-1981
Date of Application

MALE
Medical Examination Report Dated Feb. 12, 1981
Name of Physician Kathrine Gilroy

FEMALE
Medical Examination Report Dated 2-2-81
Name of Physician Melvin L. 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 Edwin, Middle J., Last Webster

Date of Birth: Month Sept, Day 30, Year 1953

Place of Birth (State or foreign country): Leland Mississippi

Residence Address: Street or R. R. Box 127, 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) IYC I.D. file

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

New Address

Subscribed and sworn to before me this 23 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 Carnetta, Middle K., Last Tudor

Date of Birth: Month 4, Day 6, Year 1955

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

Residence Address: Street or R. R. 2310 N. Ritter, Apt. 29, City Indpls., County Mar., State In. 46218

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
   Tammy Brandon
   Drealia 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 Wm. James Woods
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Cornelia C. Washington
   Residence of mother (if deceased so state) Indpls, 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 Carnetta K. Tudor

New Address 2310 N. Ritter Apt 29

Subscribed and sworn to before me this 4th 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* 23 *day of* Feb *, 19* 81 *, authorizing the joining together as husband and wife* Edwin J. Webster *and* Carnetta K. Tudor *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Ronald Covington *hereby certify that on the* 7 *day of* March *, one thousand nine hundred and* 81 *, at* Indpls *, County of* Marion *, State of Indiana, Groom* Edwin J. Webster *of* Marion *County, State of* Ind *, and, Bride* Carnetta K. Tudor *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 7 *day of* March *, 19* 81 *.*

Signed Ronald Covington

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 *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. 45

File

February 4, 1981
Date of Application

MALE
Medical Examination Report Dated 1-30-81
Name of Physician T. Driverweiler, Md.

FEMALE
Medical Examination Report Dated 1-30-81
Name of Physician T. Driverweiler, 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 Mark Middle Edward Last Cate

Date of Birth: Month July Day 3 Year 1964

Place of Birth (State or foreign country) Peru Co. In.

Residence Address: Street or R. R. R.R. # 6, Box 151 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

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

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

Signed Mark E Cate

New Address RR 1 Box 149 Pittsboro

Subscribed and sworn to before me this 4 day of February, 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 Elizabeth Middle K. Last Ridge

Date of Birth: Month February Day 3 Year 1964

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

Residence Address: Street or R. R. R.R. # 1 Box 149 City Pittsboro 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 Philip Ridge
   Residence of father (if deceased so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Jean Merritt
   Residence of mother (if deceased so state) Indiana (Pittsboro)
   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 Elizabeth K Ridge

New Address RR 1 Box 149 Pittsboro

Subscribed and sworn to before me this 4 day of February, 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 Phil Ridge Father

Signed Martha J. Ridge Mother

Subscribed and sworn to before me this 4 day of February, 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 Circuit Court by written order issued 3 day and Age waived and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4 day of February, 19 81, authorizing the joining together as husband and wife Mark E. Cate and Elizabeth K. Ridge

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

I, Sherman Esser hereby certify that on the 7 day of Feb., one thousand nine hundred and 81 at Pittsboro, County of Hend, State of Indiana, Groom Mark E. Cate of Hend County, State of Ind., and, Bride Elizabeth K. Ridge 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 Sherman Esser

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

No. 46
File 42
2-4-81
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 1-30-81
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 2-3-81
Name of Physician Ronald K. Stegemoller

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

MALE APPLICANT

Name: First Michael Middle Bryan Last Wood
Date of Birth: Month May Day 29 Year 1963
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. Rt 2 Box 300, City Danville, County Hendricks, State Indiana
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's license W/picture

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Michael Wood
   Residence of father (if deceased so state) Rt 2 Box 300, Danville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith Kay Bowman
   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 Michael Bryan Wood
New Address 4923 Rockville Rd. Indpls.
Subscribed and sworn to before me this 4 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 Christine Middle Leigh Last Posey
Date of Birth: Month Jan. Day 30 Year 1963
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. Rt 1 Box 197, City Danville, County Hendricks, State Indiana
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's license W/picture

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gene Noah Posey
   Residence of father (if deceased so state) Rt 1 Box 197, Danville, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Frances Wilson
   Residence of mother (if deceased so state) Dane
   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 Christine L. Posey
New Address 4923 Rockville Rd. Indpls.
Subscribed and sworn to before me this 4 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* 16 *day of* Feb, 19 81, *authorizing the joining together as husband and wife* Michael B. Wood *and* Christine L. Posey
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Kenneth Vetters *hereby certify that on the* 14 *day of* Feb. *one thousand nine hundred and* 81 *at* home of Bride, *State of Indiana, Groom* Michael B. Wood *of* Hend *County, State of* Ind. *and, Bride* Christine L. Posey *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 Kenneth E. Vetters
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 20 *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. 46
File 47
2-4-81
Date of Application

MALE
Medical Examination Report Dated 1-30-81
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 2-3-81
Name of Physician Ronald K. Stegemoller

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

MALE APPLICANT

Name: First Michael Middle Bryan Last Wood
Date of Birth: Month May Day 24 Year 1963
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. Rt 2 Box 300, City Danville, County Hendricks, State Indiana
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's license W/picture

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Michael Wood
   Residence of father (if deceased so state) Rt 2 Box 300, Danville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith Kay Bowman
   Residence of [illegible] Dane
   Birthr[illegible]
   State of
   County

FEMALE APPLICANT

Name: First Christine Middle Leigh Last Posey
Date of Birth: Month Jan. Day 30 Year 1963
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. Rt 1 Box 197, City Danville, County Hendricks, State Indiana
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's license W/picture

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gene Noah Posey
   Residence of father (if deceased so state) Rt 1 Box 197 Danville, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Frances Wilson
   Residence of mother (if deceased so state) Dane

I, Judith K. Wood, hereby give my consent for my Son, Michael Bryan Wood to marry Chris Posey.

Judith K Wood

Subscribed and sworn to before me this 7th day of Feb 19 81
JOSEPH R. SCHMITT
NOTARY PUBLIC STATE OF INDIANA
HENDRICKS CO.
MY COMMISSION EXPIRES AUG 12 1984
ISSUED THRU INDIANA NOTARY ASSOC.

Joseph R Schmitt
Notary Public

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

I, George Michael Wood, hereby give my consent for my son, Michael Bryan Wood to marry Chris Posey.

George M Wood

subscribed and sworn to before me this 7th day of Feb 19 81
JOSEPH R. SCHMITT
NOTARY PUBLIC STATE OF INDIANA
HENDRICKS CO.
MY COMMISSION EXPIRES AUG 12 1984
ISSUED THRU INDIANA NOTARY ASSOC.

Joseph R Schmitt
Notary Public

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

COMP[illegible]
in.....

of Ina[illegible]
Be it [illegible]
I, ...
one th[illegible]
State
and,
were b[illegible]
County
Dated

Filed and recorded in accordance with the laws of the State of Indiana this 20 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. 47
File 42
~~2-3~~ 2-4-81
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 Dwight Middle Scott Last Thomas
Date of Birth: Month 12 Day 2 Year 59
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR 1 Box 267AB City Putnamville 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 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 M. Howard Thomas
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith Kay Dunkin
   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 Dwight Scott Thomas
New Address 118 Apt 10 Franklin St. Brownsburg, In. 46112
Subscribed and sworn to before me this 4 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 Sheila Middle Jeanean Last Kidwell
Date of Birth: Month Aug Day 27 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 614 Jackson Blvd. 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 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 Ralph Curtis Kidwell
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nellie Frances McPheters
   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 Sheila Jeanean Kidwell
New Address 110 Franklin Street Apt 10 Brownsburg, In 46112
Subscribed and sworn to before me this 4th 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.....Circuit Court of Indiana dated the 11th day of Feb, 19 81, authorizing the joining together as husband and wife Dwight Scott Thomas and Sheila Jeanean Kidwell.

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

I, Hollis S. Miller hereby certify that on the 14 day of Feb, at Brownsburg, County of Hend, one thousand nine hundred and 81, State of Indiana, Groom Dwight Scott Thomas of Hend County, State of Ind, and, Bride Sheila Jeanean Kidwell 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 Hollis S. Miller
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 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. 48

File

Feb. 4, 1981
Date of Application

MALE
Medical Examination Report Dated 1-23-81
Name of Physician Kathleen Beck Coon

FEMALE
Medical Examination Report Dated 1-23-81
Name of Physician Kathleen Beck Coon

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

MALE APPLICANT

Name: First Merrit Middle Bernard Last Swift

Date of Birth: Month Jan Day 8 Year 54

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 102 E. Pinoak City Brownsburg County — State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Dr. Keene

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Swift
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Lula Everts
   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 Merrit B Swift
New Address 102 E Pin Oak, Brownsburg

Subscribed and sworn to before me this 4 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 Dawn Middle Rae Last Sharp

Date of Birth: Month April Day 18 Year 1964

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 614 Saratoga 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) # 113-61-027464

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Shelbie Sharp
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Nancy McWatty
   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 Dawn R Sharp
New Address 102 E Pin Oak, Brownsburg

Subscribed and sworn to before me this 4 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 10th day of Feb., 1981, authorizing the joining together as husband and wife Merrit Bernard Swift and Dawn Rae Sharp

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

I, Dennis J. Dodson hereby certify that on the 14th day of Feb., one thousand nine hundred and 81, at Christian Church, Brownsburg, County of Hend., State of Indiana, Groom Merrit Bernard Swift of Hend. County, State of Ind., and, Bride Dawn Rae Sharp 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 Feb., 1981.

Signed Dennis J. Dodson
Official Designation Minister

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

Form Prescribed By
Indiana State Board 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. 49

File

2-5-81 Date of Application

MALE
Medical Examination Report Dated 1-26-81
Name of Physician L. Loosli, M.D.

FEMALE
Medical Examination Report Dated 1-26-81
Name of Physician L. Loosli, 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 Gary Middle W. Last Roberts

Date of Birth: Month 11 Day 30 Year 1947

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

Residence Address: Street or R. R. 302 Weston, 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) Driver's Lic.

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

New Address 339 N Indiana

Subscribed and sworn to before me this 5th 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 Diane Middle A. Last Wilson

Date of Birth: Month 5 Day 28 Year 1947

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

Residence Address: Street or R. R. 339 N. Indiana, 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. and 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.
   Richard Andrew
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hugh Wilford Weaver
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Viola Francisco
   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 Diane S. Wilson

New Address 339 N. Indiana, Danville

Subscribed and sworn to before me this 5th 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 HENDRICKS Circuit Court of Indiana dated the 11 day of Feb., 19 81, authorizing the joining together as husband and wife Gary W. Roberts and Diane S. Wilson

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

I, Joe D. Stump hereby certify that on the 14 day of Feb., one thousand nine hundred and 81 at Danville, County of Hend, State of Indiana, Groom Gary W. Roberts of Hend County, State of Ind, and, Bride Diane S. Wilson 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 Feb., 19 81.

Signed Joe D. Stump

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of Feb., 1981.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 50

File 42

2-6-81 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 1-30-81
Name of Physician Driest

FEMALE
Medical Examination Report Dated 1-30-81
Name of Physician Driest

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

MALE APPLICANT

Name: First Dale Middle [illegible] Last Jarrett

Date of Birth: Month 11 Day 10 Year 50

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Box 54 City Lizton 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/ 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

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

New Address Box 54 Lizton Ind 46149

Subscribed and sworn to before me this 6 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 Mary Middle [illegible] Last Newby

Date of Birth: Month 3 Day 19 Year 50

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1935 Hazelwood City Indpls, Ind County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) 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

Nancy Newby

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

New Address Box 54 Lizton

Subscribed and sworn to before me this 6 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* 12th *day of* February, 19 81, *authorizing the joining together as husband and wife* Dale Jarrett *and* Mary Newby

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

I, J. D. Kaviet *hereby certify that on the* 14 *day of* Feb, *one thousand nine hundred and* 81 *at* Indpls, *County of* Marion, *State of Indiana, Groom* Dale Jarrett *of* Hendrickson *County, State of* Ind *and, Bride* Mary Newby *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 14 *day of* Feb, 19 81.

Signed J. D. Kaviet

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. 51

File

2-6-81 Date of Application

MALE
Medical Examination Report Dated 2-6-81
Name of Physician R. Stegemoller

FEMALE
Medical Examination Report Dated 2-6-81
Name of Physician R. 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 Fred Middle L. Last Hitchcock

Date of Birth: Month June Day 25 Year 1953

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 502 Elm 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)

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

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

New Address 502 ELM PLAINFIELD

Subscribed and sworn to before me this 6 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 Kerri Middle Lynn Last Gillespie

Date of Birth: Month Sept Day 24 Year 1959

Place of Birth (State or foreign country) Missouri

Residence Address: Street or R. R. 502 Elm 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)

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

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

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

Signed Kerri Gillespie

New Address 302 Elm Dr. - Plainfield

Subscribed and sworn to before me this 6 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 11th day of Feb, 1981, authorizing the joining together as husband and wife Fred L. Hitchcock and Kerri L. Gillespie

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

I, Dewey A. Thackston hereby certify that on the 14 day of Feb., one thousand nine hundred and 81 at Plfd., County of Hend., State of Ind., State of Indiana, Groom Fred L. Hitchcock of Hend. County, State of ....., and, Bride Kerri L. Gillespie of Hend. 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 14 day of Feb., 1981. Signed Dewey A. Thackston

Official Designation Minister

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. 52

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

Feb. 6, 1981
Date of Application

MALE
Medical Examination Report Dated 1-28-81
Name of Physician Larry Lovall

FEMALE
Medical Examination Report Dated 1-28-81
Name of Physician Larry 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 Max Middle D. Last Cody

Date of Birth: Month Nov. Day 21 Year 1937

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1149 Indianapolis Rd. City Greencastle County Putnam 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.

James Cody

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Cody
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) N. Car.
9. Full maiden name of mother Hazel Blacketer
   Residence of mother (if deceased so state) Greencastle, 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 Max D Cody

New Address 1149 Indianapolis Road Greencastle

Subscribed and sworn to before me this 6 day of Feb., 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Marjorie Middle L. Last Storm

Date of Birth: Month Dec Day 13 Year 1935

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1156 W. Lincoln 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) Dr. License

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

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

New Address 1149 Indianapolis Rd.

Subscribed and sworn to before me this 6 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

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 February, 19 81, authorizing the joining together as husband and wife Max D. Cody and Marjorie L Storm

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

I, Elgin D. Smith hereby certify that on the 14 day of Feb., one thousand nine hundred and 81 at Greencastle, County of Putnam, State of Indiana, Groom Max D. Cody of Putnam County, State of Ind. and, Bride Marjorie L 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 14 day of Feb., 19 81.

Signed Elgin D Smith

Official Designation Minister

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. 53
File 42
2-6-81 Date of Application

MALE
Medical Examination Report Dated _____
Name of Physician _____

FEMALE
Medical Examination Report Dated 2-2-81
Name of Physician James Vaughn

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

MALE APPLICANT

Name First Middle Last

Date of Birth Month Day Year

Place of Birth (State or foreign country)

Residence Address Street or R. R. City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) _____

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

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

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

Signed _____
New Address _____

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

_____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

FEMALE APPLICANT

Name First: Lula Middle: Roxanne Last: Myers

Date of Birth Month: April Day: 16 Year: 1957

Place of Birth (State or foreign country) Indiana

Residence Address 75 S. East St., Street or R. R. Wabash City, Wabash 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 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 Jay Myers 5
   Aimee Jo Myers 2
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Patrick Myers
   Residence of father (if deceased so state) Urbana, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Verlindia Mae Clevenger
   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 Lula Roxanne Myers
New Address 75 S. East Wabash, Ind.

Subscribed and sworn to before me this 6 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* _____ *day of* _____, *19*____, *authorizing the joining together as husband and wife* _____ *and* _____

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

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

Dated this _____ *day of* _____, *19*____.

Signed _____
Official Designation _____

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

Signed _____ *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board 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. 53
File 42
2-6-81
Date of Application

MALE
Medical Examination Report Dated _____
Name of Physician _____

FEMALE
Medical Examination Report Dated 2-2-81
Name of Physician James Haughn

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

MALE APPLICANT

Name (First, Middle, Last) _____

Date of Birth (Month, Day, Year) _____

Place of Birth (State or foreign country) _____

Residence Address (Street or R. R., City, County, State) _____

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐

FEMALE APPLICANT

Name (First, Middle, Last) Lela Roxanne Myers

Date of Birth (Month, Day, Year) April 16 1957

Place of Birth (State or foreign country) Indiana

Residence Address (Street or R. R., City, County, State) 75 S. East St., Wabash, Wabash Co., Indiana

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) 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 ☐

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

No ☐ Yes ☐

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and correct.

Myers
Wabash, Ind.

, 1981

Circuit Court

only one parent

Father

Mother

, 19.....

Clerk

parties, the

and filed

Circuit Court
and and wife

KS

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

#766

STATE OF INDIANA DR. HAUGHN
PREMARITAL EXAMINATION CERTIFICATE
(IC 31-1-1-7)

PART I LABORATORY STATEMENT OF STANDARD BLOOD TESTS

This is to Certify that the following tests were performed on a blood specimen submitted in the name of LELA MYERS (Name of Applicant)

75 S. East St.

Wabash, IN 46992 (Address of Applicant)

Syphilis VDRL (Name of Test); Sickle Cell Anemia ____ (Check); Rubella Immunity (females) ____ (Result);

and Rh factor ____ (Result). Laboratory INDIANAPOLIS MEDICAL LAB., 8501 ZIONSVILLE ROAD, INDIANAPOLIS, INDIANA 46268 (Name and Address of Approved Laboratory)

FILED
FEB 6 1981
Mary Jane Russell
CLERK HENDRICKS CIRCUIT COURT
SUPERIOR

Date 2-2-81 By Jan P. Wiersema M.D. /am (Laboratory Director or Authorized Representative)

Only laboratories approved by the Indiana State Board of Health shall make premarital serological tests. (IC 16-1-11-11)

PART II PHYSICIAN'S EXAMINATION REPORT

City Wabash State Indiana Date 2-2-81 (Date of Examination is Date Blood Was Drawn)

To Clerk of the Circuit Court:

This is to Certify that I, James Haughn, M.D., a physician holding an unlimited license to practice medicine in the State of Indiana, have examined the applicant named in the laboratory report above and in my opinion, the person named therein is not infected with syphilis, or if so infected, that the stage of the disease is not such that it could be communicated by the person. Where it applies, I have explained the significance of the sickle cell anemia, rubella, and Rh factor test results. If the test was not done the reason is indicated below.

Syphilis
☐ Applicant objects on religious grounds

Sickle Cell Anemia
☑ Physician does not believe it necessary;
☐ Applicant objects on religious grounds.

Rubella (Females only)
☑ Applicant objects on religious grounds;
☐ Applicant is over 50 years of age;
☐ Applicant presents evidence of sterilization;
☐ Applicant presents laboratory evidence of previous test declaring her immunity.

Rh (Males and Females)
☑ Applicant objects on religious grounds;
☐ Applicant is female over 50 or male over 60 years of age;
☐ One of the applicants presents evidence of sterilization;
☐ Applicant presents laboratory evidence of a previous Rh test;
☐ Applicant is a male and the female has the Rh positive factor.

Signed James Haughn, M.D. Address 645 N. Spring St.

Applicant's Signature Lela Roxanne Myers Wabash, IN 46992

This certificate form S.B.H. 43-005 is valid for only thirty days from date blood was drawn. Applicant must present it to the County Clerk within this period of time.

See Reverse Side for Instructions

State Form 23904R
S.B.H. 43-005
Rev. 5/80

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 54

File

2-6-81
Date of Application

MALE
Medical Examination Report Dated 2-6-81
Name of Physician Stegmoller

FEMALE
Medical Examination Report Dated 2-6-81
Name of Physician L. Stegmoller

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

MALE APPLICANT

Name: First Larry Middle W. Last Mathew

Date of Birth: Month 9 Day 1 Year 1961

Place of Birth (State or foreign country) Brook Indiana

Residence Address: Street or R. R. R R # 1 Box 342 City Lizton County Lizton 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 Wayne Mathew
   Residence of father (if deceased so state) Lizton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marilyn Marie Garp
   Residence of mother (if deceased so state) Lizton
   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 Larry Mathew
New Address R1 Box 242 Lizton

Subscribed and sworn to before me this 6th 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 Marcy Middle L. Last Shirrell

Date of Birth: Month 11 Day 6 Year 61

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R. R. R R # 1 Box 305 City S. Pittsboro 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 Ronald Shirrell
   Residence of father (if deceased so state) Pittsboro, In
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Carol Ann Stewart
   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 X Marcy L. Shirrell
New Address R1 Box 242 Lizton

Subscribed and sworn to before me this 6th 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* 12 *day of* Feb, 1981, *authorizing the joining together as husband and wife* Larry W. Mathew *and* Marcy L. Shirrell.

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

I, Thomas D. Zimmerman *hereby certify that on the* 14 *day of* Feb. *one thousand nine hundred and* 81 *at* St. Joseph's Church, *County of* Boone, *State of Indiana, Groom* Larry W. Mathew *of* Hend *County, State of* Ind. *and, Bride* Marcy L. Shirrell *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 Thomas D. Zimmerman
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 17 *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. 55

File

2-10-81
Date of Application

MALE
Medical Examination Report Dated 2-9-81
Name of Physician James Black, M.D.

FEMALE
Medical Examination Report Dated 2-9-81
Name of Physician James Black, M.D.

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

MALE APPLICANT

Name: First John Middle Riley Last Sipes

Date of Birth: Month Oct Day 4 Year 1923

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

Residence Address: Street or R. R. RR 1 City Springville County Greene State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Drivers Lic w/Pic

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Noble Sipes
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Madie Mae Williams
   Residence of mother (if deceased so state) Odon, 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 John Riley Sipes

New Address 315 Hornaday Rd. Brownsburg, IN.

Subscribed and sworn to before me this 10 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 Ida Middle Mae Last Wright

Date of Birth: Month Feb. Day 1 Year 1927

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

Residence Address: Street or R. R. 315 Hornaday Rd. City Brownsburg 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 w/Pic

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

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

New Address 315 Hornaday Road Brownsburg, Ind 46112

Subscribed and sworn to before me this 10 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 Circuit Court by written order issued 3 day Waiver and filed in Circuit Court & Boles authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Feb. *, 19*81*, authorizing the joining together as husband and wife* John R. Sipes *and* Ida M. Wright

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

I, Gerald J. Miller *hereby certify that on the* 13 *day of* Feb. *, one thousand nine hundred and* 81 *, at* Sylvania Wesleyan Church *, County of* ~~Hend~~ Greene *, State of Indiana, Groom* John R. Sipes *of* Greene *County, State of* Ind *, and, Bride* Ida Mae Wright *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* Feb. *, 19*81*.

Signed Gerald J. Miller

Official Designation Minister

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. 56
File 42
2-10-81
Date of Application

MALE
Medical Examination Report Dated 2-6-81
Name of Physician Edward

FEMALE
Medical Examination Report Dated 2-6-81
Name of Physician Edward

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 E. Last Weakley Jr.
Date of Birth: Month 7 Day 4 Year 43
Place of Birth (State or foreign country) Ky.
Residence Address: Street or R. R. 4829 Squire 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.
   Elizabeth Weakley
   Douglas Weakley
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. Weakley
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Lurie E. Chaplin
   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 Ernest E. Weakley Jr.
New Address 4829 Squire dr. Indpls.

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

..... Clerk

FEMALE APPLICANT

Name: First Edna Middle L. Last Epley
Date of Birth: Month 1 Day 27 Year 49
Place of Birth (State or foreign country) Ky.
Residence Address: Street or R. R. Rt 3 Box 242-D 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Coleman Downen
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Jessie Helen Chaplin
   Residence of mother (if deceased so state) Benton Ky.
   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 Edna L. Epley
New Address 4829 Squire Dr. Indpls.

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, 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 February, 19 81, authorizing the joining together as husband and wife Ernest E. Weakley Jr. and Edna L. Epley
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James Hankens hereby certify that on the 14 day of Feb. one thousand nine hundred and 81 at Indpls, County of Marion State of Indiana, Groom Ernest E. Weakley Jr. of Marion County, State of Ind. and, Bride Edna L. Epley 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 Rev. James Hankens
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 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. 57

File

2-11-81 Date of Application

MALE
Medical Examination Report Dated 2-9-81
Name of Physician Thomas Moretto

FEMALE
Medical Examination Report Dated 2-9-81
Name of Physician Thomas Moretto

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

Date of Birth: Month Mar Day 11 Year 1954

Place of Birth (State or foreign country) California

Residence Address: Street or R. R. 1634 Westwind 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) 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 Wm P. Thomas
   Residence of father (if deceased so state) Anaheim, Ca.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Violet Aberick
   Residence of mother (if deceased so state) Anaheim Ca.
   Birthplace of mother (State or foreign country) Ca.

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

Signed William P. Thomas III

New Address 1634 WESTWIND DR

Subscribed and sworn to before me this 11 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 Teresa Middle Ann Last Neal

Date of Birth: Month Nov. Day 20 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1634 Westwind 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) Dr. License

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

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

New Address 1634 Westwind Dr

Subscribed and sworn to before me this 11 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 20th day of Feb., 1981, authorizing the joining together as husband and wife William P. Thomas III and Teresa A. Neal

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

I, Rev Daniel J Englar hereby certify that on the 21 day of Feb., one thousand nine hundred and 81 at Pltfd, County of Hend, State of Indiana, Groom William P. Thomas III of Hend County, State of Ind, and, Bride Teresa Ann Neal 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 Feb., 1981.

Signed Rev Daniel J Englar

Official Designation Chaplain

Filed and recorded in accordance with the laws of the State of Indiana this 24 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. 58

File

Feb 13, 1981
Date of Application

MALE
Medical Examination Report Dated 2-13-81
Name of Physician Manuel Largaespada

FEMALE
Medical Examination Report Dated 2-13-81
Name of Physician Manuel Largaespada

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

Date of Birth: Month August Day 30 Year 1937

Place of Birth (State or foreign country) Jorgien Indiana

Residence Address: Street or R. R. RR#1 Box 196 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) 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.
   Richard L. Hunt Jr 3
   Eric R. Hunt 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 Leon G. Hunt
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wonda D. Dove
   Residence of mother (if deceased so state) Indianapolis, 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 Richard L. Hunt
New Address RR1 Box 196 Danville Ind.

Subscribed and sworn to before me this 13 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 Diane Middle Kay Last Littrell

Date of Birth: Month Sept. Day 25, Year 1946

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

Residence Address: Street or R. R. RR#2 Box 412 City Plainfield, County, State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify) Drivers 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.
   Barbara M. Ott 17
   Daniel Rogers 6
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William D. Bellles
   Residence of father (if deceased so state) Plainfield, In
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Julia A. Zuponcic
   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 Diane K. Littrell
New Address RR1 Box 196 Danville Ind.

Subscribed and sworn to before me this 13 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

HENDRICKS County Super #2 Court by written order issued 3 day Waiver and filed in John C. Mowen authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1981, authorizing the joining together as husband and wife Richard L. Hunt and Diane Kay Littrell

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

I, Mary Jane Russell hereby certify that on the 13 day of Feb one thousand nine hundred and 81 at Danville, County of Hend, State of Indiana, Groom Richard L. Hunt of Hend County, State of Ind and, Bride Diane Kay Littrell 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 Feb, 1981.

Signed Mary Jane Russell
Official Designation Clerk

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 59
File 42
2-13-81
Date of Application

MALE
Medical Examination Report Dated 2-13-81
Name of Physician R. Stegmeller

FEMALE
Medical Examination Report Dated 2-13-81
Name of Physician R. Stegmeller

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

MALE APPLICANT

Name: First Jimmy Middle Dean Last Spears
Date of Birth: Month 2 Day 4 Year 62
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. R 2 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 John Spears
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Ind (?)
9. Full maiden name of mother Geneva Spears
   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 Jimmy Spears
New Address Putnam County Line Coatesville Bainbridge

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 Patricia Middle E. Last Porter
Date of Birth: Month 9 Day 12 Year 62
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 424 E. Columbia 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 R. Porter
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Judy E. Myers
   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 Patricia E. Porter
New Address Putnam County Line Rd. Coatesville Bainbridge

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 17 day of Feb., 1981, authorizing the joining together as husband and wife Jimmy Dean Spears and Patricia E. Porter

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

I, Ronald E. McDonald hereby certify that on the 21 day of Feb., one thousand nine hundred and 81 at Danville, County of Hend., State of Ind., State of Indiana, Groom Jimmy D. Spears of Hend. County, State of Ind., and, Bride Patricia E. Porter 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 Feb., 1981. Signed Ronald McDonald
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of Feb., 1981. 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. 60

File

Feb 17 1981
Date of Application

MALE
Medical Examination Report Dated 2-13-81
Name of Physician Robert A. Heavin

FEMALE
Medical Examination Report Dated 2-13-81
Name of Physician Robert A. Heavin 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 Daryl Middle W. Last Strahl

Date of Birth: Month 10 Day 26 Year 1955

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

Residence Address: Street or R. R. RR #1 Box 139 City Coatesville 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 #314-64-3958

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James E. Strahl
   Residence of father (if deceased so state) Amo Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Louise Ann Stephenson
   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 Daryl W. Strahl
New Address RR. 1 Box 139 Coatesville In.

Subscribed and sworn to before me this 17 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 Barbara Middle Ann Last Carter

Date of Birth: Month Jan. Day 3 Year 1962

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

Residence Address: Street or R. R. P.O Box 78, City Amo, 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 #310-76-41123

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 D. Carter
   Residence of father (if deceased so state) Amo, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Betsy Ann Chambers
   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 Barbara A. Carter
New Address R 1 Box 139 Coatesville

Subscribed and sworn to before me this 23rd day of February, 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* 23 *day of* Feb, 19 81, *authorizing the joining together as husband and wife* Daryl W. Strahl *and* Barbara A. Carter.

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

I, Raymond Ryasler *hereby certify that on the* 28 *day of* Feb, *one thousand nine hundred and* 81, *at* Amo, *County of* Hend., *State of Indiana, Groom* Daryl W. Strahl *of* Hend *County, State of* Ind, *and, Bride* Barbara Ann Carter *of* Hend *County, State of* Ind, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 28 *day of* Feb., 19 81.

Signed Raymond Ryasler
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 *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. 62

File

2-18-81 Date of Application

MALE
Medical Examination Report Dated 2-16-81
Name of Physician Michael Neeley

FEMALE
Medical Examination Report Dated 2-18-81
Name of Physician Michael Neeley

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

MALE APPLICANT

Name: First Anthony Middle Alan Last Speas

Date of Birth: Month 3 Day 21 Year 1963

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

Residence Address: Street or R. R. 64 High Street 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 # 3288 ☐ 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 C. Speas Sr.
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Velma Lavenia Schakel
   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 Anthony Alan Speas
New Address 64 High St. Danville Ind

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 Velma A. Speas Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First LaMonda Middle Faye Last Cuppett

Date of Birth: Month July Day 2 Year 1962

Place of Birth (State or foreign country) Benham, Ky.

Residence Address: Street or R.R. 64 High 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 # 46604 ☐ 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 Paul Edward Cuppett
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Audrey Faye 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 LaMonda Faye Cuppett
New Address 64 High St. Danville

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

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 Feb., 1981, authorizing the joining together as husband and wife Anthony A. Speas and LaMonda F. Cuppett

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

I, John C. Mower hereby certify that on the 23 day of Feb., one thousand nine hundred and 81 at Danville, County of Hend., State of Indiana, Groom Anthony A. Speas of Danville County, State of Indiana, and, Bride LaMonda F. Cuppett of Danville County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 24 day of Feb., 1981.

Signed John C. Mower
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 25 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. 61
File 42
2-17-81
Date of Application

MALE
Medical Examination Report Dated 2-4-81
Name of Physician Neeley

FEMALE
Medical Examination Report Dated 2-4-81
Name of Physician Neeley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Boyd
Date of Birth: Month 1 Day 2 Year 63
Place of Birth (State or foreign country) Danville Ind.
Residence Address: Street or R. R. Rt. 1 Box 144 City Clayton 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 Edward A. Boyd
   Residence of father (if deceased so state) Clayton Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Bessie J. Denner
   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 ☒ David Boyd
New Address RR 2 Box 277

Subscribed and sworn to before me this 17 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 Kathy Middle [illegible] Last Catt
Date of Birth: Month 11 Day 11 Year 64
Place of Birth (State or foreign country) Danville, Ind.
Residence Address: Street or R. R. Rt 2 Box 278 City Clayton County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles E. Catt
   Residence of father (if deceased so state) Ind
   Birthplace of father (State or foreign country) Clayton, Ind.
9. Full maiden name of mother Marilyn E. Pavelette
   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 Kathy Catt
New Address RR #2 Box 277

Subscribed and sworn to before me this 17 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 Charles E. Catt Father
Signed Marilyn E. Catt Mother
Subscribed and sworn to before me this 17 day of Feb., 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 ..... Sup. Ct ..... Court by written order issued ..... 3 day, Denner ..... and filed in ..... Hendricks ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* February, 19 81, *authorizing the joining together as husband and wife* David E. Boyd *and* Kathy J. Catt
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Curtis D. Wheatley *hereby certify that on the* 21 *day of* Feb *one thousand nine hundred and* 81 *at* Hazelwood, *County of* Hend., *State of Indiana, Groom* David E. Boyd *of* Hend *County, State of* Ind *and, Bride* Kathy J. Catt *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* Feb, 19 81.

Signed Curtis D. Wheatley
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 *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. 63
File 42
2-18-81
Date of Application

MALE
Medical Examination Report Dated 2-16-81
Name of Physician Black

FEMALE
Medical Examination Report Dated 2-16-81
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 Douglas Middle R. Last Hamblen

Date of Birth: Month 1 Day 28 Year 59

Place of Birth (State or foreign country) Ind.

Residence Address: 10234 Bacara Dr. Indpls. Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers 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 Billy Joe Hamblen
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Janice Miles
   Residence of mother (if deceased so state) Indpls.
   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 Douglas R Hamblen
New Address 10234 Bacara Dr

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 Julie Middle Jae Last Alsbrien

Date of Birth: Month 6 Day 15 Year 61

Place of Birth (State or foreign country) Ind.

Residence Address: 1210 Winfield Indpls. Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) .....

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Frederick O. Alsbrien
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Linda C. Powell
   Residence of mother (if deceased so state) Jamestown
   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 Julie J. Alsbrien
New Address 10234 Bacara Dr.

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Feb., 1981, *authorizing the joining together as husband and wife* Douglas R. Hamblen *and* Julie Jae Alsbrien

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

I, Jerry Miller *hereby certify that on the* 21 *day of* Feb. *one thousand nine hundred and* 81 *at* Avon, *County of* Hend, *State of Indiana, Groom* Douglas R. Hamblen *of* Hend *County, State of* Ind, *and, Bride* Julie Jae Alsbrien *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* Feb., 1981.

Signed Jerry Miller
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 24 *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. 64

File

2-18-81
Date of Application

MALE
Medical Examination Report Dated 2-16-81
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 2-16-81
Name of Physician James Black, M.D.

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

MALE APPLICANT

Name: First Anthony Middle Ray Last Warner

Date of Birth: Month Oct Day 23 Year 1960

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

Residence Address: Street or R. R. 5342 East 450 N 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)

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

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

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

Signed Anthony Ray Warner
New Address 7251 NATIONAL Drive

Subscribed and sworn to before me this 6th day of March, 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 Nancy Middle Jo Last Doan

Date of Birth: Month 11 Day 08 Year 1959

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. 28 Leroy Rd. 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) 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.
   Matthew Wayne Warner
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 G. Doan, Jr.
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bettie Marie Gallion
   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 Nancy Jo Doan
New Address 28 Leroy Rd Brownsburg Ind

Subscribed and sworn to before me this 18th 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* 6 *day of* March, 19 81, *authorizing the joining together as husband and wife* Anthony Ray Warner *and* Nancy Jo Doan
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph D. Wilson *hereby certify that on the* 7 *day of* March *one thousand nine hundred and* 81 *at* Brownsburg, *State of Indiana, Groom* Anthony Ray Warner *of* Hend *County, State of* Ind *and, Bride* Nancy Jo Doan *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* March, 19 81.

Signed Joseph D. Wilson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 *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. #65

File

Feb. 19, 1981
Date of Application

MALE
Medical Examination Report Dated 2-16-81
Name of Physician Randall Strate

FEMALE
Medical Examination Report Dated 2-16-81
Name of Physician Randall Strate

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

Date of Birth: Month Jan Day 14 Year 1954

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 8 Box 138-D City Indpls County Hend. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Dr. License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Oscar Wiley
   Residence of father (if deceased so state) Greensburg, In.
   Birthplace of father (State or foreign country) Mo.
9. Full maiden name of mother Anabel Ashby
   Residence of mother (if deceased so state) Greensburg, 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 James E Wiley
New Address 1 Canterbury Dr. Danville, IN 46122

Subscribed and sworn to before me this 19 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 Brenda Middle Sue Last Smith

Date of Birth: Month Sept Day 18 Year 1957

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 5324 B Tara Ct. South 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) Dr. License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edgar Smith
   Residence of father (if deceased so state) Knox, In.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Ressie Patrick
   Residence of mother (if deceased so state) Knox, 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 Brenda S Smith
New Address 1 Canterbury Drive

Subscribed and sworn to before me this 19 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 ..... Circuit Court of Indiana dated the 27 day of Feb., 19 81, authorizing the joining together as husband and wife James Everton Wiley and Brenda Sue Smith

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

I, E. David Berger hereby certify that on the 28 day of Feb., at Indpls., County of Marion, one thousand nine hundred and 81 at Indpls., County, State of Ind., State of Indiana, Groom James Everton Wiley, of Hend., County, State of Ind., and, Bride Brenda Sue Smith 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 28 day of Feb., 19 81. Signed E. David Berger

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4 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. 166
File 42
2-19-81
Date of Application

MALE
Medical Examination Report Dated 2-12-81
Name of Physician Petrin

FEMALE
Medical Examination Report Dated 2-12-81
Name of Physician Petrin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 D. Last Butler
Date of Birth: Month 4 Day 4 Year 48
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: 1215 Raymond St. Plfd. (Street or R. R. / City / County / State)
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers 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.
   Lora Ruth Butler
   Benjamin R. Butler
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wm D. Butler, D.D.S.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Katherine Ellen Anderson
   Residence of mother (if deceased so state) Dayton, 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 D. Butler
New Address 1215 RAYMOND St.

Subscribed and sworn to before me this 19 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 Lora Middle S. Last Ortman
Date of Birth: Month 6 Day 10 Year 53
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: 1215 ~~Raymond St.~~ Pt. Blvd. Plfd. Ind. (Street or R. R. / City / County / State)
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers 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 Floyd J. Thompson
   Residence of father (if deceased so state) Mooresville, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Juanita Deitz
   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 Lora S. Ortman
New Address 1215 Raymond St. Plainfield

Subscribed and sworn to before me this 19 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 Sup'l Court by written order issued 3 days in Daun 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* Feb., 1981, *authorizing the joining together as husband and wife* William D. Butler *and* Lora S. Ortman
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, C.W. Taylor *hereby certify that on the* 20 *day of* Feb., *one thousand nine hundred and* 81 *at* The Lakes of the Painted Hills, *County of* Morgan, *State of Indiana, Groom* William D. Butler *of* Hend. *County, State of* Ind., *and, Bride* Lora S. Ortman *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* Feb., 1981.

Signed C.W. Taylor
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 23 *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. 67
File 42
2-20-81
Date of Application

MALE
Medical Examination Report Dated 1-26-81
Name of Physician Carl L. Heinlein

FEMALE
Medical Examination Report Dated 1-26-81
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 Timothy Middle Allen Last Hessler
Date of Birth: Month ~~Aug.~~ Day 10 Year 1960
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. Box 23 City Arno County Hendricks State Indiana
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Tonya Jo 17 months
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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) Arno, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Margaret Stepp
   Residence of mother (if deceased so state) Payne
   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 Jim Hessler
New Address 118 Arno Ind
Subscribed and sworn to before me this 20 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 Tammy Middle G Last Cox
Date of Birth: Month March Day 15 Year 1960
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 252 Vine St. City Arno County Hendricks State Indiana
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Tonya Jo 17 months
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Eddie Carroll Cox
   Residence of father (if deceased so state) Arno, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Jane Wheeler
   Residence of mother (if deceased so state) Payne
   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 Tammy Cox
New Address 118 Arno Ind
Subscribed and sworn to before me this 20 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 Superior #1 Court by written order issued 3 day Waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 20 *day of* Feb., 19 81, *authorizing the joining together as husband and wife* Timothy A Hessler *and* Tammy G Cox

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

I, John C. Mauer *hereby certify that on the* 20 *day of* Feb, *one thousand nine hundred and* 81 *at* Danville, *County of* Hend, *State of Indiana, Groom* Timothy A Hessler *of* Hend *County, State of* Ind, *and, Bride* Tammy G. Cox *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* Feb., 19 81. *Signed* John C. Mauer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 23 *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. 68

File

2-20-81
Date of Application

MALE
Medical Examination Report Dated 2-12-81
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 2-12-81
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 Paul Middle Dennis Last Haulter

Date of Birth: Month 3 Day 15 Year 1944

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

Residence Address: Street or R. R. 713 Ironwood, City Plainfield, County, State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Drivers license

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edward Thomas Haulter
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Alice Katherine Tinkel
   Residence of mother (if deceased so state) 403 N. 11th Ave, Beech Grove, Ind.
   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 Paul Dennis Haulter

New Address 713 IRONWOOD DR. PLAINFIELD IND

Subscribed and sworn to before me this 20 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 Marbeth Middle Last Marshall

Date of Birth: Month 8 Day 31 Year 1953

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

Residence Address: Street or R. R. 7145 Hatteras La Apt. 1-D, City Indpls, County, State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers license

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

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

New Address 713 Ironwood Dr., Plainfield, In 46168

Subscribed and sworn to before me this 20 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* 25 *day of* Feb., 19 81, *authorizing the joining together as husband and wife* Paul D. Haulter *and* Marbeth Marshall

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

I, Teddy Eugene Turner *hereby certify that on the* 28 *day of* Feb, *one thousand nine hundred and* 81 *at* Rushville, *County of* Rush, *State of Indiana, Groom* Paul D. Haulter *of* Hend. *County, State of* Ind. *and, Bride* Marbeth Marshall *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 28 *day of* Feb, 19 81.

Signed Teddy E. Turner

Official Designation Rev.

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. 69

File

2-23-81 Date of Application

MALE
Medical Examination Report Dated 2-19-81
Name of Physician Thomas N. Greist, M.D.

FEMALE
Medical Examination Report Dated 2-19-81
Name of Physician Thomas N. Greist, M.D.

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

MALE APPLICANT

Name: First James Middle A. Last Reynolds

Date of Birth: Month 4 Day 11 Year 1944

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

Residence Address: Street or R. R. P.O. Box 194 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

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

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

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

Signed ☒ James A. Reynolds

New Address Box 194 Pittsboro, Ind.

Subscribed and sworn to before me this 23 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 Karen Middle A. Last Thompson

Date of Birth: Month 11 Day 18 Year 1955

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

Residence Address: Street or R. R. 50 Hamilton 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

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

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

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

Signed ☒ Karen A. Thompson

New Address P.O. Box 194 Pittsboro, In.

Subscribed and sworn to before me this 23 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 9 day of March, 19 81, authorizing the joining together as husband and wife James Alfred Reynolds and Karen Ann Thompson

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

I, William Charles McGraw hereby certify that on the 11 day of April, one thousand nine hundred and 81 at Pittsboro, County of Hendricks, State of Indiana, Groom James Alfred Reynolds of Hend. County, State of Ind., and, Bride Karen Ann Thompson of Hend. County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of April, 19 81.

Signed William C. McGraw

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of April, 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. 70
File 42
2-23-81
Date of Application

MALE
Medical Examination Report Dated 2-19-81
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 2-16-81
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 Louis Middle (none) Last Szabo, Jr.

Date of Birth: Month Sept. Day 8 Year 1954

Place of Birth (State or foreign country) Hungary

Residence Address: Street or R. R. Oakhurst #5, 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) 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.
   Jason Alan 7 yrs.
   Jeff Douglas 6 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 Louis A. Szabo, Sr.
   Residence of father (if deceased so state) Brownsburg, Indiana
   Birthplace of father (State or foreign country) Hungary
9. Full maiden name of mother Elizabeth Perzich
   Residence of mother (if deceased so state) Rome
   Birthplace of mother (State or foreign country) Hungary

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

Signed X [signature]

New Address Oakhurst #5 Brownsburg

Subscribed and sworn to before me this 23 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 Rebecca Middle Susan Last Ammons

Date of Birth: Month Feb. Day 16 Year 1963

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Oakhurst #5, 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) # 1857

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

New Address Oakhurst #5 Brownsburg

Subscribed and sworn to before me this 23 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* 27 *day of* Feb, 19 81, *authorizing the joining together as husband and wife* David Szabo Jr. *and* Rebecca Susan Ammons

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

I, Herman Essex *hereby certify that on the* 28 *day of* Feb *one thousand nine hundred and* 81 *at* Pittsboro, *County of* Hend., *State of Indiana, Groom* David Szabo Jr. *of* Hend. *County, State of* Ind. *and, Bride* Rebecca Susan Ammons *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 28 *day of* Feb, 19 81.

Signed Herman Essex

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 *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. 71

File

Feb. 24, 1981
Date of Application

MALE
Medical Examination Report Dated 2/13/81
Name of Physician Robert A. McDougal

FEMALE
Medical Examination Report Dated 2/13/81
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 Stephen Middle R. Last Chastain

Date of Birth: Month March Day 31 Year 1951

Place of Birth (State or foreign country) Crawfordsville

Residence Address: Box 89 Street or R. R. Rockdale City Montgomery 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 (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 Otis Dale Chastain
   Residence of father (if deceased so state) Rockdale, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Velma Marie Young
   Residence of mother (if deceased so state) Indianapolis In.
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Stephen R Chastain

New Address Box 89, Rockdale, In. 46172

Subscribed and sworn to before me this 24 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 Peggy Middle L. Last Austin

Date of Birth: Month July Day 1 Year 1958

Place of Birth (State or foreign country) Indianapolis

Residence Address: 114 N. Vine St. Street or R. R. Plainfield City Hendricks 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 (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 Leonard Austin
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mrs Gertrude Cosner
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Peggy L. Austin

New Address Box 89 Rockdale IN 46172

Subscribed and sworn to before me this 24 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 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* 28th *day of* Feb., 1981, *authorizing the joining together as husband and wife* Stephen R. Chastain *and* Peggy Austin

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

I, Tom McKillard *hereby certify that on the* 28 *day of* Feb, *one thousand nine hundred and* 81 *at* 5:30, *County of* Hend, *State of Indiana, Groom* Stephen R. Chastain *of* Putnam *County, State of* Ind., *and, Bride* Peggy Austin *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 28 *day of* May, 1981.

Signed Tom McKillard

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* May, 1981.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 72

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

Feb. 24 1981
Date of Application

MALE
Medical Examination Report Dated 2-24-81
Name of Physician Robert A. McDougal MD.

FEMALE
Medical Examination Report Dated 2-24-81
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 Ronald Middle Lee Last Clark

Date of Birth: Month July Day 2 Year 1961

Place of Birth (State or foreign country) Indianapolis

Residence Address: Street or R. R. RR#2 Box 266 City Plainfield 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 (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 Lyle L. Clark
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Kay Francis McKeirnan
   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 Ronald Lee Clark

New Address 6128 W Beech Drive, Indi

Subscribed and sworn to before me this 24 day of February, 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 Nikki Middle Leanne Last Freeman

Date of Birth: Month July Day 15 Year 1960

Place of Birth (State or foreign country) Bloomington Monroe In

Residence Address: 6128 Street or R. R. Beech 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 (picture)

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

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

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

Signed Nikki L. Freeman

New Address 6128 Beech Dr. Indpls, In.

Subscribed and sworn to before me this 24 day of February, 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* 24th *day of* Feb. , 19 81 , *authorizing the joining together as husband and wife* Ronald Lee Clark *and* Nikki Leanne Freeman

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

I, Mary Jane Russell *hereby certify that on the* 24 *day of* Feb. , *one thousand nine hundred and* 81 *at* Avon , *County of* Hend. , *State of Indiana, Groom* Ronald Lee Clark *of* Hend. *County, State of* Ind. , *and, Bride* Nikki Leanne Freeman *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* Feb. , 19 81 .

Signed Mary Jane Russell

Official Designation Deputy

Filed and recorded in accordance with the laws of the State of Indiana this 3 *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. 73
File 42
2-26-81
Date of Application

MALE
Medical Examination Report Dated 2-6-81
Name of Physician Sierra

FEMALE
Medical Examination Report Dated 2-24-81
Name of Physician 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 Jerry Middle — Last Myers

Date of Birth: Month 5 Day 2 Year 58

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 2 Box 182 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) 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 Eddie Alden Myers
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mildred L. Wells
   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 X Jerry W Myers
New Address RR 2 Box 182

Subscribed and sworn to before me this 26 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 Terri Middle L Last Alexander

Date of Birth: Month 6 Day 10 Year 55

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 2 Box 182 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/ 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.
   Kara Alexander
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James J. Maliwat
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Beatrice A. Siegel
   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 X Terri L Alexander
New Address RR2 Box 182 Danville, In

Subscribed and sworn to before me this 26 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 2 day of March, 19 81, authorizing the joining together as husband and wife Jerry Myers and Terri L. Alexander

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

I, Stanley A. Johnson hereby certify that on the 6th day of March, one thousand nine hundred and 81 at Danville, County of Hend, State of Indiana, Groom Jerry Myers of Hend, County, State of Ind., and, Bride Terri L. Alexander 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 March, 19 81.

Signed Stanley A. Johnson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of March, 19 81.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

152

Form Prescribed By
Indiana State Board 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. 74

File

Feb 24, 1981
Date of Application

MALE
Medical Examination Report Dated Feb 26, 1981

Name of Physician A. Goulder

FEMALE
Medical Examination Report Dated Feb 26, 1981

Name of Physician A Goulder

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

MALE APPLICANT

Name: First Pete Middle M. Last Sharp

Date of Birth: Month July Day 15 Year 1939

Place of Birth (State or foreign country) Indianapolis Ind

Residence Address: Street or R/R 5195 E 450 N City Brownsburg County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Drivers Lic w/Pic

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Martin Sharp
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marjorie Lucille Vawter
   Residence of mother (if deceased so state) Brownsburg, 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 Peter M. Sharp

New Address 5195 E 450 N Brownsburg 46112

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 Beverly Middle J. Last Frizzo

Date of Birth: Month May Day 4 Year 1950

Place of Birth (State or foreign country) St Louis Mo St Louis Mo

Residence Address: Street or R. R 5195 E 450 N City Brownsburg County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Drivers Lic w/Pic

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

New Address 5195 E 450 N, Brownsburg, In 46112

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 18 day of March, 19 81, authorizing the joining together as husband and wife Peter M. Sharp and Beverly J. Frizzo

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

I, John C. Mower hereby certify that on the 25 day of March, one thousand nine hundred and 81 at Danville, County of Hend., State of Indiana, Groom Peter M. Sharp of Hend. County, State of IN and, Bride Beverly J. Frizzo 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 25 day of March, 19 81.

Signed John C Mower

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of March, 19 81.

Signed Marylane 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. 75

File

2-27-81 Date of Application

MALE
Medical Examination Report Dated 2-24-81
Name of Physician Thomas Moretto, M.D.

FEMALE
Medical Examination Report Dated 2-24-81
Name of Physician Thomas Moretto, 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 Jack Middle A. Last Robbins Jr.

Date of Birth: Month 5 Day 16 Year 1955

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

Residence Address: Street or R. R. 8726 W. Morris St. 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 Jack A. Robbins, Sr.
   Residence of father (if deceased so state) Greenwood, In.
   Birthplace of father (State or foreign country) Pa.
9. Full maiden name of mother Viola E. Rhoades
   Residence of mother (if deceased so state) Greenwood, 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 A Robbins, Jr.

New Address 8726 W. Morris St. Indpls

Subscribed and sworn to before me this 27 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 Frances Middle A. Last Schmitt

Date of Birth: Month 8 Day 11 Year 1947

Place of Birth (State or foreign country) Cornwall, N. Y.

Residence Address: Street or R. R. R. # 18, Box 152 B 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.
   Charles
   Christine
   Angela
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 B. Custer
   Residence of father (if deceased so state) De Graff, Ohio
   Birthplace of father (State or foreign country) W. Va.
9. Full maiden name of mother Dolores R. Lopez
   Residence of mother (if deceased so state) Phoenix, Ariz.
   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 Frances A Schmitt

New Address 8726 West Morris St.

Subscribed and sworn to before me this 27 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 3rd day of March, 19 81, authorizing the joining together as husband and wife Bill Hall Jack A. Robbins Jr. and Frances A. Schmitt

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

I, Bill Hall hereby certify that on the 21 day of March, one thousand nine hundred and 81 at Avon, County of Hend., State of Ind. and, Bride Frances A. Schmitt 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 March, 19 81.

Signed Bill Hall

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 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. 76

File

3-2-81
Date of Application

MALE
Medical Examination Report Dated 2-17-81
Name of Physician John Moe

FEMALE
Medical Examination Report Dated 2/18/81
Name of Physician John Moe

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

MALE APPLICANT

Name: First Michael Middle L. Last Evans

Date of Birth: Month 4 Day 13 Year 1956

Place of Birth (State or foreign country) Valmville Lancaster California

Residence Address: Street or R. R. 209 E Main St. City B'burg County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers Licinse & 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 Buddy Ray Evans
   Residence of father (if deceased so state) Philadelphia P.A.
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Stephanie Ann Breaw
   Residence of mother (if deceased so state) Indpls Ind.
   Birthplace of mother (State or foreign country) California

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

Signed X Michael Evans
New Address 209 E Main St.

Subscribed and sworn to before me this 2 day of March, 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 Terry Middle L Last Bates

Date of Birth: Month 2 Day 25 Year 1961

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

Residence Address: Street or R. R. 209 E Main City B'burg County Hend - 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 Forrest G. Bruce
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Bloomington Ind.
9. Full maiden name of mother Betty Joan Starks
   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 Terry L. Bates
New Address 209 E. Main

Subscribed and sworn to before me this 2 day of March, 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* 6 *day of* March, 19 81, *authorizing the joining together as husband and wife* Michael L. Evans *and* Terry L. Bates

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

I, Rev. Donald E. Richards *hereby certify that on the* 7 *day of* March, *one thousand nine hundred and* 81 *at* Bridgeport, *State of Indiana, Groom* Michael L. Evans *of* Hend *County, State of* Ind, *and, Bride* Terry L. Bates *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* March, 19 81.

Signed Rev. Donald E. Richards
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 *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. 77

File

3-2-81 Date of Application

MALE
Medical Examination Report Dated 2-12-81
Name of Physician C. M. Gullickson

FEMALE
Medical Examination Report Dated 2-17-81
Name of Physician J. P. Wiseman

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

Date of Birth: Month 10 Day 20 Year 1960

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

Residence Address: Street or R. R. 25 Huxley Charlestown Naval Base City Charleston County Charleston State S.C.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) ~~Drivers~~ L Navy. 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 Joseph W. Receveur
   Residence of father (if deceased so state) Inelpls Ind.
   Birthplace of father (State or foreign country) Inelpls. Ind.
9. Full maiden name of mother Karen Sue Shipley
   Residence of mother (if deceased so state) Inelpls. Ind.
   Birthplace of mother (State or foreign country) Inelpls Ind.

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

Signed ✕ Timothy J Receveur

New Address Charleston S.C.

Subscribed and sworn to before me this 2 day of March, 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 Donna Middle Jo Last Hunter

Date of Birth: Month 2 Day 28 Year 1955

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

Residence Address: Street or R. R. 1024 Maumee Dr. City Inelpls County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers License & picture

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

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

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

Signed ✕ Donna Jo Hunter

New Address Charleston S.C.

Subscribed and sworn to before me this 2 day of March, 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* March, 19 81, *authorizing the joining together as husband and wife* Timothy J. Receveur *and* Donna Jo Hunter

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

I, Jerry L Williams *hereby certify that on the* 6 *day of* March, *one thousand nine hundred and* 81 *at* Inelpls, *County of* Marion, *State of Indiana, Groom* Timothy J. Receveur *of* Marion *County, State of* Ind, *and, Bride* Donna Jo Hunter *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* March, 19 81.

Signed Jerry L Williams

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 *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. 78
File 42
3-2-81
Date of Application

MALE
Medical Examination Report Dated 2-18-81
Name of Physician [illegible]

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 [illegible] Middle Allen Last VanSyke
Date of Birth: Month [illegible] Day 9th Year 63
Place of Birth (State or foreign country) Wisconsin
Residence Address: Street or R. R. 693 S. Walnut City Danville 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jimmy W. VanSyke
   Residence of father (if deceased so state) 693 S. Walnut Danville
   Birthplace of father (State or foreign country) Knox Co. Ind.
9. Full maiden name of mother Marilyn K. Walters
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Knox Co. Ind.

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

Signed ✕ Jeffrey A Van Syke
New Address Cloverleaf apts, Indpls.

Subscribed and sworn to before me this 2 day of March, 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 ✕ Jimmy W. VanSyke Father
Signed ✕ Marilyn K. VanSyke Mother
Subscribed and sworn to before me this 2 day of March, 19 81.
Mary Jane Russell Clerk

FEMALE APPLICANT

Name: First Melinda Middle Leigh Last Viles
Date of Birth: Month Mar Day 10 Year 1964
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 113 N. Ford City Brownsburg 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 Robert Viles
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Ty Spencer
   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 ✕ Melinda L Viles
New Address Cloverleaf Apt Indpls

Subscribed and sworn to before me this 3 day of Mar, 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 Lee Viles Father
Signed ✕ Mary Lou Viles Mother
Subscribed and sworn to before me this day of , 19
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* March, 19 81, *authorizing the joining together as husband and wife* Jeffrey A. VanSyke *and* Melinda L Viles
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert Viles *hereby certify that on the* 6 *day of* March, *one thousand nine hundred and* 81, *at* Indp., *County of* Marion, *State of Indiana, Groom* Jeffrey A. VanSyke *of* Ind. *and, Bride* Melinda L Viles *of* Draper *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* March, 19 81.

Signed Robert Viles
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 *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. 79

File 42

3-2-81 Date of Application

MALE
Medical Examination Report Dated 2-26-81
Name of Physician Jeffrey

FEMALE
Medical Examination Report Dated 2-28-81
Name of Physician Jeffrey

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

MALE APPLICANT

Name: First Darren Middle Dean Last Snodgrass

Date of Birth: Month 10 Day ~~10~~ 3 Year ~~62~~ 61

Place of Birth (State or foreign country) Shelbyville, Iowa

Residence Address: Street or R. R. 5013 Fairway Dr. City Plfd. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) D.L. w/ pict - 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 James D. Snodgrass
   Residence of father (if deceased so state) Rt 1 Box 373 Clayton, Ind
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Mary A. Deaton
   Residence of mother (if deceased so state) Plfd. Ind.
   Birthplace of mother (State or foreign country) Iowa

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

Signed X Darren Snodgrass

New Address 725 Sunset Dr

Subscribed and sworn to before me this 2 day of March, 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 Sally Middle J. Last Harris

Date of Birth: Month 10 Day ~~3~~ 16 Year ~~61~~ 62

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

Residence Address: Street or R. R. 349 Todd Rd. City Plfd. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) D.L. w/ pict. & Birth Certificate

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert M. O'Haver
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Eleanor M. Onebaugh
   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 X Sally J. Harris

New Address 725 Sunset Dr

Subscribed and sworn to before me this 2 day of March, 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 March, 19 81, authorizing the joining together as husband and wife Darren S. Snodgrass and Sally J. Harris

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

I, Edward Curtis hereby certify that on the 7 day of March, one thousand nine hundred and 81 at Avon, County of Hend., State of Indiana, Groom Darren S. Snodgrass of Hend. County, State of Ind., and, Bride Sally J. Harris 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 March, 19 81.

Signed Edwards S. Curtis

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 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. 80

File

3-3-81
Date of Application

MALE
Medical Examination Report Dated 2-26-81
Name of Physician William A. Edwards

FEMALE
Medical Examination Report Dated 2-26-81
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 Bobby Middle Burnlee Last Helms

Date of Birth: Month July Day 17 Year 1953

Place of Birth (State or foreign country) Bloomington In

Residence Address: Street or R. R. 120 E. Main St. City Plfd. 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) Selective Service - 12-57-53-482

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Bobby Lee Age 9
   Tammy 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 Robert Lee Helms Sr.
   Residence of father (if deceased so state) Martinsville, In.
   Birthplace of father (State or foreign country) Bloomington, In.
9. Full maiden name of mother Esther Hendrickson
   Residence of mother (if deceased so state) Bloomington, 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 Bobby Helms

New Address 1263 main St plainfield

Subscribed and sworn to before me this 3rd day of March, 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 Janis Middle Sue Last Rippy

Date of Birth: Month 1 Day 24 Year 1958

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

Residence Address: Street or R. R. 120 E. Main St. City Plfd. County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) 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 James E. Rippy
   Residence of father (if deceased so state) Mooresville, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Wanda June Foster
   Residence of mother (if deceased so state) Penn
   Birthplace of mother (State or foreign country) Mooresville, In.

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

Signed Janis Sue Rippy

New Address 120 East Main St. Plainfield Ind.

Subscribed and sworn to before me this 3rd day of March, 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* March, 19 81, *authorizing the joining together as husband and wife* Bobby B. Helms *and* Janis S. Rippy
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Maurer *hereby certify that on the* 14 *day of* March, *one thousand nine hundred and* 81, *at* Danville, *County of* Hend, *State of Indiana, Groom* Bobby B. Helms *and, Bride* Janis S. Rippy *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, State of* Ind
Dated this 14 *day of* March, 19 81.

Signed John C. Maurer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 17 *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. 81

File

3-5-81 Date of Application

MALE
Medical Examination Report Dated 3-2-81
Name of Physician James Black

FEMALE
Medical Examination Report Dated 3-2-81
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 Walter Middle J. Last Smith Sr.

Date of Birth: Month 2 Day 4 Year 1935

Place of Birth (State or foreign country) Coal City Ind.

Residence Address: Street or R. R. R1 Box 61 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.
   Deborah A. Smith
   David A. Smith
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clyde Smith
   Residence of father (if deceased so state) Coal City, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred L. Synders
   Residence of mother (if deceased so state) Paragon, 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 Walter J. Smith Sr.
New Address R.R. #1 Box 61 Pittsboro Ind.

Subscribed and sworn to before me this 5 day of March, 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 Glenda Middle M. Last Barrett

Date of Birth: Month 11 Day 24 Year 1956

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

Residence Address: Street or R. R. R1 Box 61 City Pittsboro County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers License w/picture

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

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

Signed x Glenda M. Barrett
New Address RR1 Box 61, Pittsboro

Subscribed and sworn to before me this 5 day of March, 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 10th day of March, 19 81, authorizing the joining together as husband and wife Walter J. Smith Sr. and Glenda M. Barrett

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

I, William C. McShaw hereby certify that on the 21 day of March, one thousand nine hundred and 81 at Pittsboro, County of Hend, State of Indiana, Groom Walter J. Smith Sr. of Hend. County, State of Ind, and, Bride Glenda M. Barrett 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 March, 19 81.

Signed William C. McShaw
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of March, 19 81.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

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No. 82

Form Prescribed By
Indiana State Board 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

3-5-81
Date of Application

MALE
Medical Examination Report Dated 3-4-81
Name of Physician Jan D. Wiesema

FEMALE
Medical Examination Report Dated 3-4-81
Name of Physician Jan D Wiesema

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

Date of Birth: Month ~~8~~ 12; Day ~~18~~ 8; Year 1953

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

Residence Address: Street or R. R. 473 Kimberly Lane; 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 James Mayo
   Residence of father (if deceased so state) Fillmore Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Gloria Crystal McCammack
   Residence of mother (if deceased so state) Fillmore, 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 Stephen D. Mayo
New Address 473 Kimberly Ln. Plainfield, In. 46168
Subscribed and sworn to before me this 5 day of March, 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 Deborah; Middle Kay; Last Griffith

Date of Birth: Month 4; Day 4; Year 1959

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

Residence Address: Street or R. R. RR 4 Box 14; 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 Phillip Allen Griffith
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Kay Sharon McGhee
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Debbie K. Griffith
New Address 473 Kimberly Ln. Plainfield Ind. 46168
Subscribed and sworn to before me this 5 day of March, 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* 13 *day of* March, 19 81, *authorizing the joining together as husband and wife* STEPHEN MAYO *and* DEBARAH GRIFFITH
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, STANLEY A. JOHNSON *hereby certify that on the* 11th *day of* April, *one thousand nine hundred and* 81, *State of Indiana, Groom* STEPHEN MAYO *at* DANVILLE, *County of* HENDRICKS, *and, Bride* DEBARAH GIFFITH *of* HENDRICKS *County, State of* INDIANA *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County, State of* INDIANA, *County.*
Dated this 11 *day of* April, 19 81.

Signed STANLEY A. JOHNSON
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* April, 19 81.

Signed MAY 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. 83
File 42
3-6-81
Date of Application

MALE
Medical Examination Report Dated 3-5-81
Name of Physician Timothy Nichols

FEMALE
Medical Examination Report Dated 3-5-81
Name of Physician Timothy Nichols

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 L. Last Geiger
Date of Birth: Month March Day 26 Year 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 1910 Six Points Rd. City Indpls. County Hendricks State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Driver's 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.
   David L. Geiger 10
   Bradley D. Geiger 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 Delbert D. Geiger
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sybil C. Howard
   Residence of mother (if deceased so state) Indianapolis, 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 David L. Geiger
New Address 703 S. 64th Pl. Indpls. 46231
Subscribed and sworn to before me this 6 day of March, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Linda Middle Ann Last Settles
Date of Birth: Month Sept. Day 17 Year 1955
Place of Birth (State or foreign country) Shelbyville, Indiana
Residence Address: Street or R. R. 1910 Six Points Rd. City Indpls. County Hendricks State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's Licnse 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.
   Melonie Settles 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 Hugh Stanley Perry
   Residence of father (if deceased so state) Wanamaker, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alma Joanne Riddoids
   Residence of mother (if deceased so state) Wanamaker, 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 Linda A Settles
New Address 1910 Six Points RD Indpls, In
Subscribed and sworn to before me this 6 day of March, 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 Superior II Court by written order issued 3 day waiver and filed in John C Mauer 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 6 day of March, 19 81, authorizing the joining together as husband and wife David L. Geiger and Linda Ann Settles

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

I, John C Mauer hereby certify that on the 21 day of March, one thousand nine hundred and 81 at 2:30 pm, County of Hend, State of Ind, State of Indiana, Groom David L. Geiger of Hend County, State of Ind, and, Bride Linda Ann Settles 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 21 day of March, 19 81.

Signed John C. Mauer
Official Designation Judge, Supr II

Filed and recorded in accordance with the laws of the State of Indiana this 24 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. 84

File

3-6-81
Date of Application

MALE
Medical Examination Report Dated 2-5-81
Name of Physician Malcolm Scamahorn

FEMALE
Medical Examination Report Dated 2-5-81
Name of Physician Malcom 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 Newby Middle Dennis Last Lumpkin

Date of Birth: Month 10 Day 18 Year 1959

Place of Birth (State or foreign country) Lebanon Ind

Residence Address: Street or R. R. RR1 Box 191 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 Earl D. Litwiler
   Residence of father (if deceased so state) Pittsboro Ind.
   Birthplace of father (State or foreign country) Canada
9. Full maiden name of mother Mary Belle Whipple
   Residence of mother (if deceased so state) Pittsboro Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Newby Dennis Lumpkin

New Address 334 N. Darlington Jamestown, In.

Subscribed and sworn to before me this 6 day of March, 19 81.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Date of Birth: Month 12 Day 28 Year 1963

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. RR1 Box 75B 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)

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

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

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

Signed X Brenda L Litwiler

New Address 334 N. Darlington Jamestown

Subscribed and sworn to before me this 6 day of March, 19 81.

~~Glen~~ 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 Helen P. Williams Mother

Subscribed and sworn to before me this 6 day of March, 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 Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10 *day of* March, 19 81, *authorizing the joining together as husband and wife* Newby D. Lumpkin *and* Brenda Jo Litwiler.

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

I, ~~Newby D. Lumpkin~~ Raymond Rader *hereby certify that on the* 14 *day of* March, *one thousand nine hundred and* 81, *at* Linton, *County of* Hend., *State of Indiana, Groom* Newby D. Lumpkin *of* Hall, *and, Bride* Brenda Jo Litwiler *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* March, 19 81.

Signed Raymond Rader

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 *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. 85

File

3-9-81 Date of Application

MALE
Medical Examination Report Dated 3-3-81

Name of Physician Donald Stegemoller

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 Gary Middle M. Last Higgins

Date of Birth: Month 8 Day 9 Year 1959

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

Residence Address: Street or R. R. 202 N. Cross City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers Licens 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 McClain Higgins
   Residence of father (if deceased so state) Danville Ind
   Birthplace of father (State or foreign country) Danville Ind.
9. Full maiden name of mother Gloria Crystal English
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Gary Michael Higgins

New Address 202 N Cross Danville In

Subscribed and sworn to before me this 9 day of March, 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 Lorie Middle M. Last Mathew

Date of Birth: Month 4 Day 28 Year 1960

Place of Birth (State or foreign country) Alaska Illinois

Residence Address: Street or R. R. 202 N. Cross City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers Licens 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 Wayne J. Mathew
   Residence of father (if deceased so state) Liyton Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marilyn Marie Garing
   Residence of mother (if deceased so state) Liyton 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 Lorie Marie Mathew

New Address 202 N. Cross Danville, In

Subscribed and sworn to before me this 9 day of March, 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 March, 19 81, authorizing the joining together as husband and wife Gary M. Higgins and Lorie M. Mathew

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

I, Howard D. Zimmerman hereby certify that on the 21 day of March, one thousand nine hundred and 81 at St. Joseph's Church, County of Boone, State of Ind., Groom Gary M. Higgins of Marion County, State of Ind. and, Bride Lorie M. Mathew 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 March, 19 81. Signed Howard D. Zimmerman

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of March, 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. 86

File

3-9-81
Date of Application

MALE
Medical Examination Report Dated 3-4-81
Name of Physician G. M. Sinkovic

FEMALE
Medical Examination Report Dated 3-4-81
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 Gary, Middle D., Last Dreher

Date of Birth: Month 7, Day 30, Year 1959

Place of Birth (State or foreign country) El Paso, Texas

Residence Address: Street or R. R. 7051 Mariners Way #F, 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bill L. Dreher
   Residence of father (if deceased so state) Roachdale Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phyllis A. Charley
   Residence of mother (if deceased so state) Roachdale 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 Gary D Dreher
New Address 7051 Mariners Way #F

Subscribed and sworn to before me this 9 day of March, 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 Kimaly, Middle S., Last Mayhew

Date of Birth: Month 9, Day 1, Year 1968

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. R#8 Box 338, 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) 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 Donald C. Mayhew
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother Shirley A. Bailey
   Residence of mother (if deceased so state) Indpls Ind.
   Birthplace of mother (State or foreign country) Indpls Ind.

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

Signed X Kimaly S. Mayhew
New Address 7051 Mariners Way #F

Subscribed and sworn to before me this 9 day of March 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* 16 *day of* March, 19 81, *authorizing the joining together as husband and wife* Gary D. Dreher *and* Kimaly S. Mayhew.

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

I, Andy Arnett Sr. *hereby certify that on the* 21 *day of* March, *one thousand nine hundred and* 81, *at* Bridgeport, *State of Indiana, Groom* Gary D. Dreher *of* Marion *County, State of* Ind., *and, Bride* Kimaly S. Mayhew *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* March, *19* 81.

Signed Andy Arnett Sr
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* April, 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. 87

File

3-9-81 Date of Application

MALE
Medical Examination Report Dated 3-3-81
Name of Physician John Brady

FEMALE
Medical Examination Report Dated ~~3~~ 2-24-81
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 Jeffrey Middle M Last Burnell
Date of Birth: Month 10 Day 27 Year 1960
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. 1045 Lackie St City Portsmouth County — State Virginia
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Navy I.D. & picture

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

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

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

Signed X Jeffrey M Burnell
New Address 1045 Jackie St Portsmouth Va

Subscribed and sworn to before me this 9 day of March, 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 Cheryl Middle Helene Last Newell
Date of Birth: Month 11 Day 12 Year 1960
Place of Birth (State or foreign country) Crawfordsville Ind.
Residence Address: Street or R. R. PO Box 94 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)

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

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

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

Signed X Cheryl H. Newell
New Address 1045 Lackie St. Portsmouth, VA

Subscribed and sworn to before me this 9 day of March, 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 March, 19 81, authorizing the joining together as husband and wife Jeffrey M. Burnell and Cheryl H. Newell

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

I, Joe D. Stump hereby certify that on the 15 day of March, one thousand nine hundred and 81 at Danville, County of Hend, State of Indiana, Groom Jeffrey M. Burnell of Hend County, State of Ind, and, Bride Cheryl H. Newell 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 March, 19 81.

Signed Joe D. Stump
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of March, 19 81

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 88

Form Prescribed By
Indiana State Board 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 Mar. 10, 1981
Date of Application

MALE
Medical Examination Report Dated 2-23-81
Name of Physician R. W. Jones

FEMALE
Medical Examination Report Dated 2-23-81
Name of Physician R. W. Jones

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

MALE APPLICANT

Name: First William, Middle Douglas, Last Shadwick
Date of Birth: Month Aug, Day 4, Year 1956
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 1901 E Main, 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) 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
   Wm. Douglas Shadwick 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 Isthma Shadwick
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Rosetta Coultas
   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 William Douglas Shadwick
New Address 225 N Adams
Subscribed and sworn to before me this 10 day of Mar., 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 Doria, Middle Yvonne, Last Taylor
Date of Birth: Month Mar, Day 19, Year 1958
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 225 N. Adams, City Brownsburg, County, State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. License

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

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

Signed Doria Yvonne Taylor
New Address 225 N. Adams
Subscribed and sworn to before me this 10 day of Mar, 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* March, 19 81, *authorizing the joining together as husband and wife* William D. Shadwick *and* Doria Yvonne Taylor
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mauer *hereby certify that on the* 21 *day of* March,
one thousand nine hundred and 81 *at* Danville, *State of Indiana, Groom* William D. Shadwick *of* Hend *County, State of* Ind.,
and, Bride Doria Yvonne Taylor *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* March, 19 81.

Signed John C Mauer
Official Designation Ind. Dept
Filed and recorded in accordance with the laws of the State of Indiana this 24 *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. 89

File

Mar. 10, 1981
Date of Application

MALE
Medical Examination Report Dated 2-26-81
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 2-26-81
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 Ralph Middle Wilson Last Nichols, Jr.

Date of Birth: Month Nov. Day 29 Year 1957

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 222 Wayside 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 Ralph W. Nichols Sr.
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Tenn
9. Full maiden name of mother Donna C. Dooley
   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 Ralph Wilson Nichols Jr.
New Address 2037 N. Winton Jndpls

Subscribed and sworn to before me this 10 day of Mar, 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 Lori Middle Ann Last Hubbard

Date of Birth: Month April Day 9 Year 1960

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 779 Cottonwood 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 Todd D. Hubbard
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Francey L. Lumpkin
   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 Lori Ann Hubbard
New Address 2037 N. Winton, Indpls.

Subscribed and sworn to before me this 10 day of Mar, 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 17th day of March, 19 81, authorizing the joining together as husband and wife Ralph W. Nichols and Lori Ann Hubbard.

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

I, Mary S. Houp hereby certify that on the 21 day of March, at Indpls, County of Marion, one thousand nine hundred and 81, State of Indiana, Groom Ralph W. Nichols of Hend. County, State of Ind., and, Bride Lori Ann Hubbard 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 March, 19 81.

Signed Mary S. Houp
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of March, 19 81.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 90

File 42

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

3-11-81
Date of Application

MALE
Medical Examination Report Dated 3-10-81

Name of Physician Kyelin

FEMALE
Medical Examination Report Dated 3-10-81

Name of Physician Kyelin

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

Date of Birth: Month 1 Day 7 Year 61

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. R 1 Box 128 City Clayton 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 Dana Allen Ogles
   Residence of father (if deceased so state) Clayton Ind.
   Birthplace of father (State or foreign country) Iowa.
9. Full maiden name of mother Rhoda P. Powell
   Residence of mother (if deceased so state) Iowa
   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 Timothy D. Ogles

New Address RR 1 Box 128 Clayton, IN 46118

Subscribed and sworn to before me this 11 day of March, 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 Rhonda Middle J. Last Hawk

Date of Birth: Month 4 Day 15 Year 61

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. R 1 Box 48 City Clayton 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 Harold E. Hawk
   Residence of father (if deceased so state) Pittsford Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Jane Knox
   Residence of mother (if deceased so state) Pittsford Ind.
   Birthplace of mother (State or foreign country) Ind.

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

Signed X Rhonda J. Hawk

New Address RR 1 Box 48 Clayton, Ind. 46118

Subscribed and sworn to before me this 11 day of March, 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 Sept. Court by written order issued 3 days 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* 11 *day of* March, 19 81, *authorizing the joining together as husband and wife* Timothy D. Ogles *and* Rhonda J. Hawk

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

I, Mary Jane Russell *hereby certify that on the* 12 *day of* March, *one thousand nine hundred and* 81, *State of Indiana, Groom* Timothy D. Ogles *at* Bellville, *County of* Hend., *and, Bride* Rhonda J. Hawk *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* March, 19 81.

Signed Mary Jane Russell

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 *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. 91

File

3-11-81 Date of Application

MALE
Medical Examination Report Dated 3-10-81

Name of Physician

FEMALE
Medical Examination Report Dated 3-10-81

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 Jerry Middle D Last Reynolds

Date of Birth: Month 11 Day 28 Year 1960

Place of Birth (State or foreign country) Martinsville Ind

Residence Address: Street or R. R. 252 S. Tennessee City Danville County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License w/picture

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Don Charles Reynolds
   Residence of father (if deceased so state) Los Angeles Calif
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Aileen Sue Gibbons
   Residence of mother (if deceased so state) Los Angeles Calif.
   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 Jerry D Reynolds Sr.

New Address 252 S TENNESSEE Hend

Subscribed and sworn to before me this 11 day of Mar, 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 Kimberly Middle Sue Last Sayle

Date of Birth: Month 5 Day 21 Year 1962

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

Residence Address: Street or R. R. RR 3 Box 327C 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

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

New Address 252 S. Tennessee St.

Subscribed and sworn to before me this 11 day of Mar, 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 Hendricks Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 11 *day of* March, 19 81, *authorizing the joining together as husband and wife* Jerry D. Reynolds *and* Kimberly Sue Sayle

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

I, Mary Jane Russell *hereby certify that on the* 11 *day of* March, *one thousand nine hundred and* 81 *at* Danville, *County of* Hend, *State of Indiana, Groom* Jerry D. Reynolds *of* Hend *County, State of* Ind. *and, Bride* Kimberly Sue Sayle *of* Hend *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 11 *day of* March, 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 12 *day of* March, 19 81.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 92

Form Prescribed By
Indiana State Board 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 March 11 1981
Date of Application

MALE
Medical Examination Report Dated 3-4-81
Name of Physician Wm Edwards MD.

FEMALE
Medical Examination Report Dated 3-4-81
Name of Physician Garnet Harris 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 Thomas Middle J. Last Kasakis
Date of Birth: Month March Day 2 Year 1942
Place of Birth (State or foreign country) Bedford Lawrence Co. Ind.
Residence Address: Street or R. R. P.O. box 23 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 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 Thomas Albert Kasakis
   Residence of father (if deceased so state) unknown
   Birthplace of father (State or foreign country) Greece
9. Full maiden name of mother Roberta Jane Earl
   Residence of mother (if deceased so state) Mitchell, 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 J. Kasakis
New Address 918 Highlander Dr. Plfd, Ind

Subscribed and sworn to before me this 11 day of March, 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 Rosland Middle M. Last Campbell
Date of Birth: Month September Day 9 Year 1946
Place of Birth (State or foreign country) Greencastle Putnam In
Residence Address: 918 Highlander Dr. Plainfield In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Dawn
   Wesley Raymore
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Harvey
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Dorothy Louise Reber
   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 Rosland M. Campbell
New Address 918 Highlander Dr. Plfd. Ind

Subscribed and sworn to before me this 11 day of March, 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* March, 19 81, *authorizing the joining together as husband and wife* Thomas J. Kasakis *and* Rosland M Campbell
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C Mauer *hereby certify that on the* 17 *day of* March, *one thousand nine hundred and* 81, *at* Danville, *County of* Hend, *State of Indiana, Groom* Thomas J Kasakis *of* Hend *County, State of* Ind, *and, Bride* Rosland M Campbell *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* March, 19 81.

Signed John C Mauer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 30 *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. 93
File 42
3-11-81
Date of Application

MALE
Medical Examination Report Dated 3-10-81
Name of Physician Haggard

FEMALE
Medical Examination Report Dated 3-10-81
Name of Physician 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 Marbol Middle D. Last Holmes
Date of Birth: Month 2 Day 19 Year 58
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 1626 W. Township Line Rd. 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 H. Holmes
   Residence of father (if deceased so state) Plfd Ind.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Helen M. Huebsberry
   Residence of mother (if deceased so state) Plfd. 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 Marbol D. Holmes
New Address 50 Port Sylvia Apt. C

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 Lisa Middle Ann Last Bryant
Date of Birth: Month 10 Day 6 Year 57
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 50 Port Sylvia Apt. C. 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/ 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 Quentin Virden
   Residence of father (if deceased so state) Brownsburg, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Dora J. Caudwell
   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 Lisa A. Bryant
New Address 50 Port Sylvia Apt. C

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 Sup'l Court by written order issued 3 days 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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 11 day of March, 19 81, authorizing the joining together as husband and wife Marbol D. Holmes and Lisa Ann Bryant

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

I, Dr. Donald E. Cravens hereby certify that on the 14 day of March, one thousand nine hundred and 81 at Indpls., County of Marion, State of Ind. State of Indiana, Groom Marbol D. Holmes of Hend. County, State of Ind. and, Bride Lisa Ann Bryant 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 14 day of March, 19 81.

Signed Dr. Donald E. Cravens
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 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. 94
File 42
3-12-81
Date of Application

MALE
Medical Examination Report Dated 2-23-81
Name of Physician Harris

FEMALE
Medical Examination Report Dated 2-21-81
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 David Middle J. Last McKinney

Date of Birth: Month 10 Day 20 Year 59

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

Residence Address: Street or R. R. 2170 S. Burke City Bridgeport 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) Driver's lic. & Pilot.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles L. McKinney
   Residence of father (if deceased so state) Bridgeport Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Mary E. Mayfield
   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 X David L McKinney
New Address 2170 S Burke

Subscribed and sworn to before me this 12 day of March, 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 Kimberly Middle D. Last Pierce

Date of Birth: Month 5 Day 12 Year 61

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

Residence Address: Street or R. R. R 3 Box 372 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) Driver's lic. & Pilot.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 D. Pierce
   Residence of father (if deceased so state) Clayton
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Bonnie L. Searcy
   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 X Kimberly L Pierce
New Address 2170 S. Burke

Subscribed and sworn to before me this 12 day of March, 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 12th day of March, 19 81, authorizing the joining together as husband and wife David L. McKinney and Kimberly L. Pierce

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

I, Stephen Richards hereby certify that on the 21 day of March, one thousand nine hundred and 81 at Stilesville, County of Hend, State of Indiana, Groom David L. McKinney of Hend County, State of Ind., and, Bride Kimberly L. Pierce 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 March, 19 81.

Signed N. Stephen Richards
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 23 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. 95

File

March 12, 1981
Date of Application

MALE
Medical Examination Report Dated 2-27-81
Name of Physician B. L. Martz

FEMALE
Medical Examination Report Dated 2-27-81
Name of Physician B. L. Martz

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

MALE APPLICANT

Name: First Michael Middle J. Last Martz
Date of Birth: Month November Day 22 Year 1952
Place of Birth (State or foreign country): Martin County Ind.
Residence Address: Street or R. R. 216 W. Tilden City Brownsburg County Hend. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed Michael J. Martz
New Address 28 THORNLEIGH

Subscribed and sworn to before me this 12 day of March, 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 Gayle Middle E. Last Matthews
Date of Birth: Month March Day 30 Year 1952
Place of Birth (State or foreign country): Lebanon Boone Co. In.
Residence Address: 28 Thornleigh Dr. City Brownsburg County Hend. State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Keith Winston Matthews
   Residence of father (if deceased so state) Brownsburg In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phyllis Inez Watson
   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 Gayle E. Matthews
New Address 28 Thornleigh Dr.

Subscribed and sworn to before me this 12 day of March, 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 20th day of March, 1981, authorizing the joining together as husband and wife Michael Jay Martz and Gayle Ellen Matthews

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

I, Larry L. Bellville hereby certify that on the 28 day of March, one thousand nine hundred and 81 at Brownsburg, County of Hend., State of Indiana, Groom Michael Jay Martz of Hend. County, State of Ind., and, Bride Gayle Ellen Matthews 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 28 day of March, 19 81.

Signed Larry L. Bellville
Official Designation

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of March, 19 81.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 96

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

3-12-81
Date of Application

MALE
Medical Examination Report Dated 3-8-81
Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated 3-8-81
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 Kent Middle L. Last Wilson

Date of Birth: Month 2 Day 22 Year 1955

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

Residence Address: Street or R. R. 620 Kentucky City Plfd. County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License w/picture

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

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

New Address 620 Kentucky Plainfield In

Subscribed and sworn to before me this 12 day of March, 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 Lynda Middle Lea Last Carter

Date of Birth: Month 5 Day 3 Year 1955

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

Residence Address: Street or R. R. 4603 W. 15th St. 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 Lonnie Carter Jr.
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother Nancy Jane Thomas
   Residence of mother (if deceased so state) Indpls Ind.
   Birthplace of mother (State or foreign country) Indpls Ind.

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

Signed X Lynda L Carter

New Address 620 Kentucky, Plainfield

Subscribed and sworn to before me this 12 day of March, 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* March, 19 81, *authorizing the joining together as husband and wife* Kent L. Wilson *and* Lynda Lea Carter
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Earl Eden *hereby certify that on the* 21 *day of* March, *one thousand nine hundred and* 81, *State of Indiana, Groom* Kent L. Wilson *at* Indpls., *County of* Marion, *and, Bride* Lynda Lea Carter *of* Hend., *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 21 *day of* March, 19 81.

Signed Earl Eden

Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 *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. 97

File

Mar. 13, 1981
Date of Application

MALE
Medical Examination Report Dated 2-21-81
Name of Physician R. L. Veach

FEMALE
Medical Examination Report Dated 2-21-81
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 Robert Middle W. Last Burke

Date of Birth: Month Oct Day 23 Year 1954

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. P.O. Box 54 City Coatesville County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Dr. License

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

New Address P.O. Box 54 Coatesville

Subscribed and sworn to before me this 13 day of Mar, 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 Pamela Middle R. Last Burke

Date of Birth: Month Oct Day 20 Year 1954

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. P.O. Box 54 City Coatesville County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Dr. License

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

New Address P.O. Box 54, Coatesville, IN

Subscribed and sworn to before me this 13 day of Mar, 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.....Circuit Court of Indiana dated the 27 day of March, 19 81, authorizing the joining together as husband and wife Robert W. Burke and Pamela R. Burke

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

I, Alex H. Shipley hereby certify that on the 13 day of April, one thousand nine hundred and 81 at Bainbridge, County of Putnam, State of Indiana, Groom Robert W. Burke of Ind., County, State of Ind., and, Bride Pamela R. Burke 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 April, 19 81.

Signed Alex H. Shipley

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of April, 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. 98

File

3-13-81
Date of Application

MALE
Medical Examination Report Dated 3-9-81
Name of Physician Dr. Charles E. Bush Jr.

FEMALE
Medical Examination Report Dated 3-9-81
Name of Physician Dr. Charles E. Bush 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 Marion, Middle Earl, Last Pritchett

Date of Birth: Month 2, Day 4, Year 1943

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

Residence Address: Street or R. R. RR #2 Box 248, City Danville, County, State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kara Lynn Age 13
   Father has custody
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 W. Pritchett
   Residence of father (if deceased so state) RR #2 Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Velda Beryl Kersey
   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 Marion Earl Pritchett

New Address RR2 Box 248 Danville, Ind

Subscribed and sworn to before me this 13th day of March, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Rita, Middle Lynn, Last Coffenberry

Date of Birth: Month 1, Day 23, Year 1947

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

Residence Address: Street or R. R. 957 West, City Paris, County Crawfordsville, 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 Roger D. Cleveland
   Residence of father (if deceased so state) Frankfort, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Donna L. Kep
   Residence of mother (if deceased so state) Frankfort
   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 Rita Lynn Coffenberry

New Address RR #2 Box 248 Danville, Ind.

Subscribed and sworn to before me this 13th day of March, 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 17th day of March, 19 81, authorizing the joining together as husband and wife Marion E. Pritchett and Rita L. Coffenberry

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

I, David L. Vanaman hereby certify that on the 17 day of March one thousand nine hundred and 81 at Otterbein Baptist Church, County of Tippecanoe, State of Indiana, Groom Marion E. Pritchett of Danville County, State of Ind. and, Bride Rita L. Coffenberry of Jonesboro 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 March, 19 81.

Signed David L. Vanaman

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 19 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. 99

File

Mar. 13, 1981
Date of Application

MALE
Medical Examination Report Dated 3-7-81
Name of Physician Spencer Trudeau

FEMALE
Medical Examination Report Dated 3-7-81
Name of Physician Spencer Trudeau

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

MALE APPLICANT

Name: First Stanley Middle Wayne Last Wininger

Date of Birth: Month June Day 9 Year 1960

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 5 Box 344 Z 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)

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

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

New Address Speedway Airport, RR 18 Box 127

Subscribed and sworn to before me this 13th day of Mar, 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 Jo Last Hammond

Date of Birth: Month Mar Day 21 Year 1960

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 948 Highlander 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 Gayle Hammond
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Unknown
9. Full maiden name of mother Mildred Warren
   Residence of mother (if deceased so state) Same
   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 Kathy Jo Hammond

New Address RR 18 Box 127 Indpls IN 46234

Subscribed and sworn to before me this 13 day of Mar, 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* 13 *day of* March, 19 81, *authorizing the joining together as husband and wife* Stanley W Wininger *and* Kathy Jo Hammond

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

I, Darrel Russell *hereby certify that on the* 20 *day of* March, *one thousand nine hundred and* 81 *at* Indpls., *County of* Hend., *State of Indiana, Groom* Stanley W. Wininger *of* Hend. *County, State of* Ind., *and, Bride* Kathy Jo Hammond *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* March, 19 81.

Signed Darrel Russell

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 *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. 100
File 42
3-16-81
Date of Application

MALE
Medical Examination Report Dated 3-13-81
Name of Physician Kovarny

FEMALE
Medical Examination Report Dated 3-13-81
Name of Physician Kovarny

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

MALE APPLICANT

Name: First Ray Middle — Last Pittman

Date of Birth: Month 1 Day 13 Year 01

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. R 2 Box 406 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) 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 Henry Albert Pittman
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Iona Ellen Fay
   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 X Ray Pittman
New Address R-2 Box 63 Baker Fla.

Subscribed and sworn to before me this 16 day of March, 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 Cornelia Middle E. Last Reeves

Date of Birth: Month 2 Day 6 Year 12

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 10333 W. Reeves Rd City Indpls. County — State 46231

Previous 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 Luther Post Reeves
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Martha Elvina Swindoll
   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 X Cornelia Reeves
New Address R-2 Box 63 Baker Fla.

Subscribed and sworn to before me this 16 day of March, 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* 20th *day of* March, 19 81, *authorizing the joining together as husband and wife* Verda Ray Pittman *and* Cornelia E. Reeves

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

I, Dewey K. Martin *hereby certify that on the* 25 *day of* March, *one thousand nine hundred and* 81 *at* W. Newton, *County of* Marion, *State of Indiana, Groom* Verda Ray Pittman *of* Marion *County, State of* Ind. *and, Bride* Cornelia E. Reeves *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 25 *day of* March, 19 81.

Signed Dewey K. Martin
Official Designation Bishop

Filed and recorded in accordance with the laws of the State of Indiana this 27 *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. 101
File 42
3-16-81
Date of Application

MALE
Medical Examination Report Dated 3-11-81
Name of Physician James Black

FEMALE
Medical Examination Report Dated 3-11-81
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 Norman Middle D. Last Turner
Date of Birth: Month March Day 6 Year 1951
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 511 Enderly Ave, Apt. 7, City Brownsburg, County Hend, State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Norman D. Turner II
   Rachel E. Turner
   India L. Turner
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jerry Allen Turner
   Residence of father (if deceased so state) Carter, Montana
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Thelma Zella Crane
   Residence of mother (if deceased so state) Richmond, Indiana
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed X Norman D. Turner
New Address 511 ENDERLY AVE BROWNSBURG IN.
Subscribed and sworn to before me this 16th day of March, 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 Pamela Middle L. Last Ledington
Date of Birth: Month Sept. Day 4 Year 1962
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. R R 1 Box 148 L, City Pittsboro, County Hendricks, State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) #113-62-076636

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James E. Ledington
   Residence of father (if deceased so state) Danville, Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Julia A. Wood
   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 Pam Ledington
New Address 511 Enderly Ave Apt. 7
Subscribed and sworn to before me this 16th day of March, 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 20th day of March, 19 81, authorizing the joining together as husband and wife Norman D. Turner and Pamela S. Ledington

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

I, James A. Jones hereby certify that on the 22 day of March, one thousand nine hundred and 81 at Brownsburg, County of Hend, State of Indiana, Groom Norman D. Turner of Hend County, State of Ind, and, Bride Pamela S. Ledington 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 March, 19 81.

Signed James A. Jones
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 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. 102
File 42
3-16-81
Date of Application

MALE
Medical Examination Report Dated 3-3-81
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 3-3-81
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 Richard, Middle J., Last Blackard
Date of Birth: Month 8, Day 15, Year 1956
Place of Birth (State or foreign country) Noblesville Ind.
Residence Address: Street or R. R. 11335 W. Wash St., 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 Julian H. Blackard
   Residence of father (if deceased so state) Newport Richey Florida
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sarah E. Stevenson
   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 Richard J. Blackard
New Address RR8 Box 298 Indianapolis

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 Pamela, Middle Sue, Last Bowen
Date of Birth: Month 5, Day 16, Year 1956
Place of Birth (State or foreign country) Greencastle Ind.
Residence Address: Street or R. R. Box 204, City Stilesville, 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 Noble L. Bowen
   Residence of father (if deceased so state) Stilesville Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruth Ann Marfey
   Residence of mother (if deceased so state) Stilesville 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 Pamela S. Bowen
New Address RR8 Box 298, Indpls

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, 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* March, 1981, *authorizing the joining together as husband and wife* Richard J. Blackard *and* Pamela Sue Bowen.

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

I, John C. Mowrer *hereby certify that on the* 28 *day of* March, *one thousand nine hundred and* 81 *at* Danville, *County of* Hend., *State of Indiana, Groom* Richard J. Blackard *of* Hend. *County, State of* Ind., *and, Bride* Pamela Sue Bowen *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 28 *day of* March, 19 81.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 31 *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. 103

File

Mar. 17, 1981
Date of Application

MALE
Medical Examination Report Dated 3-7-81
Name of Physician J. Thomas Vieira

FEMALE
Medical Examination Report Dated 3-7-81
Name of Physician J. Thomas Vieira

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

MALE APPLICANT

Name: First Rickie Middle Lee Last Gorham

Date of Birth: Month June Day 9 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 1 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Leon Gorham
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Carol Rhea
   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 Rickie Gorham
New Address RR 1 Coatesville Ind

Subscribed and sworn to before me this 17 day of Mar, 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 Karleen Middle Kay Last Shuler

Date of Birth: Month Oct Day 10 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 181 Thorncrest City Noblesville 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 Paul Robert Shuler
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Dona Jeanne Gorham
   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 Karleen Shuler
New Address RR 1 Coatesville In

Subscribed and sworn to before me this 17 day of Mar, 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 March, 19 81, authorizing the joining together as husband and wife Richard Lee Gorham and Karleen Kay Shuler

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

I, Harry Conner hereby certify that on the 21 day of March, one thousand nine hundred and 81 at Pitt, County of Hend., State of Indiana, Groom Richard Lee Gorham of Hend. County, State of Ind., and, Bride Karleen Kay Shuler 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 March, 19 81. Signed Harry Conner
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 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. 104
File 42
3-18-81
Date of Application

MALE
Medical Examination Report Dated 3-25-81
Name of Physician Jeffrey Dowell

FEMALE
Medical Examination Report Dated 3-2-81
Name of Physician Spalding

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

MALE APPLICANT

Name: First Scott Middle E. Last Ford
Date of Birth: Month Feb Day 23 Year 1962
Place of Birth (State or foreign country) South Bend, Indiana
Residence Address: Street or R. R. Box 127 City Plainfield 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) IYC ID

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Ferguson
   Residence of father (if deceased so state) Texas
   Birthplace of father (State or foreign country) unknown
9. Full maiden name of mother Barbara Joyce Ford
   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 Scott Ford
New Address
Subscribed and sworn to before me this 3 day of April, 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 Tammy Middle Last Cox
Date of Birth: Month 9 Day 26 Year 62
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 608 E. 13 Apt 2-C City Mishawaka County St. Joseph 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. & Social Security

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children
   Dustin Marie Cox
   Scott Eugene Cox
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Cox
   Residence of father (if deceased so state) Dead
   Birthplace of father (State or foreign country) ?
9. Full maiden name of mother Coral Faye Hennger
   Residence of mother (if deceased so state) 608 E 13th Mishawaka 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 Tammy L. Cox
New Address 608 E. 13th st Apt 2C
Subscribed and sworn to before me this 18 day of March, 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 ..... 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 HENDRICKS *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. 105
File 47
3-18-81
Date of Application

MALE
Medical Examination Report Dated 3-13-81
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 3-13-81
Name of Physician Joseph C. Kerlin

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

MALE APPLICANT

Name: First Darryl Middle W. Last George
Date of Birth: Month Feb. Day 19 Year 1959
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR 2 Box 133 City Clayton County Hend. State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☒ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Leroy George
   Residence of father (if deceased so state) RR 2 Box 133, Clayton, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother JoAnn Ruth Little
   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 Darryl W. George
New Address Unknown

Subscribed and sworn to before me this 18 day of March, 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 Cindy Middle G. Last Robinson
Date of Birth: Month Apr. Day 9 Year 1959
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR1 City Coatesville County Hendricks State Indiana
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's license w/ picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marvin Robinson
   Residence of father (if deceased so state) RR1 Coatesville, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Gayle O'Hair
   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 Cindy G. Robinson
New Address unknown

Subscribed and sworn to before me this 18 day of March, 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 1st day of April, 19 81, authorizing the joining together as husband and wife Darryle W. George and Cindy G. Robinson

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

I, Fran R. Bunn hereby certify that on the 4 day of April, one thousand nine hundred and 81 at Coatesville, County of Hend., State of Indiana, Groom Darryle W. George of Hend. County, State of Ind., and, Bride Cindy G. Robinson of Hend. County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of April, 19 81.

Signed Fran R. Bunn
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of April, 19 81.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 106

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

3-9-81
Date of Application

MALE
Medical Examination Report Dated 3-13-81
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 3-13-81
Name of Physician Glenn Baker

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

MALE APPLICANT

Name: First Keith Middle L. Last Wynkoop

Date of Birth: Month 9 Day 12 Year 1950

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

Residence Address: Street or R. R. 3655 N. 1000 E. 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 Licnse 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.
   Wendy Nicole Wynkoop
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 Leo Wynkoop
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosalyn Mae Troxal
   Residence of mother (if deceased so state) Brownsburg Ind
   Birthplace of mother (State or foreign country) Indpls Ind

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

Signed X Keith L Wynkoop

New Address 3655 N 1000 E Brownsburg

Subscribed and sworn to before me this 19 day of March, 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 Kathrine Middle E. Last Morgan

Date of Birth: Month 8 Day 31 Year 1959

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R.F.D. 3655 N 1000 E 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 Licnse 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.
   Jessie Allan Morgan
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dale Wilson Morgan Sr.
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother Alberta Florence Robinson
   Residence of mother (if deceased so state) Indpls Ind
   Birthplace of mother (State or foreign country) Indpls Ind.

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

Signed X Kathrine E. Morgan

New Address 3655 N. 1000 E.

Subscribed and sworn to before me this 19 day of March, 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 23 day of March, 19 81, authorizing the joining together as husband and wife Keith L Wynkoop and Kathrine E. Morgan

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

I, Jerry R. Nash hereby certify that on the 28 day of March one thousand nine hundred and 81 at Brownsburg, County of Hend, State of Indiana, Groom Keith L Wynkoop of Hend County, State of Ind. and, Bride Kathrine E Morgan 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 28 day of March, 19 81.

Signed Jerry R. Nash

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 31 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. 107

File

3-19-81 Date of Application

MALE
Medical Examination Report Dated 3-13-81
Name of Physician James Black

FEMALE
Medical Examination Report Dated 3-13-81
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 Ricky Middle — Last Richardson

Date of Birth: Month 8 Day 18 Year 1954

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 1 Box 284 B 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 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 Orville Lee Richardson
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alice Mae Mizzle
   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 Ricky Richardson
New Address RR#1 Box 284 B

Subscribed and sworn to before me this 19 day of March 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 — Last Richardson

Date of Birth: Month 7 Day 20 Year 1950

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

Residence Address: Street or R. R. RR 1 Box 284 B City B'burg County Hend State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Fidel Gonzales
   Residence of father (if deceased so state) South Port, Ind.
   Birthplace of father (State or foreign country) Brownsville Texas
9. Full maiden name of mother Susana Perez
   Residence of mother (if deceased so state) Indpls Ind
   Birthplace of mother (State or foreign country) Pharr, Texas

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

Signed x Jane Richardson
New Address R.R. 1 Box 284B

Subscribed and sworn to before me this 19 day of March 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 23rd day of March, 19 81, authorizing the joining together as husband and wife Ricky Richardson and Jane Richardson

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

I, John C. Mauer hereby certify that on the 23 day of March, one thousand nine hundred and 81 at Danville, County of Hend, State of Ind., Groom Ricky Richardson of Hend. County, State of Ind., and, Bride Jane Richardson 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 March, 19 81.

Signed John C. Mauer
Official Designation Judge Supt.

Filed and recorded in accordance with the laws of the State of Indiana this 24 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. 108
File 42
3-19-81
Date of Application

MALE
Medical Examination Report Dated 3-18-81
Name of Physician Miller

FEMALE
Medical Examination Report Dated 3-12-81
Name of Physician Greenburg

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 A. Last Roberts
Date of Birth: Month 8 Day 29 Year 61
Place of Birth (State or foreign country) Australia
Residence Address: Street or R. R. 496 Martin Rd. City Stone Mountain County ____ State Georgia
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 A. Roberts
   Residence of father (if deceased so state) Georgia
   Birthplace of father (State or foreign country) California
9. Full maiden name of mother Irene R. Spenire
   Residence of mother (if deceased so state) Same
   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 X Russell A Roberts
New Address Hdqtr Guard Ft myer VA
Subscribed and sworn to before me this 19 day of March, 19 81.
MaryJane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Shannon Middle K. Last Saunders
Date of Birth: Month 10 Day 9 Year 62
Place of Birth (State or foreign country) Kansas
Residence Address: Street or R. R. 3 Hyde Park Road City Brownsburg County Hend. State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) ____

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

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

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

Signed X Shannon K Saunders
New Address Bldg 402 Det 257 Fort Myer Va.
Subscribed and sworn to before me this 19 day of March, 19 81.
MaryJane 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 ..... Sup. ..... Court by written order issued ..... 3 day waiver ..... and filed in ..... Hend. 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* 19 *day of* March, 19 81., *authorizing the joining together as husband and wife* Russell A. Roberts *and* Shannon K. Saunders *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Joseph D. Wilson *hereby certify that on the* 21 *day of* March, *one thousand nine hundred and* 81 *at* Brownsburg, *State of Indiana, Groom* Russell A. Roberts *of* ~~Hendricks~~ DeKalb *County, State of* Georgia, *and, Bride* Shannon K. Saunders *of* Hend. *County, State of* ~~Ind~~ 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* March, 19 81.

Signed Joseph D. Wilson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* March, 19 81.

Signed MaryJane 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. 109

File

3-20-81
Date of Application

MALE
Medical Examination Report Dated 2-24-81
Name of Physician Ludmila Trammel

FEMALE
Medical Examination Report Dated 2-24-81
Name of Physician Ludmila Trammel

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

MALE APPLICANT

Name: First Carl Middle D. Last Cline

Date of Birth: Month 8 Day 6 Year 61

Place of Birth (State or foreign country) Blytheville Arkansas

Residence Address: Street or R. R. 39 Dawn 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 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 Carl E. Cline
   Residence of father (if deceased so state) Rantoul Illinois
   Birthplace of father (State or foreign country) Litchfield Illinois
9. Full maiden name of mother Anette Cleo Albe
   Residence of mother (if deceased so state) Rantoul 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 X Carl D Cline
New Address Tomahawk Apartments

Subscribed and sworn to before me this 20 day of March, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Janet Middle S Last Engel

Date of Birth: Month 3 Day 3 Year 60

Place of Birth (State or foreign country) Marion Ind

Residence Address: Street or R. R. 39 Dawn 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 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 David W. Engel
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) South Dakota
9. Full maiden name of mother Rebecca ~~Ann~~ M. Fletcher
   Residence of mother (if deceased so state) Brownsburg, Ind.
   Birthplace of mother (State or foreign country) Minnesota

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

Signed X Janet S. Engel
New Address Tomahawk Apts

Subscribed and sworn to before me this 26 day of March, 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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....of Indiana dated the 27th day of March, 19 81, authorizing the joining together as husband and wife Carl D. Cline and Janet S. Engel

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

I, William C. McKeaw hereby certify that on the 11 day of April, one thousand nine hundred and 81 at Ottoboro, County of Hend, State of Indiana, Groom Carl D. Cline of Hend County, State of Ind, and, Bride Janet S. Engel 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 April, 19 81.

Signed William C. McKeaw
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of April, 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. 110

File

3-20-81
Date of Application

MALE
Medical Examination Report Dated 3-19-81

Name of Physician

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 Thomas Middle L Last Wathen

Date of Birth: Month 8 Day 16 Year 1951

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

Residence Address: Street or R. R. RR 1 Box 164A City Lizton County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers License w/picture

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

New Address R. #1 Box 164A Lizton In.

Subscribed and sworn to before me this 20 day of March 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Laura Middle J. Last Castiglione

Date of Birth: Month 3 Day 26 Year 1950

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

Residence Address: Street or R. R. RR 1 Box 324 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 M. Castiglione Jr.
   Anthony W. Castiglione
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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. Parsons
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Hend. Co. Ind.
9. Full maiden name of mother Ruth Mae York
   Residence of mother (if deceased so state) Cartersville Ind.
   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 X Laura J. Castiglione

New Address RR1 #164A Lizton Ind

Subscribed and sworn to before me this 20 day of March 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* 26 *day of* March, 19 81, *authorizing the joining together as husband and wife* Thomas L. Wathen *and* Laura J. Castiglione.

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

I, Dennis L. Dodson *hereby certify that on the* 1 *day of* March, *one thousand nine hundred and* 81, *State of Indiana, Groom* Thomas L. Wathen *at* Brownsburg, *County of* Hend., *and, Bride* Laura J. Castiglione *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, State of* Ind.

Dated this 31 *day of* March, 19 81.

Signed Dennis L. Dodson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* April, 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. 111
File 42
3-20-81
Date of Application

MALE
Medical Examination Report Dated 3-13-81
Name of Physician Carl L. Heinlein

FEMALE
Medical Examination Report Dated 3-13-81
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 Sherman Middle Lowell Last Williams
Date of Birth: Month Jan. Day 27 Year 1918
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R. R. Rt 6 Box 62, City Danville, County Hendricks, State Indiana
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's license W/picture

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Simon George Williams
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Iris Grimes
   Residence of mother (if deceased so state) Deceased
   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 Sherman Williams
New Address RR. 6 Box 62

Subscribed and sworn to before me this 20 day of March, 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 Jean Middle Last Hartley
Date of Birth: Month Nov Day 27 Year 1923
Place of Birth (State or foreign country) Clymer Penn
Residence Address: Street or R. R. RR6 Box 62 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

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

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

Signed Jean Hartley
New Address R 6 Box 62 - Danville Ind.

Subscribed and sworn to before me this 24 day of March, 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* HENDRICKS *Circuit Court of Indiana dated the* 24 *day of* March, 19 81, *authorizing the joining together as husband and wife* Sherman Lowell Williams *and* Jean Hartley

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

I, Mary Jane Russell *hereby certify that on the* 24 *day of* March, *at* Danville, *County of* Hend., *one thousand nine hundred and* 81, *State of Indiana, Groom* Sherman L. Williams *of* Hend. *County, State of* Ind., *and, Bride* Jean Hartley *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* March, 19 81. *Signed* Mary Jane Russell
Official Designation Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 24 *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. 112
File 42
3-20-81
Date of Application

MALE
Medical Examination Report Dated 3-17-81
Name of Physician Lovell

FEMALE
Medical Examination Report Dated 3-17-81
Name of Physician 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 Marvin Middle — Last Benge
Date of Birth: Month 8 Day 29 Year 58
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 9925 Mcdowell 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)

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

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

Signed X Marvin R. Benge
New Address 9925 McDowell Dr

Subscribed and sworn to before me this 20 day of March, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Mary Middle E. Last Payne
Date of Birth: Month 11 Day 13 Year 63
Place of Birth (State or foreign country) Indpls.
Residence Address: Street or R. R. RR 2 Box 88A City Danville 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 Joe T. Payne
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sylvia L. Yarbrough
   Residence of mother (if deceased so state) Same
   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 X Mary E. Payne
New Address RR 2 Box 88A Danville Ind

Subscribed and sworn to before me this 20 day of March, 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 X Sylvia L. Payne Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... 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* March, 19 81, *authorizing the joining together as husband and wife* Marvin Benge *and* Mary E. Payne.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Harlan Kincade *hereby certify that on the* 4 *day of* April, *one thousand nine hundred and* 81 *at* New Winchester, *County of* Hend., *State of Indiana, Groom* Marvin Benge *of* Marion *County, State of* Ind. *and, Bride* Mary E. Payne *of* Hend. *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 4 *day of* April, 19 81.

Signed Harlan Kincade
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* April, 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. 113
File 42
3-20-81
Date of Application

MALE
Medical Examination Report Dated 3-14-81
Name of Physician Haggard

FEMALE
Medical Examination Report Dated 3-14-81
Name of Physician 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 Kevin Middle M. Last Martin

Date of Birth: Month 5 Day 2 Year 58

Place of Birth (State or foreign country)

Residence Address: RR 2 Box 270 Street or R. R. Coatesville City Ind. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) 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 Ralph E. Martin
   Residence of father (if deceased so state) Monrovia, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Dora Mathews
   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 X Kevin Martin
New Address RR 2 Coatesville, IN

Subscribed and sworn to before me this 20 day of March, 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 Carol Middle Jo Last Anderson

Date of Birth: Month 8 Day 24 Year 58

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

Residence Address: RR 2 Box 394 Street or R. R. Clayton City, Ind. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify).....

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

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

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

Signed X Carol Anderson
New Address RR #2 Box 270 Coatesville, IN

Subscribed and sworn to before me this 20 day of March, 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 27 day of March, 19 81, authorizing the joining together as husband and wife Kevin Michael Martin and Carol Jo Anderson

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

I, Charles A. Carpenter hereby certify that on the 28 day of March, at Pittsboro, County of Hend, State of Ind, one thousand nine hundred and 81

State of Indiana, Groom: Kevin M. Martin of Hend County, State of Ind,

and, Bride Carol Jo Anderson 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 28 day of March, 19 81. Signed Charles A. Carpenter

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 31 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. 114

File

3-20-81
Date of Application

MALE
Medical Examination Report Dated 3-13-81
Name of Physician Donald K. Cline

FEMALE
Medical Examination Report Dated 3-13-81
Name of Physician Donald K. Cline

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

Date of Birth: Month July Day 11 Year 1960

Place of Birth (State or foreign country) Indpls., Indiana

Residence Address: Street or R. R. 12 Purpura Dr. City Danville County Hend. State Ind.

Previous Marital Status: Never Married [X] OR

Last Marriage Ended By: Death [ ] Divorce [ ] Annulment [ ]

Date of birth verified by: [X] Birth Certificate [ ] Judicial Decree

[ ] Other (Specify)

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 Jack C. Olinger
   Residence of father (if deceased so state) Indpls., Ind.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Judith J. Bailey
   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 Mark Edwin Olinger

New Address 12 PURPURA DR. DANVILLE

Subscribed and sworn to before me this 20 day of March, 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 Miriam Middle Elizabeth Last Finley

Date of Birth: Month Jan. Day 7 Year 1961

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

Residence Address: Street or R. R. 236 N. Cross City Danville County Hend. State Ind.

Previous Marital Status: Never Married [X] OR

Last Marriage Ended By: Death [ ] Divorce [ ] Annulment [ ]

Date of birth verified by: [ ] Birth Certificate [ ] Judicial Decree

[ ] Other (Specify)

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 John Finley
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Ireland
9. Full maiden name of mother Betty Jean Berry
   Residence of mother (if deceased so state) Danville, Ind
   Birthplace of mother (State or foreign country) Indiana

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

Signed † Miriam E. Finley

New Address .....

Subscribed and sworn to before me this 20 day of March, 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 24th day of March, 19 81, authorizing the joining together as husband and wife Mark E. Olinger and Miriam E. Finley

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

I, Ronald E. McDingle hereby certify that on the 3 day of April, one thousand nine hundred and 81 at Danville, County of Hend., State of Indiana, Groom Mark E. Olinger of Hend. County, State of Ind., and, Bride Miriam E. Finley 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 April, 19 81.

Signed Ronald E. McDingle

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of April, 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. 115
File 42
3-20-81 Date of Application

MALE
Medical Examination Report Dated 3-17-81
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 3-17-81
Name of Physician Joseph C. Kerlin

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

MALE APPLICANT

Name: First Claude Middle Earl Last Stinson
Date of Birth: Month Feb. Day 20 Year 1925
Place of Birth (State or foreign country) Virginia
Residence Address: Street or R. R. 3232 S. Temple, City Indpls., County Marion, State Indiana
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's license W/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Pamela 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 William Patton Stinson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Ossie ~~White~~ Whitted
   Residence of mother (if deceased so state) Deceased
   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 ☒ Claude E. Stinson
New Address 539 Hanley, Plainfield
Subscribed and sworn to before me this 20 day of March, 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 Genevieve Middle (none) Last Murphy
Date of Birth: Month April Day 3 Year 1934
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 539 Hanley, City Plainfield, County Hendricks, State Indiana
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's license W/picture

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

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

Signed ☒ Genevieve Murphy
New Address 539 Hanley Plainfield
Subscribed and sworn to before me this 20 day of March, 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 25th day of March, 19 81, authorizing the joining together as husband and wife Claude Earl Stinson and Genevieve Murphy

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

I, Raymon E. Watson hereby certify that on the 3 day of April, one thousand nine hundred and 81 at Pld, County of Hend, State of Indiana, Groom Claude Earl Stinson of Marion County, State of Ind, and, Bride Genevieve Murphy 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 April, 19 81.

Signed Raymon E. Watson
Official Designation Elder in Holiness Leagues

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of April, 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. 116
File 42
3-23-81
Date of Application

MALE
Medical Examination Report Dated 3-16-81
Name of Physician Lovall

FEMALE
Medical Examination Report Dated 3-12-81
Name of Physician 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 Bill Middle Last Sutherlin

Date of Birth: Month 10 Day 13 Year 61

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 18 Esther Ct. 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Leroy F. Sutherlin
   Residence of father (if deceased so state) Plfd, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sally J. Hall
   Residence of mother (if deceased so state) Dead
   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 R Sutherlin
New Address 18 Esther Ct Plfd.

Subscribed and sworn to before me this 23 day of March, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Kathy Middle Ann Last Edmondson

Date of Birth: Month 12 Day 14 Year 62

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. PO Box A 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 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 David L. Edmondson
   Residence of father (if deceased so state) Clayton Ind
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Evelyn M. Dykes
   Residence of mother (if deceased so state) Dead
   Birthplace of mother (State or foreign country) Florida

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

Signed ✗ Kathy A Edmondson
New Address 18 Esther Ct Plfd.

Subscribed and sworn to before me this 23 day of March, 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* 30 *day of* March, 19 81, *authorizing the joining together as husband and wife* William R. Sutherlin *and* Kathy A. Edmondson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jeffrey A. Rees *hereby certify that on the* 4 *day of* April, *one thousand nine hundred and* 81 *at* Plfd, *State of Indiana, Groom* William R Sutherlin *of* Hend, *County, State of* Ind, *and, Bride* Kathy Ann Edmondson *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* April, 19 81.

Signed Jeffrey A. Rees
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 9 *day of* April, 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. 117
File 42
3-23-81
Date of Application

MALE
Medical Examination Report Dated 3-21-81
Name of Physician Hadley

FEMALE
Medical Examination Report Dated 3-21-81
Name of Physician 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 Grant Middle W. Last McCardle
Date of Birth: Month 2 Day 18 Year 51
Place of Birth (State or foreign country) Ohio
Residence Address: Box 264 Street or R. R. Plfd. City, Ind. County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers Lic w/ picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Christopher W. McCardle
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. McCardle
   Residence of father (if deceased so state) Rising Sun Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Lora P. Calvert
   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 ☒ Grant W McCardle
New Address PO Box 264; Plainfield In 46168

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Paula Middle J. Last Sugar
Date of Birth: Month 6 Day 12 Year 56
Place of Birth (State or foreign country) Ohio
Residence Address: Box 264 Street or R. R. Plfd. City, Ind. County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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 Joseph J. Sugar Sr.
   Residence of father (if deceased so state) Terre Haute Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Barbara J. Curtis
   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 ☒ Paula J Sugar
New Address PO Box 264, Plainfield, In 46168

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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 22 day of March, 19 81, authorizing the joining together as husband and wife Grant W. McCardle and Paula J. Sugar

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

I, Stephen D. Malosky hereby certify that on the 29 day of March, one thousand nine hundred and 81 at Plfd., County of Hend, State of Indiana, Groom Grant W. McCardle of Hend County, State of Ind., and, Bride Paul J. Sugar 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 March, 19 81.

Signed Stephen D Malosky
Official Designation Episcopal Priest

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of April, 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. 118
File 42
3-24-81
Date of Application

MALE
Medical Examination Report Dated 3-9-81
Name of Physician John R. Melin

FEMALE
Medical Examination Report Dated 3-9-81
Name of Physician John R. Melin

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

MALE APPLICANT

Name: First Bernard Middle J. Last Overton

Date of Birth: Month 11 Day 1 Year 38

Place of Birth (State or foreign country) California

Residence Address: Street or R. R. 762 Dan Jones Rd. City Plfd. 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.
   David L Overton
   Donna L Overton
   Beth Overton
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lawrence L. Overton
   Residence of father (if deceased so state) Pleasant Lawrence
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Marion J. Wellman
   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 Bernard J Overton
New Address 762 Dan Jones Rd Brownsburg Ind

Subscribed and sworn to before me this 24 day of March, 19 81
Marylou Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Donna Middle M Last Cook

Date of Birth: Month 11 Day 25 Year 48

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 409 N. Ritter 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 Donald O. Cook
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) New Hampshire
9. Full maiden name of mother Margaret B. Myers
   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 Donna M Cook
New Address Same as

Subscribed and sworn to before me this 24 day of March, 19 81
Marylou 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* 28 *day of* March, 19 81, *authorizing the joining together as husband and wife* Bernard Lee Overton *and* Donna Mae Cook

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

I, Robert Dalton Carter *hereby certify that on the* 24 *day of* March, *one thousand nine hundred and* 81, *at* Indpls, *State of Indiana, Groom* Bernard J. Overton, *of* Hend. *County, State of* Ind, *and, Bride* Donna M. Cook, *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 28 *day of* March, 19 81.

Signed Robert D. Carter
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 *day of* Mar, 19 81.

Signed Marylou 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. 119

File

March 25, 1981
Date of Application

MALE
Medical Examination Report Dated March 25, 1981
Name of Physician Jeffrey Donnell

FEMALE
Medical Examination Report Dated Mar 13. 81
Name of Physician Edward Wilson

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

Date of Birth: Month May Day 26 Year 1959

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

Residence Address: Box 127 Street or R. R. Plainfield City Hendricks 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 Thomas Alvin Hilderbrand
   Residence of father (if deceased so state) Logansport, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carol Dale Tucker
   Residence of mother (if deceased so state) Logansport, 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 Thomas D. Hilderbrand

New Address

Subscribed and sworn to before me this 3 day of April, 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 Vicki Middle Lynn Last Osborn

Date of Birth: Month May Day 5 Year 1960

Place of Birth (State or foreign country) Ind.

Residence Address: 701 Helm St Street or R. R. Logansport City Cass 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 George Osborn
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Joanne Holmes
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Mo.

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

Signed Vicki Lynn Osborn

New Address 701 Helm St.

Subscribed and sworn to before me this 25 day of March, 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 3 day of May, 1981, authorizing the joining together as husband and wife Thomas D. Hilderbrand and Vicki Lynn ~~Osborn~~ Osborn

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

I, Dewey A. Thackston hereby certify that on the 6 day of May, one thousand nine hundred and 81 at Plyd., County of Hend., State of Ind., and, Bride Vicki L. Osborn of Cass 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 May, 1981.

Signed Dewey A. Thackston

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of May, 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. 120

File

Mar. 25 1981
Date of Application

MALE
Medical Examination Report Dated 3-14-81
Name of Physician Lawson Clark

FEMALE
Medical Examination Report Dated 3-14-81
Name of Physician Lawson 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 Michael Middle Ray Last Faulkenburg

Date of Birth: Month Dec Day 28 Year 1957

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 5113 Fairway Dr. 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) 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 Ray J. Faulkenburg
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Esther Ubelker
   Residence of mother (if deceased so state) Plainfield, 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 X Michael Faulkberg

New Address 5113 Fairway Drive Plainfield In

Subscribed and sworn to before me this 25 day of Mar. 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 Venetia Middle Lynn Last Andrews

Date of Birth: Month July Day 7 Year 1958

Place of Birth (State or foreign country) Germany

Residence Address: Street or R. R. 551 St Luke Dr 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) Dr. License

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

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

New Address 5113 Fairway Dr Plainfield In

Subscribed and sworn to before me this 25 day of Mar 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 in Chancery Superior II Court by written order issued 3 day waiver and filed authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 25 day of March, 19 81, authorizing the joining together as husband and wife Michael Ray Falkenburg and Venetia Lynn Andrews

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

I, Dewey A. Thackston hereby certify that on the 28th day of March one thousand nine hundred and eighty one at Plainfield, County of Hendricks State of Indiana, Groom Michael Ray Falkenburg of Marion County, State of Indiana, and, Bride Venetia Lynn Andrews of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28th day of March, 19 81.

Signed Dewey A. Thackston

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of May, 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. 121

File

Mar. 26, 1981
Date of Application

MALE
Medical Examination Report Dated 3-23-81
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 3-23-81
Name of Physician Glenn Baker

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

MALE APPLICANT

Name: First Thomas Middle R. Last Drollenger

Date of Birth: Month Aug. Day 3 Year 1961

Place of Birth (State or foreign country) Ill.

Residence Address: Street or R. R. 121 D Williams 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) 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.
   Latawnya James

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard W Drollinger
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Rosalyn Whaley
   Residence of mother (if deceased so state) Brownsburg, 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 Thomas R Drollinger
New Address 121 D Williams Dr.

Subscribed and sworn to before me this 26 day of Mar, 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 Debbie Middle Ann Last Gaines

Date of Birth: Month Feb. Day 19 Year 1963

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 121 D Williams 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Latawnya James

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donnie James
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Barbara
   Residence of mother (if deceased so state) Pueblo, Colorado
   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 Debbie Ann James
New Address 121 D Williams Drive

Subscribed and sworn to before me this 26 day of Mar, 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 HENDRICKS Circuit Court of Indiana dated the 30 day of March, 19 81, authorizing the joining together as husband and wife Thomas R. Drollinger and Debbie Ann Gaines

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

I, Denver J. Niemeier hereby certify that on the 4 day of April, one thousand nine hundred and 81 at Indpls., County of Marion, State of Ind, Groom Thomas R. Drollinger of Hend. County, State of Ind, and, Bride Debbie Ann Gaines 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 April, 19 81.

Signed Denver J. Niemeier
Official Designation Preacher

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of April, 19 81.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 122

Form Prescribed By
Indiana State Board 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 March 26, 1981
Date of Application

MALE
Medical Examination Report Dated 3-19-81
Name of Physician J. Wieiseria

FEMALE
Medical Examination Report Dated 3-19-81
Name of Physician P. Foley

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

MALE APPLICANT

Name: First Ronald, Middle L., Last Herald
Date of Birth: Month Sept, Day 17, Year 1944
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. RR 4 Box 261-F2, 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.
   Lisa Herald 15
   Melody 11
   Melisa 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 Lester L Herald
   Residence of father (if deceased so state) Indianapolis, Ind
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Mary Turner
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indianapolis, In

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

Signed Ronald L. Herald
New Address Route 4, Clayton
Subscribed and sworn to before me this 26 day of March, 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 Paula, Middle M., Last Taylor
Date of Birth: Month Feb, Day 16, Year 1945
Place of Birth (State or foreign country) Jasper Ill.
Residence Address: Street or R. R. RR 4 Box 261-F2, 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kathleen Taylor 14 Jennifer Taylor 7
   Wesley Taylor, Jr 11
   Elizabeth Taylor 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 Lester L Heron
   Residence of father (if deceased so state) Forreston, Ill
   Birthplace of father (State or foreign country) Ill
9. Full maiden name of mother Helen M. Derby
   Residence of mother (if deceased so state) Forreston, Ill
   Birthplace of mother (State or foreign country) Ill

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

Signed Paula Taylor
New Address Route 4, Clayton
Subscribed and sworn to before me this 26 day of March, 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* 15 *day of* April, 1981, *authorizing the joining together as husband and wife* Ronald L. Herald *and* Paula M. Taylor
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John O. McIntyre *hereby certify that on the* 11 *day of* April, *one thousand nine hundred and* 81, *at* Clayton, *State of Indiana, Groom* Ronald L. Herald *of* Hend. *County, State of* Ind., *and, Bride* Paula M. Taylor *of* Hend. *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 11 *day of* April, 19 81.

Signed John O. McIntyre
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* April, 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. 123

File 42

3-27-81
Date of Application

MALE
Medical Examination Report Dated 3-24-81
Name of Physician Carl Heinlein

FEMALE
Medical Examination Report Dated 3-24-81
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 Murray Middle Alfred Last Brookshear

Date of Birth: Month 7 Day 14 Year 41

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R R 1 Box 309A 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 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 Murray A. Brookshear Sr.
   Residence of father (if deceased so state) New York
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Helen M. Doratt
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) W. Virginia

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

Signed X Murray A Brookshear
New Address RR 1 Box 309 A. Clayton Ind.

Subscribed and sworn to before me this 27 day of March, 19 81.

Marjorie 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 Betty Middle Ann Last Holden

Date of Birth: Month 4 Day 4 Year 49

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R R 1 Box 309A 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 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 E. Edwards Jr.
   Residence of father (if deceased so state) California
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Betty A. Aston
   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 X Betty Ann Holden
New Address RR 1 Box 309 A Clayton Ind.

Subscribed and sworn to before me this 27 day of March, 19 81.

Marjorie 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.....Circuit Court of Indiana dated the 31 day of March, 19 81, authorizing the joining together as husband and wife Murray A. Brookshear and Betty A. Holden

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

I, Lloyd Smith hereby certify that on the 1 day of April, at Lawrence, County of Marion, one thousand nine hundred and 81 State of Indiana, Groom Murray A. Brookshear of Hend. County, State of Ind. and, Bride Betty A. Holden 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 April, 19 81.

Signed Lloyd Smith

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of April, 19 81.

Signed Marjorie 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. 124

File

3-27-81
Date of Application

MALE
Medical Examination Report Dated 3-17-81
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 3-17-81
Name of Physician Eric D. 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 Frederick; Middle Ray; Last Morgan II

Date of Birth: Month 11; Day 16; Year 1958

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

Residence Address: Street or R. R. 455 S. Tennessee; City Danville; County Hend.; State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License w/ picture

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Ray Morgan
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Anderson Ind.
9. Full maiden name of mother Jo Ann Roberts
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) ~~Kentucky~~ Kentucky

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

Signed X Fred Morgan

New Address Same

Subscribed and sworn to before me this 27 day of March, 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 Penny; Middle Sue; Last Ratliff

Date of Birth: Month 10; Day 7; Year 1960

Place of Birth (State or foreign country) Lebanon Ind

Residence Address: Street or R. R. RR 1 Box 205; City Lizton; 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 Paul R. Ratliff
   Residence of father (if deceased so state) Lizton Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Lou Loveless
   Residence of mother (if deceased so state) Lizton 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 Penny Sue Ratliff

New Address 455 S Tennessee Danville

Subscribed and sworn to before me this 27 day of March, 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* 8th *day of* April, 1981, *authorizing the joining together as husband and wife* Frederick Ray Morgan *and* Penny Sue Ratliff

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* 11 *day of* April, *one thousand nine hundred and* 81, *at* Danville, *County of* Hend., *State of Indiana, Groom* Frederick Ray Morgan *of* Hend. *County, State of* Ind., *and, Bride* Penny Sue Ratliff *of* Hend. *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 11 *day of* April, 19 81.

Signed Joseph D. Stump

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* April, 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. 125

File

3-27-81
Date of Application

MALE
Medical Examination Report Dated 3-23-81
Name of Physician Larry Lovall

FEMALE
Medical Examination Report Dated 3-23-81
Name of Physician Larry 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 Harry Middle A. Last Crawford

Date of Birth: Month 4 Day 4 Year 61

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

Residence Address: Street or R. R. P.O. Box 257, 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 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 G. Crawford
   Residence of father (if deceased so state) Danville, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn Sue Jeffras
   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 Harry A Crawford
New Address PO Box 257 Clayton Ind
Subscribed and sworn to before me this 27 day of March, 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 Cherill Middle A. Last Firkins

Date of Birth: Month May Day 24 Year 1963

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

Residence Address: Street or R. R. R4 Bx 255, 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 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 Willbert M.
   Residence of father (if deceased so state) Clayton, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Margaret Ann Reitzel
   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 Cherill A Firkins
New Address P.O. Box 257 Clayton, Ind 46118
Subscribed and sworn to before me this 27 day of March, 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 Wilbert M. Firkins Father
Signed Margaret A. Firkins Mother
Subscribed and sworn to before me this 27 day of March, 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 Court by written order issued ..... 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 1 day of April, 19 81, authorizing the joining together as husband and wife Harry A. Crawford and Cherill A. Firkins

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

I, Steven W. Ranson hereby certify that on the 4 day of April, at Hazelwood, County of Hend., one thousand nine hundred and 81 State of Indiana, Groom Harry A. Crawford of Hend. County, State of Ind., and, Bride Cherill A. Firkins of Hend. County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5 day of April, 19 81. Signed Steven W. Ranson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of April, 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. 126

File

3-30-81
Date of Application

MALE
Medical Examination Report Dated 3-23-81

Name of Physician Carl Heinlein

FEMALE
Medical Examination Report Dated 3-23-81

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 David, Middle Wayne, Last Bartley

Date of Birth: Month July, Day 5, Year 1963

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

Residence Address: Street or R. R. 224 W. Fremont, City Plainfield, County, State Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed X David Wayne Bartley

New Address 224 W. Fremont Plainfield Ind

Subscribed and sworn to before me this 30 day of March 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 Julia, Middle Ann, Last Gray

Date of Birth: Month January, Day 30, Year 1962

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

Residence Address: Street or R. R. 224 W. Fremont, City Plainfield, County, State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed X Julia Ann Gray

New Address 224 W. Fremont

Subscribed and sworn to before me this 30 day of March 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 3 day of April, 19 81, authorizing the joining together as husband and wife David W. Bartley and Julia Ann Gray

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

I, Robert L. Marlett hereby certify that on the 4 day of April, one thousand nine hundred and 81 at Pitt, County of Hend, State of Ind, State of Indiana, Groom David W Bartley of Hend County, State of Ind, and, Bride Julia Ann Gray 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 April, 19 81.

Signed Robert L. Marlett

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of April, 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. 126

File

3-30-81
Date of Application

MALE
Medical Examination Report Dated 3-23-81

Name of Physician Carl Heinlein

FEMALE
Medical Examination Report Dated 3-23-81

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 David Middle Wayne Last Bartley

Date of Birth: Month July Day 5 Year 1963

Place of Birth (State or foreign country): Indpls., Indiana

Residence Address: Street or R. R. 324 W. Fremont, City Plainfield, County , State Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
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FEMALE APPLICANT

Name: First Julia Middle Ann Last Gray

Date of Birth: Month January Day 30 Year 1962

Place of Birth (State or foreign country): Terre Haute, Indiana

Residence Address: Street or R. R. 324 W. Fremont, City Plainfield, County , State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? ✓

MARCH 27, 1981

SUBJECT: PERMISSION OF MARRIAGE OF A MINOR SON:

THIS IS AN AFFIDAVIT GIVING PERMISSION FOR MY SON DAVID W. BARTLEY NOW AT THE AGE OF SEVENTEEN BORN JULY 5, 1963 AT COMMUNITY HOSPITAL INDIANAPOLIS, INDIANA,

TO MARRY AND TAKE FOR HIS LAWFULLY WEDDED WIFE JULIA A. McKEE (GRAY) AND WE JOINTLY AS MOTHER AND FATHER OF DAVID W. BARTLEY DO HEREBY GIVE OUR WRITTEN LEGAL CONSENT OF THIS MARRIAGE.

Hubert Bartley
HUBERT BARTLEY (FATHER)

Phyllis Bartley
PHYLLIS BARTLEY, (MOTHER

COUNTY OF HENDRICKS SS:

BEFORE ME THE UNDERSIGNED, A NOTARY PUBLIC FOR HENDRICKS COUNTY, STATE OF INDIANA, PERSONALLY APPEARED,

Hubert Bartley
HUBERT BARTLEY

Phyllis Bartley
PHYLLIS BARTLEY

ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT THIS 27TH. DAY OF MARCH, 1981

SEAL

JOHN OLSON, NOTARY PUBLIC

MY COMMISSION EXPIRES: Feb. 23, 1985

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* April, 19 81

Signed [illegible] *Official Designation* Minister

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. 127

File

3-30-81 Date of Application

MALE
Medical Examination Report Dated 3-27-81
Name of Physician G. T. Robbins

FEMALE
Medical Examination Report Dated 3-24-81
Name of Physician G. T. Robbins

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

MALE APPLICANT

Name: First William Middle A. Last Etienne

Date of Birth: Month 4 Day 17 Year 1959

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. 431 School Rd City Pfgl 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 Robt. C. Etienne
   Residence of father (if deceased so state) Dazwell Ind
   Birthplace of father (State or foreign country) Derby Ind.
9. Full maiden name of mother Nancy Parson
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Indpls Ind

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

Signed X William A. Etienne
New Address 431 School Rd.
Subscribed and sworn to before me this 30 day of March, 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 Cynthia Middle J. Last Inkoff

Date of Birth: Month 8 Day 16 Year 1960

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

Residence Address: Street or R. R. 431 School Rd. City Pfgl. 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 George J. Inkoff
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother Dianne C. Karrandjas
   Residence of mother (if deceased so state) Indpls Ind.
   Birthplace of mother (State or foreign country) Toronto, Canada

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

Signed X Cynthia J. Inkoff
New Address 431 School Rd.
Subscribed and sworn to before me this 30 day of March, 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.....Circuit Court of Indiana dated the 6 day of April, 1981, authorizing the joining together as husband and wife William A. Etienne and Cynthia J. Inkoff

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 11 day of April, at Danville, County of Hend, one thousand nine hundred and 81 County, State of Hend. State of Indiana, Groom William A. Etienne of Hend County, State of Marion, and, Bride Cynthia J. Inkoff of Marion County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of April, 1981. Signed Joseph D. Stump

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of April, 1981. Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 128

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

3-3-81
Date of Application

MALE
Medical Examination Report Dated 3-21-81
Name of Physician Dr. Morrison

FEMALE
Medical Examination Report Dated 3-21-81
Name of Physician Morrison

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

MALE APPLICANT

Name: First Greg; Middle G.; Last Fry

Date of Birth: Month 2; Day 11; Year 1956

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

Residence Address: Street or R. R. R3 Box 214; City Danville; County Hend; State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License & picture

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

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

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

Signed x Greg G Fry
New Address R#3 Box 214 Danville

Subscribed and sworn to before me this 31 day of March 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Diana; Middle K; Last Hodson

Date of Birth: Month 1; Day 26; Year 1959

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

Residence Address: Street or R. R. RR 7 Box 92; City Greensburg; County Decatur; 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 Norman Hodson
   Residence of father (if deceased so state) Greensburg Ind.
   Birthplace of father (State or foreign country) Greensburg, Ind.
9. Full maiden name of mother Janet Amrhein
   Residence of mother (if deceased so state) Greensburg, Ind.
   Birthplace of mother (State or foreign country) Greensburg, Ind.

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

Signed x Diana K. Hodson
New Address R#3 Box 214, Danville

Subscribed and sworn to before me this 31 day of March, 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 7 day of April, 19 81, authorizing the joining together as husband and wife Greg G Fry and Diana K. Hodson

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

I, John Neis hereby certify that on the 11 day of April, one thousand nine hundred and 81 at Greensburg, County of Decatur, State of Indiana, Groom Greg G. Fry of Hend County, State of Ind., and, Bride Diana K. Hodson of Decatur County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of April, 19 81.

Signed John Neis
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of April, 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. 129
File 42
3-31-81
Date of Application

MALE
Medical Examination Report Dated 3-23-81
Name of Physician Thomas Walker M.D.

FEMALE
Medical Examination Report Dated 3-10-81
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 Jonathan Middle E. Last Sigmund
Date of Birth: Month May Day 11 Year 1956
Place of Birth (State or foreign country): Indianapolis In.
Residence Address: Street or R. R. 2990 St 267 City Brownsburg County Hn 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 Edward Sigmund
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Frances L. Eastridge
   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 Jonathon E. Sigmund
New Address

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Anna Middle Last Becker
Date of Birth: Month 2 Day 5 Year 62
Place of Birth (State or foreign country)
Residence Address: Street or R. R. 28 Mariana Ct. 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) 413-62-012874

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Baker
   Residence of father (if deceased so state) 28 Mariana Ct. B'burg Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Judith Ann Bruce
   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 Anna Becker
New Address 28 Mariana Ct. B'burg
Subscribed and sworn to before me this 1 day of April, 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 ..... and filed
HENDRICKS County Court by written order issued .....
in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 6th day of April, 19 81, authorizing the joining together as husband and wife Jonathon E. Sigmund and Anna Becker

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

I, George W. Davis hereby certify that on the 11 day of April, at Brownsburg, County of Hend., one thousand nine hundred and 81, State of Indiana, Groom Jonathon Sigmund of Hend. County, State of Ind., and, Bride Anna Becker 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 April, 19 81. Signed George W. Davis
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of April, 19 81. Clerk
Signed Mary Jane Russell
HENDRICKS Circuit Court

No. 130

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

3-31-81
Date of Application

MALE
Medical Examination Report Dated 3-12-81
Name of Physician Victoria Caines

FEMALE
Medical Examination Report Dated 3-27-81
Name of Physician Robt. K. Stirling

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

MALE APPLICANT

Name: First Douglas Middle C. Last Casey

Date of Birth: Month 1 Day 5 Year 1962

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

Residence Address: Street or R. R. 401 Northfield City Mooresville County Morgan State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

New Address Gate WAY APTs. Lakewood, WA

Subscribed and sworn to before me this 31 day of March 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

CI

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 Kimberly Middle A. Last Pearson

Date of Birth: Month 5 Day 5 Year 1962

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. RI Box 281-O City Camby 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 Rex E. Pearson
   Residence of father (if deceased so state) Camby, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith A Scott
   Residence of mother (if deceased so state) Camby, Ind
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Kimberly A. Pearson

New Address Gateway Apts. Lakewood, WA.

Subscribed and sworn to before me this 31 day of March 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 #1 in ..... Clerks Office ..... authorizes and directs the issuance of a marriage license to the above named parties by written order issued ..... 3 days waiver ..... and filed

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* March ; 1981, *authorizing the joining together as husband and wife* Douglas C. Casey *and* Kimberly A. Pearson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Harold A. Walker *hereby certify that on the* 5 *day of* April *one thousand nine hundred and* 81 *at* Mooresville *, County of* Morgan *State of Indiana, Groom* Douglas C. Casey *of* Morgan *County, State of* Ind. *and, Bride* Kimberly A. Pearson *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 5 *day of* April, 19 81.

Signed Harold A. Walker
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* April, 19 81

Signed Hendricks *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. 131

File 42

3-31-81 Date of Application

MALE
Medical Examination Report Dated 3-13-81
Name of Physician Kharis

FEMALE
Medical Examination Report Dated 3-13-81
Name of Physician Kharis

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

MALE APPLICANT

Name: First Richard Middle J. Last Haas

Date of Birth: Month 6 Day 1 Year 45

Place of Birth (State or foreign country) New York

Residence Address: Street or R. R. 507 E. Main City Plfd. 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. 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 John W. Haas
   Residence of father (if deceased so state) Florida
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Marie M. Finn
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) New York

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

Signed X Richard J. Haas

New Address 507 E. Main Plainfield, IN

Subscribed and sworn to before me this 31 day of March, 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 Joyce Middle Ann Last Kersey

Date of Birth: Month 5 Day 12 Year 45

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 1 Box 172 K City Pittsboro 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. 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 Kersey
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Willie B. Murphy
   Residence of mother (if deceased so state) Pittsboro Ind.
   Birthplace of mother (State or foreign country) Pittsboro, Ind.

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

Signed X Joyce ann Kersey

New Address 507 E. Main Plainfield, Ind.

Subscribed and sworn to before me this 31 day of March, 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 9 day of April, 19 81, authorizing the joining together as husband and wife Richard J. Haas and Joyce Ann Kersey

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

I, William Charles McGraw hereby certify that on the 25th day of April, one thousand nine hundred and eighty-one at Pittsboro, County of Hendricks, State of Indiana, Groom Richard J. Haas of Hendricks County, State of Indiana, and, Bride Joyce Ann Kersey of Hendricks County, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28th day of April, 19 81. Signed William E. McGraw

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of May, 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. 132
File 42
April 2, 1981
Date of Application

MALE
Medical Examination Report Dated 3-25-81
Name of Physician Robert A. Heavin

FEMALE
Medical Examination Report Dated 3-25-81
Name of Physician Robert A. Heavin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Martin Last Fox
Date of Birth: Month Aug. Day 29 Year 1957
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR1 Box 428, City Plainfield, County Hendricks, State Indiana
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's license W/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Talmage Martin Fox
   Residence of father (if deceased so state) RR1 Box 428, Plainfield, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Florence Ellen Porter
   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 James M. Fox
New Address 9526 Haymony Dr., Indpls.

Subscribed and sworn to before me this 2 day of April, 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 E. Last Brock
Date of Birth: Month Sept. Day 28 Year 1957
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR1 Box 94, City Monrovia, County Morgan, State Indiana
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's license W/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Frank Brock
   Residence of father (if deceased so state) RR1 Box 94, Monrovia, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Esther Trent
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Kentucky

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

Signed X Brenda E. Brock
New Address 9526 Harmony Dr., Indpls.

Subscribed and sworn to before me this 2 day of April, 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* April, 19 81, *authorizing the joining together as husband and wife* James Martin Fox *and* Brenda Elaine Brock
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Mary J. Russell *hereby certify that on the* 24 *day of* April, *one thousand nine hundred and* 81 *at* Plainfield, *County of* Morgan, *State of Indiana, Groom* James M. Fox *of* Ind *and, Bride* Brenda E. Brock *of* Ind 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 6th *day of* April, 19 81.

Signed Mary J. Russell
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* April, 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. 133

File

April 3, 1981 Date of Application

MALE
Medical Examination Report Dated April 1, 1981
Name of Physician A. Scudder

FEMALE
Medical Examination Report Dated April 1, 1981
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 Jess Middle Alan Last Woodruff

Date of Birth: Month August Day 6 Year 1956

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

Residence Address: Street or R. R. 520 East 56th St City Brownsburg County State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers 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 Jessie Alan Woodruff
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ore.
9. Full maiden name of mother Carolyn Jean Roseman
   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 Jess A Woodruff
New Address RR 8 Bx 264 Stdpls. 46234

Subscribed and sworn to before me this 3 day of April, 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 Brenda Middle Faye Last Miller

Date of Birth: Month November Day 20 Year 1958

Place of Birth (State or foreign country) Fremont, Ohio

Residence Address: Street or R. R. 27 Story Brook City Brownsburg County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers Lic w/Pic

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dale Robert Miller
   Residence of father (if deceased so state) Brownsburg, In
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Judith Elaine Macha
   Residence of mother (if deceased so state) Brownsburg, 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 Brenda F. Miller
New Address RR8 Box 264 Naples 46234

Subscribed and sworn to before me this 3 day of April, 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 8 day of April, 1981, authorizing the joining together as husband and wife JESS ALAN WOODRUFF and BRENDA FAYE MILLER

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

I, WILLIAM A. PAPPANO hereby certify that on the 11th day of APRIL, one thousand nine hundred and 81 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom JESS ALAN WOODRUFF of HENDRICKS County, State of IN and, Bride BRENDA FAYE MILLER of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11th day of APRIL, 19 81.

Signed /s/ WILLIAM A. PAPPANO
Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of MAY, 19 89.

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

No. 134

File

4-6-81
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 3-21-81
Name of Physician James B. Johnson, M.D.

FEMALE
Medical Examination Report Dated 3-21-81
Name of Physician James B. Johnson, 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 Edward Middle — Last Helmer

Date of Birth: Month 9 Day 29 Year 1949

Place of Birth (State or foreign country) Chicago Heights, Illinois

Residence Address: Street or R. R. 705 Ravenswood, City Greencastle, County, State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers License w/picture

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

New Address 534 Kentucky Ave, Plainfield

Subscribed and sworn to before me this 6 day of April, 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 — Last Rolls

Date of Birth: Month 12 Day 15 Year 1947

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

Residence Address: Street or R. R. 6416 Kentucky, 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 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.
   Laurel Jane Rolls
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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. W. Maddox
   Residence of father (if deceased so state) Greencastle, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty J. Irwin
   Residence of mother (if deceased so state) Greencastle, 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 Patricia Rolls

New Address 534 Kentucky Ave Plainfield

Subscribed and sworn to before me this 6 day of April, 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 10th day of April, 19 81, authorizing the joining together as husband and wife Edward Helmer and Patricia Rolls

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

I, Rev. W. C. Howes hereby certify that on the 10 day of April, one thousand nine hundred and 81 at Indpls, County of Marion, State of Indiana, Groom Edward Helmer of Hand. County, State of Ind., and, Bride Patricia Rolls of Hand. 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 April, 19 81.

Signed Rev. W. C. Howes

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of April, 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. 135

File

4.16.81 Date of Application

MALE
Medical Examination Report Dated 3.31.81
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 3-31-81
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 Dennis Middle A. Last Agin

Date of Birth: Month 4 Day 27 Year 1957

Place of Birth (State or foreign country) Cleveland, Ohio

Residence Address: Street or R. R. 512 Sunnybrook, City Brownsburg, County, State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

   NA

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

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

Signed Dennis A. Agin

New Address 512 Sunnybrook Brownsburg

Subscribed and sworn to before me this 6 day of April, 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 Jeannen Middle Ann Last Hogue

Date of Birth: Month 7 Day 11 Year 1959

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

Residence Address: Street or R. R. 512 Sunnybrook, City Brownsburg, County, State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify)

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

   NA

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Junior Myers
   Residence of father (if deceased so state) Indpls., Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma Louise Rader
   Residence of mother (if deceased so state) Brownsburg, 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 Jeannen Ann Hogue

New Address 512 Sunnybrook Brownsburg

Subscribed and sworn to before me this 6 day of April, 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 April, 19 81, authorizing the joining together as husband and wife Dennis A. Agin and Jeannen A. Hogue

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

I, George W. Davis hereby certify that on the 2 day of May, one thousand nine hundred and 81 at Brownsburg, County of Hend., State of Ind., State of Indiana, Groom Dennis A. Agin of Brownsburg, Hend. County, State of Ind., and, Bride Jeannen A. Hogue of Brownsburg, 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 May, 19 81.

Signed George W. Davis

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of May, 19 81.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 136

Form Prescribed By
Indiana State Board 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 4-6-81
Date of Application

MALE
Medical Examination Report Dated 3-31-81
Name of Physician Larry Lovall

FEMALE
Medical Examination Report Dated 3-31-81
Name of Physician Larry 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 Stephen Middle A. Last Epster

Date of Birth: Month 5 Day 26 Year 1943

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. 4951 Elaine St. 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 & Picture

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

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

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

Signed X Stephen A. Epster

New Address Same

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 Sadie Middle G. Last Flanagan

Date of Birth: Month 1 Day 31 Year 1947

Place of Birth (State or foreign country) Jamestown KY.

Residence Address: Street or R. R. 245 N. Vine 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 & 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 Otis Flanagan
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Jamestown KY.
9. Full maiden name of mother Mary Susie Kinnett
   Residence of mother (if deceased so state) Jamestown, KY
   Birthplace of mother (State or foreign country) Jamestown, KY

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

Signed X Sadie G Flanagan

New Address 245 N. Vine #2 Plainfield Ind

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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* April, 1981, *authorizing the joining together as husband and wife* Stephen A Epster *and* Sadie G. Flanagan

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

I, George Hoog *hereby certify that on the* 11 *day of* April, *one thousand nine hundred and* 81 *at* Brownsburg, *County of* Hend, *State of Indiana, Groom* Stephen A. Epster *of* Hend *County, State of* Ind, *and, Bride* Sadie P Flanagan *of* Hend *County, State of* Ind, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 11 *day of* April, 19 81.

Signed George Hoog

Official Designation Lutheran Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* April, 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. 137

File April 7, 1981 Date of Application

MALE
Medical Examination Report Dated April 6, 1981
Name of Physician S. Irwin

FEMALE
Medical Examination Report Dated April 5, 1981
Name of Physician S. Irwin

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

MALE APPLICANT

Name: First Oscar Middle Taylor Last Hale

Date of Birth: Month March Day 9 Year 1918

Place of Birth (State or foreign country) Wayne Co. West Virginia

Residence Address: Street or R. R. General Delivery City Omar County West Va. 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

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes" it is required that this Application be 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 Anderson Hale
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Virgina
9. Full maiden name of mother Fanny McComas
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) West Virgina

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

Signed Oscar T Hale
New Address Omar W Va

Subscribed and sworn to before me this 7 day of April, 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 Rita Middle Jane Last Robb

Date of Birth: Month Sept Day 24 Year 1951

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

Residence Address: Street or R. R. RR#2 Box 169 City Donville County Hendricks State Indiana

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers Lic w/pic

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Carl Robb
   Residence of father (if deceased so state) Donville, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Ellen De Fur
   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 Rita Jane Robb
New Address General Delivery Omar W. VA 25638

Subscribed and sworn to before me this 7 day of April, 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 10 day of April, 19 81, authorizing the joining together as husband and wife Oscar T. Hale and Rita J. Robb

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

I, C. Raymond Russler hereby certify that on the 11 day of April, one thousand nine hundred and 81 at New Winchester, County of Hend., State of West Virginia, Groom Oscar T. Hale of Logan Co., State of Ind., and, Bride Rita J. Robb of Hend. County, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of April, 19 81.

Signed C. Raymond Russler
Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of April, 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. 138
File 42
4-8-81
Date of Application

MALE
Medical Examination Report Dated 4-6-81
Name of Physician Patrick L. Foley

FEMALE
Medical Examination Report Dated 4-6-81
Name of Physician Patrick L. Foley

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

MALE APPLICANT

Name: First Jeffrey Middle W. Last Richardson
Date of Birth: Month June Day 18 Year 1952
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R. R. RR3 Box 120, 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Martin Richardson, Jr.
   Residence of father (if deceased so state) RR2 Box 137, Covington, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Grace Witt
   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 ✕ Jeffrey W. Richardson
New Address RR 3, Box 120, Danville, IN 46122

Subscribed and sworn to before me this 8th day of April, 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 Wanda Middle Lee Last Roberts
Date of Birth: Month July Day 5 Year 1947
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R. R. RR3 Box 120, 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.
   Christina Lynn Roberts 13
   Gregory Alan Roberts 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 Maxwell Woodward Jobst
   Residence of father (if deceased so state) unknown
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Julia Ann Foley
   Residence of mother (if deceased so state) 430 Gibbs St. Blanfield, 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 ✕ Wanda L. Roberts
New Address RR 3, Box 120 Danville, Ind. 46

Subscribed and sworn to before me this 8th day of April, 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 #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* 8 *day of* April, 1981, *authorizing the joining together as husband and wife* Jeffrey W. Richardson *and* Wanda Lee Roberts

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

I, Donald E. Raymond, *hereby certify that on the* 11 *day of* April, *one thousand nine hundred and* 81, *at* Kingsway Christian Church, *County of* Hend, *State of Indiana, Groom* Jeffrey W. Richardson *of* Hend *County, State of* Ind. *and, Bride* Wanda Lee Roberts *of* Hend *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 11 *day of* April, 1981.

Signed Donald E. Raymond
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* April, 1981.

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

from the desk of

Form Prescribed By
Indiana State Board 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. 139

File

4-9-81 Date of Application

MALE
Medical Examination Report Dated 4-3-81
Name of Physician Charles F. Hasbrook

FEMALE
Medical Examination Report Dated 4-3-81
Name of Physician Charles F. Hasbrook

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

MALE APPLICANT

Name: First Brian Middle K. Last Benham

Date of Birth: Month 3 Day 14 Year 1961

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

Residence Address: Street or R. R. RR 1 Box 291 City B'burg County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License w/picture

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Lee Benham
   Residence of father (if deceased so state) Brownsburg, Ind.
   Birthplace of father (State or foreign country) Bloomington, Ind.
9. Full maiden name of mother Janice Eudean Hoover
   Residence of mother (if deceased so state) Brownsburg 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 X Brian Kent Benham

New Address 2356 Gowdin, Indpls, In.

Subscribed and sworn to before me this 9 day of April, 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 A Last Barnes

Date of Birth: Month 7 Day 20 Year 1962

Place of Birth (State or foreign country) Douglasville Georgia

Residence Address: Street or R. R. 2356 Gowdin Dr. City Indpls County Marion State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License w/picture

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

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

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

Signed X Susan Ann Barnes

New Address 2356 Gowdin Dr. Indpls, In

Subscribed and sworn to before me this 9 day of April, 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 HENDRICKS Circuit Court of Indiana dated the 13 day of April, 19 81, authorizing the joining together as husband and wife Brian K. Benham and Susan A. Barnes

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

I, Glen D. Owens hereby certify that on the 18 day of April, at Indpls, County of Marion, one thousand nine hundred and 81, State of Indiana, Groom Brian K. Benham of Hendricks County, State of Ind, and, Bride Susan A. Barnes of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18 day of April, 19 81.

Signed Glen D. Owens

Official Designation Elder, Church of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of April, 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. 140

File

4-9-81
Date of Application

MALE
Medical Examination Report Dated 4-9-81
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 4-9-81
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 Michael Middle B. Last Walker
Date of Birth: Month 2 Day 11 Year 1954
Place of Birth (State or foreign country) Indpls Ind
Residence Address: Street or R. R. RR1 City Crawfordsville County Mont. 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) I. D. 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.
   Marla Walker
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marion D. Walker
   Residence of father (if deceased so state) North Salem, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary D. Redmon
   Residence of mother (if deceased so state) Crawfordsville 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 Michael Walker
New Address RR 1 Box 235N Pittsboro
Subscribed and sworn to before me this 9 day of April, 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 Ricci Middle Ann Last Symmonds
Date of Birth: Month 6 Day 5 Year 1959
Place of Birth (State or foreign country) Carthage Illinois
Residence Address: Street or R. R. RR 1 Box 235N 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David L. Symmonds
   Residence of father (if deceased so state) Pittsboro Ind.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Laymon D. Burns
   Residence of mother (if deceased so state) Kendall Park, New Jersey
   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 Ricci A. Symmonds
New Address R.R. 1 Box 235N Pittsboro
Subscribed and sworn to before me this 9 day of April, 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 14th day of April, 1981, authorizing the joining together as husband and wife Michael B. Walker and Ricci Ann Symmonds
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, George H. Hoog hereby certify that on the 16 day of April one thousand nine hundred and 81 at Brownsburg, County of Hend, State of Indiana, Groom Michael B. Walker of Hend County, State of Ind. and, Bride Ricci Ann Symmonds of Hend County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 16 day of April, 1981.

Signed George H. Hoog
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of April, 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. 141

File

4-10-81 Date of Application

MALE
Medical Examination Report Dated 3-28-81

Name of Physician B. Washburn

FEMALE
Medical Examination Report Dated 4-6-81

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 Wayne Last Norwood

Date of Birth: Month 6 Day 11 Year 57

Place of Birth (State or foreign country) Ohio

Residence Address: 32405 Street or R. R. Franklin D. Suite 104 City Solon County 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) Drivers Lic. & Paternity

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Ira Norwood
   Residence of father (if deceased so state) East Summit No.
   Birthplace of father (State or foreign country) No.
9. Full maiden name of mother Juanita M. Melrose
   Residence of mother (if deceased so state) Same
   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 Jerry W. Norwood

New Address 32405 FRANKLIN DR, SUITE 104 SOLON, OH

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 Robin Middle LeAnn Last Maymon

Date of Birth: Month July Day 9 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Rt. 1 Box 204C Street or R. R. Pittsboro City County State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Maymon
   Residence of father (if deceased so state) Pittsford
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Rosalmer Fulks
   Residence of mother (if deceased so state) Pittsburg, 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 Robin LeAnn Maymon

New Address 32405 Franklin Drive Solon, Ohio

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 21 day of April, 19 81, authorizing the joining together as husband and wife Jerry Wayne Norwood and Robin LeAnn Maymon

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

I, Carl R. Brooks hereby certify that on the 18 day of April, one thousand nine hundred and 81, at Indpls., County of Marion, State of Ohio, State of Indiana, Groom Jerry W. Norwood of Cumberland County, State of Ind, and, Bride Robin LeAnn Maymon of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18 day of April, 19 81.

Signed Carl R. Brooks

Official Designation Elder, Reorganized Church of Jesus Christ of Latter Day Saints

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of April, 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. 142

File

4-10-81
Date of Application

MALE
Medical Examination Report Dated 3-12-81
Name of Physician Thomas Jones

FEMALE
Medical Examination Report Dated 3-12-81
Name of Physician Thomas Jones

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

MALE APPLICANT

Name: First Daniel; Middle E; Last Eggleston

Date of Birth: Month 9; Day 13; Year 1954

Place of Birth (State or foreign country) Elkhart Ind

Residence Address: Street or R. R. 3235 N. Alton D. 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) 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 Richard Eugene Eggleston
   Residence of father (if deceased so state) Elkhart Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margaret May O'Brien
   Residence of mother (if deceased so state) Elkhart Ind.
   Birthplace of mother (State or foreign country) Elkhart Ind.

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

Signed X Daniel E. Eggleston
New Address Dearborn, Mich.

Subscribed and sworn to before me this 10 day of April, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Charla; Middle M.; Last Blacker

Date of Birth: Month 3; Day 29; Year 1955

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

Residence Address: Street or R. R. 8955 E. 600 N.; 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 Charles Le Blacker
   Residence of father (if deceased so state) Brownsburg, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Cinderella Alice Wittman
   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 Charla Marie Blacker
New Address Dearborn, Michigan

Subscribed and sworn to before me this 10 day of April, 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 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* MAY, 1981, *authorizing the joining together as husband and wife* DANIEL E. EGGLESTON *and* CHARLA M. BLACKER

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

I, WILLIAM A. PAPPANO *hereby certify that on the* 23rd *day of* MAY, *one thousand nine hundred and* 81, *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* DANIEL E. EGGLESTON *of* MARION *County, State of* IN, *and, Bride* CHARLA M. BLACKER *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 23rd *day of* MAY, 19 81.

Signed /s/ WILLIAM A. PAPPANO
Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 11th *day of* MAY, 19 89.

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. 143

File

4-10-81 Date of Application

MALE
Medical Examination Report Dated 3-25-81
Name of Physician Rudall L. Jones, U.S.A.F.

FEMALE
Medical Examination Report Dated 4-2-81
Name of Physician [illegible]

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

Date of Birth: Month July Day 6 Year 1962

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Apt 25, North Pine City Gardens County Jacksonville State Ark.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Air Force 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 B. Archer
   Residence of father (if deceased so state) Selma, Ala.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Rose Davis
   Residence of mother (if deceased so state) Indpls, Ind.
   Birthplace of mother (State or foreign country) Ohio

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

Signed John B. Archer

New Address Apt 8 N. Pine Gardens Jax Ark

Subscribed and sworn to before me this 6 day of Apr., 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 Melinda Middle Mae Last Fields

Date of Birth: Month May Day 6 Year 1961

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 256 N. Cater City Plainfield 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)

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

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

New Address Apt 8 N. Pine Gardens Jax Ark

Subscribed and sworn to before me this 10 day of April, 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 6th day of April, 19 81, authorizing the joining together as husband and wife John B. Archer and Melinda M. Fields

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

I, H. Dayle Crain hereby certify that on the 26 day of April, one thousand nine hundred and 81 at Plsk, County of Hend, State of Arkansas, Groom John B. Archer of Pulaski County, State of Indiana, and, Bride Melinda M Fields 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 26 day of April, 19 81.

Signed Hlen D. Crain

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of May, 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. 144

File

4-10-81
Date of Application

MALE
Medical Examination Report Dated 4-10-81
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 4-10-81
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 Dale Middle A. Last Bunch

Date of Birth: Month 7 Day 23 Year 1950

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. 2525 Avon 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) 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.
   Dallen Lost. Bunch
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 Lee Bunch
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Bowling Green KY
9. Full maiden name of mother Marjorie Louise Crouse
   Residence of mother (if deceased so state) Indpls Ind.
   Birthplace of mother (State or foreign country) Indpls Ind.

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

Signed Dale A Bunch
New Address 2525 Avon Rd
Subscribed and sworn to before me this 10 day of April, 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 Jennifer Middle L. Last Humphrey

Date of Birth: Month 7 Day 8 Year 1951

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

Residence Address: Street or R. R. 2525 Avon 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) 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.
   Christina Dell Humphrey
   Amy Lenee Humphrey
   Roger Dale Humphrey
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clarence Chas. Twyman
   Residence of father (if deceased so state) ~~Indpls Ind.~~ Danville Ind.
   Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother Francis Jewell Slip
   Residence of mother (if deceased so state) Danville Ind.
   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 Jennifer L. Humphrey
New Address 2525 Avon Rd.
Subscribed and sworn to before me this 10 day of April, 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* 10 *day of* April, 19 81, *authorizing the joining together as husband and wife* Dale A. Bunch *and* Jennifer L. Humphrey
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Kenneth E. Vetters *hereby certify that on the* 10 *day of* April, *one thousand nine hundred and* 81 *at* Danville, *County of* Hend., *State of Indiana, Groom* Dale A. Bunch *of* Hend. *County, State of* Ind., *and, Bride* Jennifer L. Humphrey *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* April, 19 81.

Signed Kenneth E. Vetters
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* April, 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. 145

File

4-13-81 Date of Application

MALE
Medical Examination Report Dated 3/27/81
Name of Physician Ludmila Trammel

FEMALE
Medical Examination Report Dated 3/27/81
Name of Physician Ludmila Tramel

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

Date of Birth: Month 9 Day 2 Year 1963

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

Residence Address: Street or R. R. 2083 New Haven 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 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 Donald K. Ritter, Sr.
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother Cindra Sue Frazier
   Residence of mother (if deceased so state) Indpls Ind.
   Birthplace of mother (State or foreign country) Indpls Ind.

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

Signed x Donald K. Ritter Jr.

New Address 2083 New Haven Dr. Indpls

Subscribed and sworn to before me this 13 day of April, 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 x Donald K. Ritter Father

Signed x Cindra Sue Ritter Mother

Subscribed and sworn to before me this 13 day of April, 1981.

Mary Jane Russell Clerk

FEMALE APPLICANT

Name: First Melissa Middle K. Last Carwile

Date of Birth: Month 7 Day 20 Year 1959

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

Residence Address: Street or R. R. RR 6 Box 145 City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers 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 Claude Carwile
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Clarkson Kentucky
9. Full maiden name of mother Nevada Decker
   Residence of mother (if deceased so state) Danville Ind
   Birthplace of mother (State or foreign country) Clarkson, Kentucky

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

Signed x Melissa K. Carwile

New Address 2083 New Haven Dr. Indpls.

Subscribed and sworn to before me this 13 day of April, 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 17th day of April, 19 81, authorizing the joining together as husband and wife Donald K. Ritter Jr. and Melissa K. Carwile

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

I, Ralph P. Wade hereby certify that on the 18 day of April, one thousand nine hundred and 81 at Indpls, County of Marion, State of Ind. Groom Donald K. Ritter Jr. of Marion County, State of Ind. and, Bride Melissa K. Carwile 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 18 day of April, 19 81.

Signed Ralph P. Wade

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of April, 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. 146

File

4-14-81 Date of Application

MALE
Medical Examination Report Dated 4-7-81
Name of Physician Larry Lovell

FEMALE
Medical Examination Report Dated 4-7-81
Name of Physician Larry 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 Carl Middle W. Last Perry

Date of Birth: Month Feb Day 13 Year 1950

Place of Birth (State or foreign country) Ky

Residence Address: Street or R. R. 6 Suburban Dr. City Danville County — State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Dr. License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Perry
   Residence of father (if deceased so state) Mooresville In.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Anna Wyatt
   Residence of mother (if deceased so state) Mooresville 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 Carl W. Perry
New Address 6 Suburban Dr Danville

Subscribed and sworn to before me this 14 day of April, 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 Margaret Middle W. Last Walls

Date of Birth: Month Nov. Day 13 Year 1949

Place of Birth (State or foreign country) Ky

Residence Address: Street or R. R. 6 Suburban Dr. City Danville County — State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Dr. License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Lloyd
   Residence of father (if deceased so state) Monticello Ky
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Rona Sexton
   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 Margaret W. Walls
New Address 6 Suburban Dr

Subscribed and sworn to before me this 14 day of April, 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 authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14 day of April, 1981, authorizing the joining together as husband and wife Carl W. Perry and Margaret W. Walls

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

I, Stewart W. Ramsey hereby certify that on the 17 day of April, one thousand nine hundred and 81 at Danville, County of Hend., State of Indiana, Groom Carl W. Perry of Morgan County, State of Ind., and, Bride Margaret W. Walls 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 April, 81.

Signed Stewart W. Ramsey
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of April, 19 81.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-4-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 147

File

4-14-81 Date of Application

MALE
Medical Examination Report Dated 4-14-81
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 4-14-81
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 Scott Middle E. Last Sweeney

Date of Birth: Month 4 Day 15 Year 1960

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

Residence Address: Street or R. R. RR 1 North Salem City Hend. County Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers Licinse 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 Robt. W. Sweeney
   Residence of father (if deceased so state) Texas
   Birthplace of father (State or foreign country) Inds Ind.
9. Full maiden name of mother Myrna Lu Wilson
   Residence of mother (if deceased so state) North Salem Ind.
   Birthplace of mother (State or foreign country) Richmond Ind.

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

Signed X Scott Sweeney
New Address North Salem, In.

Subscribed and sworn to before me this 14 day of April, 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 Sandra Middle L. Last Tyner

Date of Birth: Month 5 Day 18 Year 1960

Place of Birth (State or foreign country) Wabash Ind

Residence Address: Street or R. R. 1675 Westwood Dr. City Plfd County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed X Sandra L Tyner
New Address North Salem, In.

Subscribed and sworn to before me this 14 day of April, 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 20th day of April, 19 81, authorizing the joining together as husband and wife Scott E. Sweeney and Sandra L. Tyner

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

I, Earl C. Davis hereby certify that on the 25 day of April, one thousand nine hundred and 81, at North Salem, County of Hend, State of Indiana, Groom Scott E. Sweeney of Hend County, State of Ind., and, Bride Sandra L. Tyner of Hend County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25 day of April, 19 81.

Signed Earl C. Davis
Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of April, 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. 148
File 42
4-14-81
Date of Application

MALE
Medical Examination Report Dated 4-4-81
Name of Physician Thomas Viers

FEMALE
Medical Examination Report Dated 4-4-81
Name of Physician Thomas Viers

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

MALE APPLICANT

Name: First Scott Middle — Last Wall

Date of Birth: Month 1 Day 12 Year 57

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

Residence Address: Street or R. R. P.O Box 199 City Coatesville County — State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Driver's 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 Bernard Wall
   Residence of father (if deceased so state) Greenville Ind.
   Birthplace of father (State or foreign country) Dale Ind.
9. Full maiden name of mother Jane M. Schnettler
   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 X Scott D. Wall
New Address P.O. Box 199 COATESVILLE

Subscribed and sworn to before me this 14 day of April, 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 — Last Collier

Date of Birth: Month 10 Day 2 Year 61

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

Residence Address: Street or R. R. RR 1 City Fillmore 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 Earl Collier
   Residence of father (if deceased so state) Fillmore Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Debie Brock
   Residence of mother (if deceased so state) Huntingburg 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 Jane Collier
New Address PO Box 199 Coatesville

Subscribed and sworn to before me this 14 day of April, 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 18th day of April, 19 81, authorizing the joining together as husband and wife Scott Wall and Jane Collier

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

I, Mark Burr hereby certify that on the 18 day of April, one thousand nine hundred and 81 at Coatesville, County of Hend, State of Ind, State of Indiana, Groom Scott Wall of Hend County, State of Ind, and, Bride Jane Collier 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 18 day of April, 19 81.

Signed Mark Burr
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of April, 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. 149

File 4-14-81
Date of Application

MALE
Medical Examination Report Dated 4-27-81
Name of Physician C.R. Kelley

FEMALE
Medical Examination Report Dated 4-8-81
Name of Physician Manuel M. Castillo 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 Brian Middle W. Last Letica
Date of Birth: Month April Day 1 Year 1960
Place of Birth (State or foreign country) Boston, Mass
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) I.Y.C. I.D. Card

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

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

Signed Brian Letica
New Address
Subscribed and sworn to before me this 13 day of May, 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 Veronica Middle M. Last Galvan
Date of Birth: Month May Day 21 Year 1962
Place of Birth (State or foreign country) Hammond, In.
Residence Address: Street or R. R. 2795 Richard St. City Portage County Porter 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 Dawson J. Galvan
   Residence of father (if deceased so state) Portage, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia M. Edmunds
   Residence of mother (if deceased so state) East Chicago, In
   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 x Veronica Galvan
New Address 2795 Richard St Portage Ind
Subscribed and sworn to before me this 14th day of April, 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 ..... Circuit Court of Indiana dated the 13 day of May, 19 81, authorizing the joining together as husband and wife Brian W. Letica and Veronica M. Galvan

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

I, Stephen D. Malosky hereby certify that on the 27 day of May, at Lake, County of Lake, one thousand nine hundred and 81, State of Indiana, Groom Brian Letica of Lake County, State of Ind., and, Bride Veronica M. Galvan of Porter 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 May, 19 81.

Signed Stephen D. Malosky
Official Designation Episcopal Priest

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of June, 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. 150
File 42
4-15-81
Date of Application

MALE
Medical Examination Report Dated 4-2-81
Name of Physician J. D. Nichols

FEMALE
Medical Examination Report Dated 4-2-81
Name of Physician J. D. Nichols

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

MALE APPLICANT

Name: First Harry Middle D. Last Harper
Date of Birth: Month 3 Day 23 Year 24
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 783 So. Cross 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) Driver's 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 W. Harper
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Lida Ijams
   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 Harry Fleming Harper
New Address 783 S. Cross
Subscribed and sworn to before me this 15 day of April, 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 Wilmetta Middle R. Last Arrington
Date of Birth: Month 8 Day 10 Year 42
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. RR 1 Box 334 City Clayton County State

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's 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.
   Judson Betty
   Joey William
   Teddy
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 D. Trackwell
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Betty R. Pugh
   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 Wilmetta R Arrington
New Address 783 So. Cross St. Hend
Subscribed and sworn to before me this 15 day of April, 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* April, 19 81, *authorizing the joining together as husband and wife* Harry Fleming Harper *and* Wilmetta R. Arrington
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James E. Miller *hereby certify that on the* 9 *day of* May, *one thousand nine hundred and* 81 *at* Indpls *State of Indiana, Groom* Fleming Harper *of* Hend. *County, State of* Ind. *and, Bride* Wilmetta R Arrington *of* Frankfort *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* May, 19 81.

Signed James E Miller
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* May, 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. 151

File

4-15-81 Date of Application

MALE
Medical Examination Report Dated 4-13-81
Name of Physician James Black

FEMALE
Medical Examination Report Dated 4-13-81
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 David Middle G Last Yearwood

Date of Birth: Month 8 Day 24 Year 1955

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

Residence Address: Street or R. R. 218 N. Grant City B'burg County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed David G. Yearwood

New Address 207 No. GRANT, BROWNSBURG, IN

Subscribed and sworn to before me this 15 day of April, 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 Lugene Middle M. Last Reeves

Date of Birth: Month 6 Day 10 Year 1954

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

Residence Address: Street or R. R. 207 N. Grant City B'burg County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed x Lugene M Reeves

New Address 207 North Grant Street

Subscribed and sworn to before me this 15 day of April, 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 HENDRICKS Circuit Court of Indiana dated the 24 day of April, 19 81, authorizing the joining together as husband and wife DAVID G. YEARWOOD and LUGENE M. REEVES

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

I, WILLIAM A PAPPANO hereby certify that on the 2nd day of MAY, one thousand nine hundred and 81 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom DAVID G. YEARWOOD of HENDRICKS County, State of IN, and, Bride LUGENE M. REEVES of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2nd day of MAY, 19 81.

Signed /s/ WILLIAM A. PAPPANO

Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of MAY, 19 89.

Signed Connie Lawson Clerk

HENDRICKS Circuit Court

No. 152

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

4-16-81 Date of Application

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

MALE
Medical Examination Report Dated 4-7-81
Name of Physician James Black

FEMALE
Medical Examination Report Dated 4-7-81
Name of Physician Glenn Baker

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

MALE APPLICANT

Name: First Robert, Middle S., Last Mark

Date of Birth: Month 1, Day 21, Year 1955

Place of Birth (State or foreign country) Kitchener Ontario Canada

Residence Address: Street or R. R. 526 Maple Lane, City Bburg, 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) Passport. 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 Stewart Ross Mark
   Residence of father (if deceased so state) Ontario Canada
   Birthplace of father (State or foreign country) Waterloo Ontario Canada
9. Full maiden name of mother Patricia Jane Nesbitt
   Residence of mother (if deceased so state) Ontario Canada
   Birthplace of mother (State or foreign country) Kitchener Ontario Canada

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

Signed Robert S Mark

New Address 526 MAPLE LANE BROWNSBURG.

Subscribed and sworn to before me this 16 day of April, 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 Kathleen, Middle D., Last Johnson

Date of Birth: Month 6, Day 14, Year 1959

Place of Birth (State or foreign country) New Insple Ind.

Residence Address: Street or R. R. 526 Maple Lane, 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) Birth Certificate - Dup.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard A. Nowak
   Residence of father (if deceased so state) Paragon, Ind.
   Birthplace of father (State or foreign country) Buffalo, New York
9. Full maiden name of mother June Margarite Kern
   Residence of mother (if deceased so state) Brownsburg Ind.
   Birthplace of mother (State or foreign country) Buffalo, N. Y.

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

Signed Kathleen D Johnson

New Address 526 Maple LN B'burg

Subscribed and sworn to before me this 16 day of April, 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 April 16, 1981 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* April, 1981, *authorizing the joining together as husband and wife* Robert S. Mark *and* Kathleen D. Johnson

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

I, John C. Mower *hereby certify that on the* 18 *day of* April, *one thousand nine hundred and* 81 *at* Danville, *County of* Hend, *State of Indiana, Groom* Robert S. Mark *of* Hend *County, State of* Ind, *and, Bride* Kathleen D Johnson *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 18 *day of* April, 19 81.

Signed John C. Mower

Official Designation Judge Supt Ct A.

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* April, 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. 153

File

4-16-81 Date of Application

MALE
Medical Examination Report Dated 4-14-81
Name of Physician Walter McMannis

FEMALE
Medical Examination Report Dated 4-14-81
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 Olen Middle Dale Last Miller

Date of Birth: Month Sept Day 2 Year 1941

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 8 Box 292D 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) Ind. 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 Olen D. Miller
   Residence of father (if deceased so state) Campbellsburg, In.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Mariam D Fleenor
   Residence of mother (if deceased so state) Carmel, 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 Olen D. Miller

New Address RR 8 Box 292 D Indpls, Ind 46231

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 Theresa Middle Ann Last Fancher

Date of Birth: Month Apr. Day 20 Year 1962

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 8 Box 292D City Indpls County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) .....

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

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

New Address RR8 Box 292 D Indpls Ind

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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 16 day of April, 19 81, authorizing the joining together as husband and wife Olen Dale Miller and Theresa Fancher

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

I, Rev. Leonard A. Mannel Jr. hereby certify that on the 18 day of April, one thousand nine hundred and 81 at Indpls, County of Hend, State of Indiana, Groom Olen Dale Miller of Hend County, State of Ind, and, Bride Theresa Fancher 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 18 day of April, 19 81.

Signed Rev. Leonard A. Mannel Jr.

Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of April, 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. 154
File
4-20-81
Date of Application

MALE
Medical Examination Report Dated 4-13-81
Name of Physician Martin Feeney

FEMALE
Medical Examination Report Dated 4-13-81
Name of Physician Martin Feeney

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

MALE APPLICANT

Name: First Larry Middle J. Last Booth
Date of Birth: Month 4 Day 16 Year 1950
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. Rt 1 Box 354 City Danville County Hend State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License w/ picture

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

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

Signed Larry J Booth
New Address Rt. 1 Box 352 Danville, In.
Subscribed and sworn to before me this 20 day of April, 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 Charlene Middle L. Last Booth
Date of Birth: Month 12 Day 19 Year 1949
Place of Birth (State or foreign country) Indpls Ind
Residence Address: Street or R. R. 512 N. Luett 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.
   Same
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles R. Awbry
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Catawba Ind.
9. Full maiden name of mother Edith O Lee
   Residence of mother (if deceased so state) Indpl Ind.
   Birthplace of mother (State or foreign country) Brazil Ind.

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

Signed x Charlene R. Booth
New Address Rt. 1 Box 352 Danville, In.
Subscribed and sworn to before me this 20 day of April, 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

Be 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* April, 19 81, *authorizing the joining together as husband and wife* Larry J. Booth *and* Charlene R. Booth
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Donald Tyler *hereby certify that on the* 23 *day of* April, *one thousand nine hundred and* 81, *at* Brownsburg, *County of* Hend, *State of Indiana, Groom* Larry Booth *of* Hend *County, State of* Ind *and, Bride* Charlene R. Booth *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 23 *day of* April, 19 81.

Signed Donald Tyler
Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* April, 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, 1957

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 155
File 42
4-20-81
Date of Application

MALE
Medical Examination Report Dated 4-7-81
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 4-9-81
Name of Physician Glenn Baker

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

MALE APPLICANT

Name: First Danny Middle Keith Last Hurt

Date of Birth: Month 12 Day 20 Year 55

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

Residence Address: Street or R. R. P.O. Box 224 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 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 Phillip A. Hurt
   Residence of father (if deceased so state) Pittsboro Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Nina Mae Wilbert
   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 Danny Keith Hurt
New Address 40 Smith St. Pittsboro Ind. 46167

Subscribed and sworn to before me this 20 day of April, 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 Christina Middle J. Last Porter

Date of Birth: Month 11 Day 24 Year 56

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

Residence Address: Street or R. R. P.O. Box 66 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) 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 Robert H. Porter
   Residence of father (if deceased so state) North Salem Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Barbara J. McKinney
   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 Christina J. Porter
New Address 40 Smith St. Pittsboro, In

Subscribed and sworn to before me this 20 day of April, 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 27 day of April, 19 81, authorizing the joining together as husband and wife Danny K. Hurt and Christina J. Porter

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

I, R. Anthony Clark hereby certify that on the 2 day of May, one thousand nine hundred and 81, at N. Salem, County of Hend., State of Ind., State of Indiana, Groom Danny K. Hurt of Hend. County, State of Ind., and, Bride Christina J. Porter 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 May, 19 81.

Signed R. Anthony Clark

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of May, 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. 156

File

4-20-81
Date of Application

MALE
Medical Examination Report Dated 4-16-81
Name of Physician Michael L. Neely

FEMALE
Medical Examination Report Dated 4-16-81
Name of Physician Michael L. 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 James Middle E. Last Mize

Date of Birth: Month 8 Day 12 Year 1939

Place of Birth (State or foreign country) Stab, Kentucky

Residence Address: Street or R. R. RR2 Bx 317A City Clayton County Hen. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Diners 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.
   Rebecca Marie Mize
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Vala Bee Mize
   Residence of father (if deceased so state) Stab, KY
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Elba Marie Sears
   Residence of mother (if deceased so state) Stab, 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 James E Mize

New Address RR2 Box 317A Clayton In 46118

Subscribed and sworn to before me this 20 day of April, 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 Mable Middle M. Last Shimfessel

Date of Birth: Month 12 Day 22 Year 1943

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

Residence Address: Street or R. R. RR 2 Bx 317A City Clayton County Hen. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ ☒ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Diners license w/picture

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

New Address RR 2 Box 317A Clayton Ind

Subscribed and sworn to before me this 20 day of April, 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* 24 *day of* April, 19 81, *authorizing the joining together as husband and wife* James C Mize *and* Mable M. Shimfessel

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

I, Lu Barbara S. Carter *hereby certify that on the* 25 *day of* April, *one thousand nine hundred and* eighty-one *at* Clayton, *County of* Hendricks, *State of Indiana, Groom* James E. Mize *and, Bride* Mable M Shimfessel *of* Hendricks *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 25 *day of* April, 19 81.

Signed Lu Barbara S. Carter

Official Designation .....

Filed and recorded in accordance with the laws of the State of Indiana this 4th *day of* May, 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. 157

File

4-20-81 Date of Application

MALE
Medical Examination Report Dated 4-16-81
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 4-16-81
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 Danny Middle A. Last Farnsworth

Date of Birth: Month 3 Day 1 Year 1958

Place of Birth (State or foreign country) Kane, Pennsylvania

Residence Address: Street or R. R. 122 Williams Dr. Apt I City B'burg County Hend State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

New Address 122 Williams Apt I

Subscribed and sworn to before me this 20 day of April, 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 Kathryn Middle S. Last Schmidt

Date of Birth: Month 4 Day 11 Year 1961

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

Residence Address: Street or R. R. 122 Williams Dr Apt I City B'burg County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

New Address 122 Williams Apt I

Subscribed and sworn to before me this 20 day of April, 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 24th day of April, 19 81, authorizing the joining together as husband and wife Danny A. Farnsworth and Kathryn S. Schmidt

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

I, Philip Stone hereby certify that on the 25 day of April, one thousand nine hundred and 81 at Indpls, County of Marion, State of Indiana, Groom Danny A. Farnsworth of Hendricks County, State of Indiana, and, Bride Kathryn S. Schmidt of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 24 day of April, 19 81. Signed Philip Stone

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of April, 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. 158
File 42
4-21-81
Date of Application

MALE
Medical Examination Report Dated 4-11-81
Name of Physician Dorothy Breist

FEMALE
Medical Examination Report Dated 4-11-81
Name of Physician Dorothy Breist

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 [illegible] Last Gray
Date of Birth: Month 6 Day 18 Year 53
Place of Birth (State or foreign country) Greencastle Ind.
Residence Address: Street or R. R. 436 Charles Dr. City Brownsburg County [illegible] 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 Harvey A. Gray
   Residence of father (if deceased so state) Greenfield Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Lydia E. Schroder
   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 X Michael W. Gray
New Address 436 Charles Dr. Brownsburg In 46112

Subscribed and sworn to before me this 21 day of April, 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 Sheila Middle [illegible] Last Burton
Date of Birth: Month 1 Day 17 Year 48
Place of Birth (State or foreign country) Delaware Ind.
Residence Address: Street or R. R. 436 Charles Dr. City Brownsburg County [illegible] 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.
   Suzette Burton
   James Burton
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. Neese
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Hannah V. Riner
   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 X Sheila K Burton
New Address 436 Charles Drive, Brownsburg Ind.

Subscribed and sworn to before me this 21 day of April, 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* 27 *day of* April, 19 81, *authorizing the joining together as husband and wife* Michael Gray *and* Sheila Burton
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Roger L Dean *hereby certify that on the* 2 *day of* May, *one thousand nine hundred and* 81 *at* Indpls, *County of* Marion, *State of Indiana, Groom* Michael Gray *of* Ind *County, State of* Ind, *and, Bride* Sheila Burton *of* Ind *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* May, 19 81.

Signed Roger L Dean
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* May, 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. 159

File 42

4-21-81
Date of Application

MALE
Medical Examination Report Dated 4-13-81

Name of Physician James Black

FEMALE
Medical Examination Report Dated 4-13-81

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 John Middle D. Last Switzer

Date of Birth: Month 1 Day 22 Year 49

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

Residence Address: Street or R. R. 56 Oakhurst MHP City Brownsburg County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Drivers Lic w/ Seal,

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

New Address 56 Oakhurst MHP. Brownsburg IN

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Kimberly Middle Lynn Last Moore

Date of Birth: Month 11 Day 21 Year 61

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

Residence Address: Street or R. R. 56 Oakhurst MHP City Brownsburg County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify) .....

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

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

Signed X Kimberly L. Moore

New Address 56 Oakhurst MHP

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 1 day of May, 1981, authorizing the joining together as husband and wife John D. Switzer and Kimberly L. Moore

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

I, John C. Mowrer hereby certify that on the 1st day of May, County of Hendricks, one thousand nine hundred and eighty-one at Danville, County, State of Indiana, State of Indiana, Groom John D. Switzer of Hendricks County, State of Indiana, and, Bride Kimberly L. Moore of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of May, 1981. Signed John C. Mowrer

Official Designation Judge, Superior Court II

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of May, 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. 160
File 42
4-23-81
Date of Application

MALE
Medical Examination Report Dated 4-6-81
Name of Physician R. Stegemoller

FEMALE
Medical Examination Report Dated 4-6-81
Name of Physician R. 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 Kevin Middle Lee Last Sowers
Date of Birth: Month [illegible]5 Day 25 Year 57
Place of Birth (State or foreign country) Dodge. Ind.
Residence Address: Street or R. R. 8 Martin Dr. 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.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 L. Sowers
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Patricia L. Perkins
   Residence of mother (if deceased so state) St. Petersburg Beach Florida
   Birthplace of mother (State or foreign country) Dodge. Ind.

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

Signed X Kevin Lee Sowers
New Address 531 Bobtail Boro Trail #1404 Dodge Ind.

Subscribed and sworn to before me this 23 day of April, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Monica Middle Jean Last Parrish
Date of Birth: Month 12 Day 5 Year 58
Place of Birth (State or foreign country) Dodge. Ind.
Residence Address: Street or R. R. 531 Bobtail Boro Trail, Apt 1404 City Dodge 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 Frank E. Parrish
   Residence of father (if deceased so state) Dodge. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Betty J. Adler
   Residence of mother (if deceased so state) Dodge. Ind.
   Birthplace of mother (State or foreign country) Ind.

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

Signed X Monica Jean Parrish
New Address 531 Bobtail Boro Trail #1404 Dodge Ind.

Subscribed and sworn to before me this 23 day of April, 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 Sup. 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* 23 *day of* April, 19 81, *authorizing the joining together as husband and wife* Kevin L Sowers *and* Monica J. Parrish *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Kenneth E. Vetters *hereby certify that on the* 25 *day of* April, *one thousand nine hundred and* 81 *at* Shiloh, Methodist, *County of* Hend, *State of Indiana, Groom* Kevin L Sowers *of* Hend *County, State of* Ind, *and, Bride* Monica J. Parrish *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 25 *day of* April, 19 81.

Signed Kenneth E. Vetters
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 4 *day of* May, 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. 161
File 42
4-23-81
Date of Application

MALE
Medical Examination Report Dated 4-2-81
Name of Physician Thomas A. Jones

FEMALE
Medical Examination Report Dated 4-2-81
Name of Physician Thomas A. Jones

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

MALE APPLICANT

Name: First William Middle H. Last Cottongim
Date of Birth: Month July Day 28 Year 1934
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. #2 Foffie, City Brownsburg, County Hendricks, State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 F. Cottongim
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Eliza J. Woodall
   Residence of mother (if deceased so state) Indpls, 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 William H. Cottongim
New Address #2 Foffie Brownsburg Ind.

Subscribed and sworn to before me this 23 day of April, 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 Dorothy Middle May Last Apple
Date of Birth: Month Nov. Day 20 Year 1938
Place of Birth (State or foreign country) Tennessee
Residence Address: Street or R. R. 3454 N. Gerard, 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 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.
   Kathleen Apple 15
   Scott Apple 13

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Childress
   Residence of father (if deceased so state) Indpls, Indiana
   Birthplace of father (State or foreign country) Georgia
9. Full maiden name of mother Emma Young Horton
   Residence of mother (if deceased so state) 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 Dorothy May Apple
New Address #2 Foffie Brownsburg Ind.

Subscribed and sworn to before me this 23 day of April, 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 #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 ..... Circuit Court of Indiana dated the 23 day of April, 1981, authorizing the joining together as husband and wife William H. Cottongim and Dorothy May Apple

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

I, John Hesseldenz hereby certify that on the 30th day of April, one thousand nine hundred and Eighty-one at Indianapolis, County of Marion, State of Indiana, State of Indiana, Groom William H. Cottongim of Hendricks County, State of Indiana, and, Bride Dorothy May Apple of Marion County, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30th day of April, 1981.

Signed John Hesseldenz
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of May, 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. 162

File

April 22, 1981
Date of Application

MALE
Medical Examination Report Dated 4-21-81

Name of Physician M Largaespada

FEMALE
Medical Examination Report Dated 4-21-81

Name of Physician M. Largaespada

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

MALE APPLICANT

Name: First Crawford; Middle G.; Last Norcom

Date of Birth: Month July; Day 6; Year 1898

Place of Birth (State or foreign country): Greenfield South Carlina

Residence Address: 1335 W Washington Street or R. R.; Indianapolis City; County; State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Medicaid Card

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edward K. Norcom
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) South Carolina
9. Full maiden name of mother Bessie Crawford
   Residence of mother (if deceased so state) deceased
   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 Olive L. Martin

New Address

Subscribed and sworn to before me this day of , 19

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Olive; Middle L.; Last Martin

Date of Birth: Month Nov; Day 24; Year 1925

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

Residence Address: Street or R. R. 1335 W. Washington; City Indianapolis; County; State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Drivers Lic w/Pic

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

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

New Address Crawford G Norcom

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 in Superior #2 authorizes and directs the issuance of a marriage license to the above named parties by written order issued 3 day Waiver and filed

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* April, 19 81, *authorizing the joining together as husband and wife* Crawford G Norcom *and* Olive L. Martin

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* April, *one thousand nine hundred and* 81 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Crawford G Norcom *of* Hendricks *County, State of* Ind. *and, Bride* Olive L Martin *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 23 *day of* April, 19 81.

Signed John C. Mowrer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* April, 19 81.

Signed Marylane 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. 163

File

April 23, 1981
Date of Application

MALE
Medical Examination Report Dated 4-11-81
Name of Physician Carl Heinlein

FEMALE
Medical Examination Report Dated Apr. 11, 1981
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 Robert Middle Wayne Last Stranger

Date of Birth: Month Mar. Day 31 Year 1962

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 46 Omega Ln. 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 Joseph Dilles Stranger
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Va.
9. Full maiden name of mother Sally Ann Mays
   Residence of mother (if deceased so state) Danville In.
   Birthplace of mother (State or foreign country) Ind.

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

Signed Robert W. Stranger
New Address 46 OMEGA Lane

Subscribed and sworn to before me this 23 day of Apr., 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 Penny Middle L. Last Butcher

Date of Birth: Month Jan Day 25 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 46 Omega Ln 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) Dr. License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James C. Butcher
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Mo.
9. Full maiden name of mother Stella Rawlins
   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 Penny L. Butcher
New Address 46 Omega

Subscribed and sworn to before me this 23 day of Apr., 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 HENDRICKS Circuit Court of Indiana dated the 27 day of April, 19 81, authorizing the joining together as husband and wife Robert Wayne Stranger and Penny L. Butcher

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

I, Tom McGilliard hereby certify that on the 16 day of May, one thousand nine hundred and 81 at Amo, County of Hend., State of Ind., State of Indiana, Groom Robert Wayne Stranger of Hend. County, State of Ind., and, Bride Penny L. Butcher of Hend. County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 day of May, 19 81.

Signed Tom McGilliard
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of June, 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. 164
File 42
4-24-81
Date of Application

MALE
Medical Examination Report Dated 4-23-81
Name of Physician D. Dierswieler

FEMALE
Medical Examination Report Dated 4-23-81
Name of Physician D. Dierswieler

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

MALE APPLICANT

Name: First Rodney Middle [illegible] Last Fullbright
Date of Birth: Month 8 Day 11 Year 55
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 9745 W. Wash. City Indpls. County [illegible] State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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.
   Amanda Fullbright
   Jennie Fullbright
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles E. Fullbright
   Residence of father (if deceased so state) Fly Fisher Oak.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Ethel J. Walters
   Residence of mother (if deceased so state) Dead
   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 Rodney Fullbright
New Address 301 N. Mill Plainfield Ind.

Subscribed and sworn to before me this 24 day of April, 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 Darlene Middle [illegible] Last Payne
Date of Birth: Month 6 Day 23 Year 42
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 301 N. Mill City Pitt. 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.
   Cindy S. Somers
   Angela L. Somers
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Crouse
   Residence of father (if deceased so state) Pitt. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Josephine Archer
   Residence of mother (if deceased so state) Dead
   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 Darlene Payne
New Address 301 N. Mill Plainfield Ind.

Subscribed and sworn to before me this 24 day of April, 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 3-Day Waiver ..... and filed in [illegible] authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 April, 19 81, authorizing the joining together as husband and wife Rodney Fullbright and Darlene Payne
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Mary Jane Russell hereby certify that on the 24 day of April, one thousand nine hundred and 81 at Danville, County of Hend., State of Indiana, Groom Rodney Fullbright of Hend. County, State of Ind., and, Bride Darlene Payne of Hend. County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 24 day of April, 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 24 day of April, 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. 165
File 42
4-24-81
Date of Application

MALE
Medical Examination Report Dated 4-24-81
Name of Physician D. Hadley

FEMALE
Medical Examination Report Dated 4-24-81
Name of Physician D. 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 Walter Middle C. Last Cole Jr.
Date of Birth: Month Oct Day 6 Year 36
Place of Birth (State or foreign country) Rhode Island
Residence Address: Street or R. R. RR 6 Box 233 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 Walter C. Cole Sr.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Rhode Island
9. Full maiden name of mother Dorothy B. Connelly
   Residence of mother (if deceased so state) Providence Rhode Island
   Birthplace of mother (State or foreign country) Rhode Island

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

Signed Walter C Cole
New Address RR 6 Box 233 Danville, In

Subscribed and sworn to before me this 24 day of April, 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 Pamela Middle J. Last Larsen
Date of Birth: Month 11 Day 6 Year 46
Place of Birth (State or foreign country) Nebraska
Residence Address: Street or R. R. RR 6 Box 233 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) 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.
   Kathryn Larsen
   Shawn Larsen

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William E. Wheeler
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Elizabeth J. Griffin
   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 Pamela J. Larsen
New Address RR 6 Box 233 Danville, In

Subscribed and sworn to before me this 24 day of April, 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 28 day of April, 19 81, authorizing the joining together as husband and wife Walter C. Cole Jr. and Pamela J. Larsen

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

I, J. V. Boles hereby certify that on the 1 day of May, one thousand nine hundred and 81 at Danville, County of Hend, State of Indiana, Groom Walter C. Cole Jr. of Hend, County, State of Ind, and, Bride Pamela J. Larsen 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 May, 19 81.

Signed J. V. Boles
Official Designation Circuit Ct. Judge

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of May, 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. 1616

File

4-24-81
Date of Application

MALE
Medical Examination Report Dated 4-24-81
Name of Physician Thomas N. Black III

FEMALE
Medical Examination Report Dated 4-24-81
Name of Physician Thomas N. Black III

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

MALE APPLICANT

Name: First Larry Middle D. Last Martin

Date of Birth: Month 4 Day 15 Year 1938

Place of Birth (State or foreign country) Chicago

Residence Address: Street or R. R. RR1 Apt 6 City Fillmore County Putnam 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.
   Jennifer Leigh Martin
   Deborah Leigh Martin
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald M. Martin
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Betty Ann Karbinos
   Residence of mother (if deceased so state) Terre Haute Ind
   Birthplace of mother (State or foreign country) Shelbyville Ind.

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

Signed Larry D. Martin
New Address R1 Fillmore, Ind
Subscribed and sworn to before me this 24 day of April, 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 J. Last Mathis

Date of Birth: Month 12 Day 11 Year 1949

Place of Birth (State or foreign country) Valparaiso Ind

Residence Address: Street or R. R. Gen. Delivery 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) 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.
   Angela Marie Stevens
   Theresa Ann Stevens
   Michael Ray Stevens
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Benjamin E. Spencer
   Residence of father (if deceased so state) Wyoming
   Birthplace of father (State or foreign country) Valparaiso Ind.
9. Full maiden name of mother Doris Velma Melton
   Residence of mother (if deceased so state) Valparaiso 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 Mary J. Mathis
New Address R1 Fillmore Ind.
Subscribed and sworn to before me this 24 day of April, 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* 4 *day of* May, 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* .....*, 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. 167

File

4-27-81 Date of Application

MALE
Medical Examination Report Dated 4-27-81
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 4-27-81
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 Mark Middle D. Last Stugart

Date of Birth: Month 3 Day 10 Year 56

Place of Birth (State or foreign country) Hamilton Co. Ind

Residence Address: Street or R. R. USS Seattle (AOE-3) FPO City New York County State New York

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) I.D. w/ picture (Navy)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Jon Montgomery
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Mark Wilson Stugart Jr.
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Marion Ind
9. Full maiden name of mother Evelyn - Miley
   Residence of mother (if deceased so state) Indpls Ind.
   Birthplace of mother (State or foreign country) Cynthianna, Ky.

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

Signed ✕ Mark David Stugart
New Address 1645 E. Main Street, Plainfield, Ind.
Subscribed and sworn to before me this 27 day of April, 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 Sue Last Montgomery

Date of Birth: Month 10 Day 18 Year 1954

Place of Birth (State or foreign country) ~~Lot [illegible]~~ Marion Co.

Residence Address: Street or R. R. 618 Buchannon 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.
   Michael Jon Montgomery
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 - Montgomery
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) Indpls Ind
9. Full maiden name of mother Eunice Merle Lee
   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 ✕ Linda Sue Montgomery
New Address 1645 E. Main Street, Plainfield, Ind.
Subscribed and sworn to before me this 27 day of April, 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 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 27th day of April, 1981, authorizing the joining together as husband and wife Mark D. Stugart and Linda S. Montgomery.

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

I, Steven W. Ranson hereby certify that on the 28 day of April, one thousand nine hundred and 81 at Clayton, County of Hend, State of Indiana, Groom Mark D. Stugart of Hend, County, State of Ind, and, Bride Linda S. Montgomery 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 28 day of April, 19 81.

Signed Steven W. Ranson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of May, 19 81.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 168

Form Prescribed By
Indiana State Board 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 April 27, 1981
Date of Application

MALE
Medical Examination Report Dated 4-21-81
Name of Physician L. Lovell

FEMALE
Medical Examination Report Dated 4-21-81
Name of Physician L. 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 Morton Middle Rhodus Last Summers Jr

Date of Birth: Month Oct Day 30 Year 1962

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

Residence Address: Street or R. R. RR 1 Box 25A City Pittsboro County State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Martin Thodus Summers
   Residence of father (if deceased so state) Pittsboro, Ind
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Mary Catherine Woods
   Residence of mother (if deceased so state) Pittsboro, 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 Martin T Summers Jr
New Address RR 1 Box 156 Lizton In.

Subscribed and sworn to before me this 27 day of April, 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 Stacy Middle Joanne Last Clements

Date of Birth: Month July Day 29 Year 1963

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

Residence Address: Street or R. R. RR#1 Box 23 City North Salem 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 John Wayne Clements
   Residence of father (if deceased so state) North Salem, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patti Joanne Courtney
   Residence of mother (if deceased so state) North Salem, In
   Birthplace of mother (State or foreign country) Indiana

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

Signed Stacy J Clements
New Address RR 1 Box 156 Lizton

Subscribed and sworn to before me this 27 day of April, 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 John W. Clements Father

Signed Patti J. Clements Mother

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

..... 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* May, 19 81, *authorizing the joining together as husband and wife* Martin T. Summers *and* Stacy J. Clements
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert A. Miner *hereby certify that on the* 8 *day of* May, *one thousand nine hundred and* 81 *at* North Salem, *County of* Hend., *State of Indiana, Groom* Martin T. Summers *of* Hend. *County, State of* Ind., *and, Bride* Stacy J. Clements *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* May, 19 81.

Signed Robert A. Miner
Official Designation Associate Pastor

Filed and recorded in accordance with the laws of the State of Indiana this ..... *day of* May, 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. 169
File 42
4-28-81
Date of Application

MALE
Medical Examination Report Dated 4-23-81
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 4-23-81
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 Michael Middle L. Last Lickhart

Date of Birth: Month 4 Day 4 Year 1957

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

Residence Address: Street or R. R. 1600 Cartburg Rd. City Mooresville County Morgan State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) 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 Harvey Lee Richart
   Residence of father (if deceased so state) Mooresville Ind.
   Birthplace of father (State or foreign country) California
9. Full maiden name of mother Marie Teresa St. Martin
   Residence of mother (if deceased so state) Mooresville Ind.
   Birthplace of mother (State or foreign country) New Orleans

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. Richart
New Address 1600 Gasburg Rd.

Subscribed and sworn to before me this 28 day of April, 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Peggy Middle L. Last Woods

Date of Birth: Month 11 Day 7 Year 1959

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. PO Box 39 City Clayton County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers Licence w/picture

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

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

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

Signed x Peggy L. Woods
New Address 1600 Gasburg Rd.

Subscribed and sworn to before me this 28 day of April, 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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5 day of May, 19 81, authorizing the joining together as husband and wife Michael L. Richart and Peggy L. Woods

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

I, Rev. Paul Vanderveen hereby certify that on the 9 day of May, one thousand nine hundred and 81 at Mooresville, County of Morgan, State of Ind., Groom Michael L. Richart of Morgan County, State of Ind., and, Bride Peggy L. Woods of Hendricks County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9 day of May, 19 81. Signed Paul Vanderveen

Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of May, 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. 170
File 42
4-28-81
Date of Application

MALE
Medical Examination Report Dated 4-24-81
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 4-24-81
Name of Physician William Edwards

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

MALE APPLICANT

Name: First Raymond Middle [illegible] Last Lewis
Date of Birth: Month 8 Day 24 Year 59
Place of Birth (State or foreign country) Jacona, N.Mex.
Residence Address: Street or R. R. RR 1 Box 162 City Clayton County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers Lic.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Don R. Lewis
   Residence of father (if deceased so state) Clayton Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Ester J. Henderson
   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 ☒ Ray Lewis
New Address RR 1 Box 162 CLAYTON
Subscribed and sworn to before me this 28 day of April, 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 Tonia Middle E. Last Vaughn
Date of Birth: Month 7 Day 22 Year 64
Place of Birth (State or foreign country) Tennessee
Residence Address: Street or R. R. RR 3 Box 303 City Clayton County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed ☒ Tonia Vaughn
New Address RR 1 Box 162 CLAYTON
Subscribed and sworn to before me this 28 day of April, 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 ☒ Linda J. Gray Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... 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* May, 19 81, *authorizing the joining together as husband and wife* Raymond Lewis *and* Tonia E. Vaughn
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lyrell Reed *hereby certify that on the* 2 *day of* May, *one thousand nine hundred and* 81 *at* Clayton, *County of* Hend. *State of Indiana, Groom* Raymond Lewis *of* Hend *County, State of* Ind. *and, Bride* Tonia E. Vaughn *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* May, 19 81.

Signed Lyrell Reed
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* May, 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. 171

File

April 28 1981
Date of Application

MALE
Medical Examination Report Dated 4-25-81
Name of Physician Michael Neely M.D.

FEMALE
Medical Examination Report Dated 4-25-81
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 Mark Middle A. Last Goodin

Date of Birth: Month Dec Day 22 Year 1960

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

Residence Address: Street or R. R. 4508 Candletree Circle Apt. 19 City Indpls County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

New Address 4508 Candletree Cir. Apt 19

Subscribed and sworn to before me this 4th day of May, 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 Linda Middle M. Last Lewis

Date of Birth: Month Dec Day 24 Year 1960

Place of Birth (State or foreign country) Georgia

Residence Address: Street or R. R. RR #1 Box 107 City Lizton County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Linda Lewis

New Address 4508 Candletree Cir Apt 19

Subscribed and sworn to before me this 28th day of April, 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 May, 19 81, authorizing the joining together as husband and wife MARK A. GOODIN and LINDA M. LEWIS

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

I, WILLIAM A. PAPPANO hereby certify that on the 16th day of MAY, one thousand nine hundred and 81 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom MARK A. GOODIN of HENDRICKS County, State of IN, and, Bride LINDA M. LEWIS of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16th day of MAY, 19 81.

Signed /s/ WILLIAM A. PAPPANO

Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of MAY, 19 89.

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. 172
File 42
4-28-81
Date of Application

MALE
Medical Examination Report Dated 4-6-81
Name of Physician Saulder

FEMALE
Medical Examination Report Dated 4-6-81
Name of Physician Saulder

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

MALE APPLICANT

Name: First Keith Middle E. Last Oakley
Date of Birth: Month 9 Day 14 Year 57
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 1354 N. Payton 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.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Keith E. Oakley
   Residence of father (if deceased so state) Indpls., Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Theresa R. O'Connel
   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 Keith E Oakley
New Address 4845 Avon Road Pfield Ind.

Subscribed and sworn to before me this 28 day of April, 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 Marsha Middle D. Last Johnson
Date of Birth: Month 6 Day 23 Year 58
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R. R. 4845 Avon Rd. City Pfld. 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.

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

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

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

Signed Marsha D. Johnson
New Address 4845 Avon Road Pfield. Ind.

Subscribed and sworn to before me this 28 day of April, 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* 5 *day of* May, 19 81, *authorizing the joining together as husband and wife* Keith E. Oakley *and* Marsha D. Johnson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Bruce A. Brown *hereby certify that on the* 16 *day of* May *one thousand nine hundred and* 81 *at* Pfld. *, County of* Hend *State of Indiana, Groom* Keith E. Oakley *of* Marion *County, State of* Ind *and, Bride* Marsha D. Johnson *of* Hend *County, State of* Ind *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 16 *day of* May, 19 81.

Signed Bruce A. Brown
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 19 *day of* May, 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. 173

File 42

4-29-81 Date of Application

MALE
Medical Examination Report Dated 4-26-81

Name of Physician J. J. Lyke Chiro

FEMALE
Medical Examination Report Dated 4-18-81

Name of Physician J. Lyke Chiro

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

MALE APPLICANT

Name: First Peter Middle E. Last Tyler

Date of Birth: Month 11 Day 9 Year 47

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR3 Box 321 AA 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) D. J. Upfield

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 William Ora Tyler
   Residence of father (if deceased so state) Liberty Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Rosemary McDaniel
   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 X Peter E Tyler

New Address RR3 Bx 321 AA Danville IND

Subscribed and sworn to before me this 29 day of April, 19 81.

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Della Middle R. Last Coppock

Date of Birth: Month 8 Day 19 Year 54

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. R 3 Box 321 AA City Danville, County State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) D. J. Upfield

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Robert L. Coppock
   Residence of father (if deceased so state) Vincennes Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Dona C. Beasley
   Residence of mother (if deceased so state) Terre Haute Ind.
   Birthplace of mother (State or foreign country) Michigan

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

Signed X Della R. Coppock

New Address RR3 Box 321AA, Danville Ind.

Subscribed and sworn to before me this 29 day of April, 19 81.

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* May, 19 81, *authorizing the joining together as husband and wife* Peter E. Tyler *and* Della R. Coppock

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

I, Walter Meader *hereby certify that on the* 9 *day of* May, *one thousand nine hundred and* 81 *at* Dudley, *County of* Morgan, *State of Indiana, Groom* Peter E. Tyler *of* Hand *County, State of* Ind, *and, Bride* Della R. Coppock *of* Hand *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* May, 19 81.

Signed Walter Meader

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* May, 19 81.

Signed MaryMargaret 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. 154

File

4-30-81
Date of Application

MALE
Medical Examination Report Dated 4-14-81
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 4-14-81
Name of Physician William Edwards

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

MALE APPLICANT

Name: First Steve Middle J. Last Coughlin

Date of Birth: Month 8 Day 7 Year 1958

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. 5240 N. Rd. 1000E 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 Licns 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 Laurence Coughlin
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Indpls Ind
9. Full maiden name of mother Phyllis Ann Robbins
   Residence of mother (if deceased so state) Brownsburg Ind.
   Birthplace of mother (State or foreign country) Kingsport Tennessee

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

Signed X Steven J. Coughlin
New Address SPEEDWAY, IN

Subscribed and sworn to before me this 30 day of April, 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 Laura Middle J. Last Dosseff

Date of Birth: Month 10 Day 1 Year 1959

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

Residence Address: Street or R. R. RR 8 Box 243A 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

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

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

Signed Laura J. Dosseff
New Address Speedway, In

Subscribed and sworn to before me this 30 day of April, 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* 7 *day of* May, 1981, *authorizing the joining together as husband and wife* Steven J. Coughlin *and* Laura J. Dosseff

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

I, Dennis R. Fulton *hereby certify that on the* 16 *day of* May, *one thousand nine hundred and* 81 *at* Indpls, *County of* Marion, *State of Indiana, Groom* Steven J. Coughlin *of* Hend. *County, State of* Ind, *and, Bride* Laura J. Dosseff *of* Hend. *County, State of* Ind, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 16 *day of* May, 1981.

Signed Dennis R. Fulton
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* May, 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. 175

File

5-1-81 Date of Application

MALE
Medical Examination Report Dated 4-28-81
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 4-28-81
Name of Physician David Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-4 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Scott Middle Jennings Last Lowe

Date of Birth: Month Sept Day 9 Year 1958

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 Box 184 City Clayton County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify)

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

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

New Address Rt. 1 Box 184 Clayton

Subscribed and sworn to before me this 1 day of May, 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 Lydia Middle Amanda Last Ware

Date of Birth: Month May Day 14 Year 1962

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 232 S. Mill 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 James J. Ware
   Residence of father (if deceased so state) Plainfield In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Juanita K. McBrayer
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ga.

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

Signed Lydia A. Ware

New Address Rt. 1 Box 184 Clayton

Subscribed and sworn to before me this 1 day of May, 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 6 day of May, 19 81, authorizing the joining together as husband and wife Scott J. Love and Lydia Amanda Ware

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

I, Ralph P. Wade hereby certify that on the 16 day of May, one thousand nine hundred and 81 at Friendswood, County of Marion, State of Indiana, Groom Scott J. Love of Marion County, State of Ind and, Bride Lydia A. Ware of Hendricks County, State of Ind were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 day of May, 19 81.

Signed Ralph P. Wade

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of May, 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. 176
File 42
5-1-81
Date of Application

MALE
Medical Examination Report Dated 4-28-81
Name of Physician Y R. Harris

FEMALE
Medical Examination Report Dated 4-28-81
Name of Physician Y. 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 Donald Middle — Last Vaccari

Date of Birth: Month 12 Day 9 Year 50

Place of Birth (State or foreign country) Stanbaugh Michigan

Residence Address: Street or R. R. 1623 Beech Circle City Plfd. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) D. L. w/ 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 John Vaccari
   Residence of father (if deceased so state) Hibbing Minnesota
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Louise Grace Anderson
   Residence of mother (if deceased so state) Same
   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 ☒ Donald Vaccari
New Address 1623 BEECH CIR., PLAINFIELD, IN.

Subscribed and sworn to before me this 1 day of May, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Marlys Middle — Last Broman

Date of Birth: Month 6 Day 20 Year 56

Place of Birth (State or foreign country) Minneapolis, Minnesota

Residence Address: Street or R. R. 5470 Pleasant Hill Apt E 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) D. L. 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 Carl B. Broman
   Residence of father (if deceased so state) Plfd Ind.
   Birthplace of father (State or foreign country) Minnesota
9. Full maiden name of mother Verona C. Carlson
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Minnesota

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

Signed ☒ Marlys Broman
New Address 1623 Beech Circle Plfd Ind

Subscribed and sworn to before me this 1 day of May, 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 6th day of May, 19 81, authorizing the joining together as husband and wife Donald Lee Vaccari and Marlys Dee Broman

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

I, John V Kirby hereby certify that on the 16 day of May, one thousand nine hundred and 81 at Plfd, County of Hend, State of Indiana, Groom, Donald Lee Vaccari of Hend. County, State of Ind, and, Bride, Marlys Dee Broman 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 16 day of May, 19 81.

Signed John Kirby
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of May, 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. 177

File

May 1, 1981 Date of Application

MALE
Medical Examination Report Dated 4-28-81
Name of Physician G. Weddlefield

FEMALE
Medical Examination Report Dated 4-28-81
Name of Physician G. Weddlefield

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

MALE APPLICANT

Name: First Junior Middle H. Last Powers

Date of Birth: Month August Day 30 Year 1934

Place of Birth (State or foreign country) Medota, Va.

Residence Address: Street or R. R. 1033 N. 1000 E City Brownsburg County State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Denver Powers 17 Donna M. Powers 11
   Treasa Powers 16
   David Powers 13
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Connie Robert Powers
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Va.
9. Full maiden name of mother Connie Stabler
   Residence of mother (if deceased so state) deceased
   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 Junior H. Powers

New Address 1033 N. 1000 E

Subscribed and sworn to before me this 1 day of May, 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 Lillian Middle G. Last Bowen

Date of Birth: Month August Day 14 Year 1920

Place of Birth (State or foreign country) Bayard, Ky

Residence Address: Street or R. R. 1526 Leonard St. City Indianapolis County In State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers Lic w/Pic

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

New Address 1033 N. 1000 E

Subscribed and sworn to before me this 1 day of May, 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 #2 Court by written order issued 3 day Weiss and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 1st day of May, 19 81, authorizing the joining together as husband and wife Junior H. Powers and Lillian G. Bowen

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

I, Mary Jane Russell hereby certify that on the 1 day of May, one thousand nine hundred and 81 at Danville, County of Hend, State of Indiana, Groom Junior H. Powers of Hend County, State of Ind, and, Bride Lillian G. Bowen 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 1 day of May, 1981. Signed Mary Jane Russell

Official Designation Recr. Hend. Co.

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of May, 1981

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 178

Form Prescribed By
Indiana State Board 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

5-1-81
Date of Application

Remarriage

MALE
Medical Examination Report Dated 4-21-81
Name of Physician Gerald E. Whalen

FEMALE
Medical Examination Report Dated 4-21-81
Name of Physician Gerald E. Whalen

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

MALE APPLICANT

Name: First Loren Middle Harold Last Martinson

Date of Birth: Month Sept Day 15 Year 1920

Place of Birth (State or foreign country) Pellsville Minn.

Residence Address: Street or R. R. 3142 Flushing Rd. City Flint County State Michigan

Previous 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 John Martinson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Minn.
9. Full maiden name of mother Mabel Halverson
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Minn

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

Signed Loren H. Martinson
New Address 8060 DEVILS ELBOW DR. BRUTUS MICH.

Subscribed and sworn to before me this 1st day of May, 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 Frances Middle Marie Last Martinson

Date of Birth: Month April Day 25 Year 1921

Place of Birth (State or foreign country) Flint Michigan

Residence Address: Street or R. R. 13714 N. Saginaw St. City Michigan 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

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Green
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Maude Phillips
   Residence of mother (if deceased so state) deceased
   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 Frances Martinson
New Address 13714 N. Saginaw St. Apt. #

Subscribed and sworn to before me this ..... day of ....., 19.....
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 #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* 1 *day of* May, 19 81, *authorizing the joining together as husband and wife* Loren H. Martinson *and* Frances M. Martinson

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

I, Rev. J. Kincaid Smith *hereby certify that on the* 3 *day of* May, *one thousand nine hundred and* 81 *at* Brownsburg, *County of* Hend, *State of Indiana, Groom* Loren H. Martinson *of* Ernst *County, State of* Michigan, *and, Bride* Frances M. Martinson *of* Venice *County, State of* Michigan, *were by me united 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* May, 19 81.

Signed J. Kincaid Smith
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* May, 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. 179

File

5-1-81 Date of Application

MALE
Medical Examination Report Dated 4-29-81
Name of Physician Joseph Guan-Trasso

FEMALE
Medical Examination Report Dated 4-21-81
Name of Physician John D. Mackey

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

Date of Birth: Month Apr. Day 11 Year 1958

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

Residence Address: Street or R. R. 1943 Princeton Ave. City Lawrenceville County ___ State N.J.

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 August D. Franzman
   Residence of father (if deceased so state) Huntingdon Valley, Pa.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Catherine R. Stair
   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 M. Franzman
New Address 1943 Princeton Ave Lawrenceville NJ

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 Leslie Middle Lynn Last Voltz

Date of Birth: Month Nov. Day 29 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 5550 N. 1000 E City Brownsburg County ___ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Leslie L. Voltz
New Address 1943 Princeton Ave. Lawrenceville NJ

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 11th day of May, 1981, authorizing the joining together as husband and wife David M. Franzman and Leslie L. Voltz

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

I, Jerry R. Nash hereby certify that on the 16 day of May, one thousand nine hundred and 81 at Bainbridge, County of Putnam, State of Indiana, Groom David M. Franzman of Mercer County, State of New Jersey, and, Bride Leslie L. Voltz of Hend County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 day of May, 1981.

Signed Jerry R. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of May, 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. 180
File 42
5-1-81
Date of Application

MALE
Medical Examination Report Dated 4-27-81
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 4-21-81
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 Bart Middle W. Last Marrit

Date of Birth: Month 1 Day 5 Year 59

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

Residence Address: Street or R. R. 117 Deleart City West Lafayette County Tippecanoe 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 Barton W. Marrit
   Residence of father (if deceased so state) Lootsville Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Elizabeth A. Vitor
   Residence of mother (if deceased so state) Birdseye Ind.
   Birthplace of mother (State or foreign country) Ind.

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

Signed X Bart W. Marrit
New Address 7th St. W. Laf., Ind. 47906

Subscribed and sworn to before me this 1 day of May, 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 Jan Middle [illegible] Last Simpson

Date of Birth: Month 1 Day 24 Year 59

Place of Birth (State or foreign country) Kane Co Illinois

Residence Address: Street or R. R. RR 2 Box 13E City Danville 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 M Maxwell D. Simpson
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Dorothy J. Maxwell
   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 X Beverly Jan Simpson
New Address 7th St. W. Lafayette, In. 4790

Subscribed and sworn to before me this 1 day of May, 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* 6 *day of* May, 19 81, *authorizing the joining together as husband and wife* Bart W. Marrit *and* Beverly Jan Simpson

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

I, Ronald McDuffie *hereby certify that on the* 9 *day of* May, *one thousand nine hundred and* 81 *at* Danville, *County of* Hend., *State of Indiana, Groom* Bart W. Marrit *of* Putnam *County, State of* Ind. *and, Bride* Beverly Jan Simpson *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* May, 19 81.

Signed Ronald McDuffie
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* May, 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. 181

File 42

5-1-81 Date of Application

MALE
Medical Examination Report Dated 4-25-81
Name of Physician J. J. Bowley

FEMALE
Medical Examination Report Dated 4-25-81
Name of Physician J. J. Bowley

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

MALE APPLICANT

Name: First Harry Middle S. Last Goens

Date of Birth: Month 7 Day 18 Year 37

Place of Birth (State or foreign country)

Residence Address: Street or R. R. 306 Wabash; 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) 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.
   Jeff Goens
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Spencer Goens
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Mildred A. Barnett
   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 Harry S. Goens
New Address 306 Wabash
Subscribed and sworn to before me this 1 day of May, 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 Lillian Middle E. Last Ditchley

Date of Birth: Month 8 Day 22 Year 43

Place of Birth (State or foreign country)

Residence Address: Street or R. R. 3890 S. Emerson; City Indpls. County State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) D. L. w/pict

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Elizabeth
   James
   Stacey
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John B. Ditchley
   Residence of father (if deceased so state) Indpls., Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Agnes E. Mulryan
   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 Lillian E. Ditchley
New Address 306 Wabash
Subscribed and sworn to before me this 1 day of May, 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 1 day of May, 19 81, authorizing the joining together as husband and wife Harry S. Goens and Lillian E. Ditchley

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

I, Stephen C. Goens hereby certify that on the 16 day of May, one thousand nine hundred and 81 at Bedford, County of Lawrence, State of Indiana, Groom Harry S. Goens of Hend. County, State of Ind, and, Bride Lillian E. Ditchley 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 16 day of May, 19 81.

Signed Stephen C. Goens
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of May, 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. 182

File

May 4, 1981
Date of Application

MALE
Medical Examination Report Dated 4-28-81

Name of Physician E. Clark

FEMALE
Medical Examination Report Dated 4-28-81

Name of Physician E. 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 Thomas; Middle S.; Last Oldham

Date of Birth: Month Nov.; Day 17; Year 1959

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

Residence Address: Street or R. R. RR# 6 Box 190; City Brownsburg; 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 ID / 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 Thomas See Oldham
   Residence of father (if deceased so state) Brownsburg, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother El Pauline Holt
   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 S Oldham

New Address RR 6 Box 190 Brownsburg

Subscribed and sworn to before me this 4 day of May, 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 S.; Last Kindley

Date of Birth: Month March; Day 29; Year 1964

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

Residence Address: Street or R. R. 312 North Center St; 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) Birth Cert

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

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

New Address RR 6 Box 190 Brownsburg

Subscribed and sworn to before me this 4 day of May, 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 Ralph Kindley Father

Signed Ella M Kindley Mother

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

..... 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 V. Hetton authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* May, 1981, *authorizing the joining together as husband and wife* Thomas S. Oldham *and* Karen S. Kindley. *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Mary Jane Russell *hereby certify that on the* 4 *day of* May, *one thousand nine hundred and* 81 *at* Danville, *County of* Hend., *State of Indiana, Groom* Thomas S. Oldham *of* Hendricks *County, State of* Indiana, *and, Bride* Karen S. Kindley *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 4 *day of* May, 1981.

Signed Mary Jane Russell

Official Designation Clerk Hend. Co.

Filed and recorded in accordance with the laws of the State of Indiana this 4 *day of* May, 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. 183

File 42

May 4, 1981 Date of Application

MALE
Medical Examination Report Dated _____
Name of Physician _____

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 John Middle J Last Anechiarico, 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. 455 Ramona Apt 1 City Monterey County _____ State Ca.

Previous 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 John J. Anechiarico, Sr.
   Residence of father (if deceased so state) Mt Vernon, N.Y.
   Birthplace of father (State or foreign country) N.Y.
9. Full maiden name of mother Gladys Belmonte
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) N.H.

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

Signed John Anechiarico

New Address 455 Ramona Apt #1 Monterey, CA 93940

Subscribed and sworn to before me this 4 day of May, 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 Margaret Middle A. Last Clay

Date of Birth: Month Jan Day 15 Year 1950

Place of Birth (State or foreign country) Cedar Bluffs, Va

Residence Address: Street or R. R. RR1 City Stilesville County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Drivers Lic w/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.
   Brad Clay 6

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Otis Andrew Stinson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Va.
9. Full maiden name of mother Leatha Martha Whitt
   Residence of mother (if deceased so state) Stilesville
   Birthplace of mother (State or foreign country) Ja.

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

Signed Margaret A Clay

New Address 455 Ramona Ave., Apt #1 Monterey, Ca 93940

Subscribed and sworn to before me this 4 day of May, 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 3 day Waiver and filed in J. Deaver authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 4 day of May, 1981, authorizing the joining together as husband and wife John J. Anechiarico, Jr. and Margaret A. Clay

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

I, John C. Maurer hereby certify that on the 7 day of May, one thousand nine hundred and 81 at Pgh, County of Ind., State of Ind., State of Indiana, Groom John J. Anechiarico Jr. of Monterey County, State of Ca., and, Bride Margaret A. Clay of Ind., 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 May, 1981.

Signed John C. Maurer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of May, 1981.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Re-Marriage

No. 184

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

5-5-81 Date of Application

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

MALE
Medical Examination Report Dated 4-27-81
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 4-27-81
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 Michael Middle R. Last VanArsdale

Date of Birth: Month 7 Day 28 Year 1957

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

Residence Address: Street or R. R. 924 Gary Dr. City Plfd. County Hend State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers License w/picture

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

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

Signed ✕ Michael Ray VanArsdale
New Address 924 Gary Dr.

Subscribed and sworn to before me this 5 day of May, 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Deborah Middle A. Last VanArsdale

Date of Birth: Month 11 Day 24 Year 1954

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

Residence Address: Street or R. R. 924 Gary Dr. City Plfd County Hend State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Nicole Michelle VanArsdale
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Earl Lewis Jr
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) Villa Park Illinois
9. Full maiden name of mother Ann Stanton Fair
   Residence of mother (if deceased so state) Plainfield Ind.
   Birthplace of mother (State or foreign country) Baltimore Maryland

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

Signed ✕ Deborah A VanArsdale
New Address 924 Gary Dr

Subscribed and sworn to before me this 5 day of May, 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 12 day of May, 1981, authorizing the joining together as husband and wife Michael R VanArsdale and Deborah A VanArsdale

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

I, William F Fisher hereby certify that on the 30 day of May one thousand nine hundred and 81 at Indpls, County of Marion State of Indiana, Groom Michael R VanArsdale of Hend County, State of Ind. and, Bride Deborah A VanArsdale of Hend County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30 day of May, 81.

Signed William F Fisher
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of June, 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. 185

File

5-5-81 Date of Application

MALE
Medical Examination Report Dated 5-1-81
Name of Physician Michael L. Neely

FEMALE
Medical Examination Report Dated 5-1-81
Name of Physician Michael R. 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 Martin Middle D. Last Beck

Date of Birth: Month 7 Day 23 Year 1950

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

Residence Address: Street or R. R. 5 George 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William E. Beck
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Alabama
9. Full maiden name of mother Betty J. Nicholson
   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 Martin D. Beck

New Address 5 George Ct - Indianapolis

Subscribed and sworn to before me this 5 day of May, 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 E. Last Schmitt

Date of Birth: Month 11 Day 3 Year 1950

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. RR 6 Box 138 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
   Cherie Ellen Schmitt
   David Allen Schmitt, Jr.
   Shanna Rene Schmitt
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Porter White
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Marjorie Ellen Gladden
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Patricia Schmitt

New Address 5 George Ct. Indianapolis

Subscribed and sworn to before me this 5 day of May, 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* 8 *day of* May, 19 81, *authorizing the joining together as husband and wife* Martin D. Beck *and* Patricia E. Schmitt

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

I, Edwin E. Mercer *hereby certify that on the* 9 *day of* May, *one thousand nine hundred and* 81 *at* Bargersville, *County of* Owen, *State of* Ind., *and,* Martin D. Beck *of* Marion *County, State of* Ind., *Groom* Patricia E. Schmitt *of* Hendricks *County, State of* Ind., *Bride were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 9 day of May, 19 81.

Signed Edwin E. Mercer

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* May, 19 81.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 186

Form Prescribed By
Indiana State Board 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

5-5-81
Date of Application

MALE
Medical Examination Report Dated 5-5-81
Name of Physician T. Max Warner

FEMALE
Medical Examination Report Dated 5-5-81
Name of Physician T. Max Warner

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

MALE APPLICANT

Name: First Randolph Middle Wayne Last Wright

Date of Birth: Month June Day 18 Year 1959

Place of Birth (State or foreign country) OK.

Residence Address: Street or R. R. Rt 1 Shoreland Apt. 18 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) 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 George T. Wright
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) OK.
9. Full maiden name of mother Barbara Morris
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) OK.

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

Signed Randolph Wayne Wright
New Address Rt 1 Shoreland Apt 18

Subscribed and sworn to before me this 5 day of May, 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 Sara Middle Ann Last Haver

Date of Birth: Month Nov. Day 10 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1420 Denver Dr. 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) Dr. License

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

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

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

Signed Sara Ann Haver
New Address Rt. 1 Shoreland Apt. 18

Subscribed and sworn to before me this 5 day of May, 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* May, 19 81, *authorizing the joining together as husband and wife* Randall W. Wright *and* Sara A. Haver

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

I, Robert J. DeJong *hereby certify that on the* 16 *day of* May, *one thousand nine hundred and* 81 *at* Ind., *State of Indiana, Groom* Randall W. Wright *of* Hend. *County, State of* Ind., *and, Bride* Sara Ann Haver *of* Hend. *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 16 *day of* May, 19 81.

Signed Robert J DeJong
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* May, 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. 187
File 42
5-5-81
Date of Application

MALE
Medical Examination Report Dated 5-4-81
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 5-4-81
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 Patrick Middle Ray Last Hicks
Date of Birth: Month 1 Day 11 Year 63
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R. R. 1024 S. Sixt Pt. Rd. 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ray D. Hicks
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Anna L. Yeates
   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 X Patrick R. Hicks
New Address 9918 W. Morris St, Indpls

Subscribed and sworn to before me this 5 day of 5, 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 Patti Middle Ann Last Cruseberry
Date of Birth: Month 2 Day 26 Year 65
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R. R. 9918 W. Morris St. 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 Kenneth Cruseberry
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Va.
9. Full maiden name of mother Anna M. Rhoton
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ky.

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

Signed X Patti Cruseberry
New Address 9918 W Morris St. Indpls.

Subscribed and sworn to before me this 5 day of 5, 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 X Kenneth Cruseberry Father
Signed X Anna Cruseberry Mother
Subscribed and sworn to before me this 5 day of 5, 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 Court by written order issued ..... 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 5 day of May, 19 81, authorizing the joining together as husband and wife Patrick Ray Hicks and Patti Ann Cruseberry

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

I, John C. Maurer hereby certify that on the 9 day of May, one thousand nine hundred and 81 at Danville, County of Hend, State of Indiana, Groom Patrick R. Hicks of Hend County, State of Ind, and, Bride Patti Ann Cruseberry 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 May, 19 81.

Signed John C. Maurer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of May, 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. 188
File 42
5-7-81
Date of Application

MALE
Medical Examination Report Dated 4-27-81
Name of Physician L. O. Trammell

FEMALE
Medical Examination Report Dated 4-27-81
Name of Physician L. 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 Stephen Middle J. Last Wright
Date of Birth: Month Jan Day 6 Year 1962
Place of Birth (State or foreign country) Naples, Ind.
Residence Address: Street or R. R. 37 Martin Dr. 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 Roger Wright
   Residence of father (if deceased so state) Danville, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Maxine Durham
   Residence of mother (if deceased so state) Danville, Indiana
   Birthplace of mother (State or foreign country) Indiana

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

Signed ☒ Stephen J. Wright
New Address

Subscribed and sworn to before me this 7 day of May, 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 D. Last Poynter
Date of Birth: Month Dec. Day 4 Year 1961
Place of Birth (State or foreign country) Somerset, KY
Residence Address: Street or R. R. Rt. 8, Lot 22 Round House Acres City Naples 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 Raymond Poynter
   Residence of father (if deceased so state) Somerset, KY
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Carmen Christmore Nolen
   Residence of mother (if deceased so state) Somerset, 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 ☒ Sarah Poynter
New Address Rt. 8 Lot 22 Naples. Ind.

Subscribed and sworn to before me this 7 day of May, 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* May, 19 81, *authorizing the joining together as husband and wife* Stephen J. Wright *and* Sarah D. Poynther

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

I, Raymond Rissler *hereby certify that on the* 16 *day of* May, *one thousand nine hundred and* 81, *at* New Winchester, *County of* Hendricks, *State of Indiana, Groom* Stephen J. Wright *of* Hendricks *County, State of* IN *and, Bride* Sarah D. Poynter *of* Hendricks *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 16 *day of* May, 19 81.

Signed Raymond Rissler
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* August, 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. 189

File

5-7-81
Date of Application

MALE
Medical Examination Report Dated 4-29-81
Name of Physician Wm. Wolf

FEMALE
Medical Examination Report Dated 4-29-81
Name of Physician Wm. Wolf

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

MALE APPLICANT

Name: First Jon Middle D. Last May

Date of Birth: Month 11 Day 19 Year 1940

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

Residence Address: Street or R. R. 218 N Adams 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) Military I.D. w/picture

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

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

Signed X Jon D. May
New Address Plainfield

Subscribed and sworn to before me this 7 day of May 81.
MaryJane 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 Sandra Middle M. Last Brunner

Date of Birth: Month 7 Day 17 Year 1949

Place of Birth (State or foreign country) Litchfield KY.

Residence Address: Street or R. R. 219 Lainas St. City Elfd. 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.
   Dawn Marie Brunner
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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. Lamar Hendley
   Residence of father (if deceased so state) B'burg, Ind.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Mary Isabel Viera
   Residence of mother (if deceased so state) B'burg Ind.
   Birthplace of mother (State or foreign country) California

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

Signed X Sandra M. Brunner
New Address Plainfield

Subscribed and sworn to before me this 7 day of May, 81.
MaryJane 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 HENDRICKS Circuit Court of Indiana dated the 4 day of June, 19 81, authorizing the joining together as husband and wife Jon D. May and Sandra M. Brunner

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

I, James D. Cichewski hereby certify that on the 4 day of June, one thousand nine hundred and 81 at Danville, County of Hend, State of Indiana, Groom Jon D. May of Hend. County, State of Ind., and, Bride Sandra M. Brunner 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 June, 19 81.

Signed James D. Cichewski
Official Designation 1st Deputy Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of June, 19 81.

Signed MaryJane 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. 190

File

5-7-81
Date of Application

MALE
Medical Examination Report Dated 4-28-81
Name of Physician Larry Lovell

FEMALE
Medical Examination Report Dated 4-28-81
Name of Physician Larry 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 A. Middle Marion → Last Gatlin

Date of Birth: Month 10 Day 7 Year ~~1907~~ 1904

Place of Birth (State or foreign country) Waverly Tennessee

Residence Address: Street or R. R. RR Box 114 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) 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 Auburn Gatlin
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Waverly Tennessee
9. Full maiden name of mother Ellen L. Jones
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Waverly, Tennessee

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

Signed x A Marion Gatlin

New Address

Subscribed and sworn to before me this 7 day of May, 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 Edna Middle L. Last Day

Date of Birth: Month 3 Day 3 Year 1915

Place of Birth (State or foreign country) Roachdale Ind

Residence Address: Street or R. R. 3618 Spann 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) Voters Registration

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

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

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

Signed x Edna L. Day

New Address Same as above.

Subscribed and sworn to before me this 7 day of May, 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 12th day of May, 19 81, authorizing the joining together as husband and wife Andrew M. Gatlin and Edna L. Day

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

I, Richard M. Hobbs hereby certify that on the 12 day of May one thousand nine hundred and 81 at Coatesville, County of Hend, State of Indiana, Groom Andrew Marion Gatlin of Hend County, State of Ind. and, Bride Edna L. Day 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 12 day of May, 1981.

Signed Richard M. Hobbs

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of May, 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. 191

File

5-8-81 Date of Application

MALE
Medical Examination Report Dated 5-1-81
Name of Physician Nelson D. Gaddy

FEMALE
Medical Examination Report Dated 5-1-81
Name of Physician Nelson D. Gaddy

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

MALE APPLICANT

Name: First John Middle A. Last Bacon

Date of Birth: Month 12 Day 22 Year 1942

Place of Birth (State or foreign country) Purcell Oklahoma

Residence Address: Street or R. R. 2409 Lake of Lanterns 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.
   Cody Jon Bacon
   Brent Alan Bacon
   Kyle Wade Bacon
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Barney Allen Bacon
   Residence of father (if deceased so state) Harrah, Oklahoma
   Birthplace of father (State or foreign country) Oklahoma
9. Full maiden name of mother Glenna Lee Dollar
   Residence of mother (if deceased so state) Harrah Oklahoma
   Birthplace of mother (State or foreign country) Oklahoma

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

Signed x John A. Bacon

New Address 2409 Lake of Lanterns E Dr

Subscribed and sworn to before me this 8 day of May, 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 Carol Middle M. Last Ryan

Date of Birth: Month 1 Day 13 Year 1942

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

Residence Address: Street or R. R. 2409 Lake of Lanterns 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Christopher Carroll Ryan
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Ods
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Winifred Wall
   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 Carol M. Ryan

New Address 2409 Lake of Lanterns E Dr.

Subscribed and sworn to before me this ..... day of May, 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 ....., 1981, authorizing the joining together as husband and wife of Indiana dated the 8th day of May, John A. Bacon and Carole M. Ryan

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

I, William E. Fisher hereby certify that on the 30 day of May, County of Marion, one thousand nine hundred and 81 at Indpls. County, State of Ind., State of Indiana, Groom John A. Bacon of Hend. County, State of Ind., and, Bride Carole M. Ryan 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 30 day of May, 1981.

Signed William E. Fisher

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of June, 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. 192

File

5-8-81
Date of Application

MALE
Medical Examination Report Dated 5-5-81
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 5-5-81
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 Kenneth Middle M. Last Henry

Date of Birth: Month 4 Day 24 Year 1950

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

Residence Address: Street or R. R. 3326 S. Manhattan, City Indpls, County, State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) D/L w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☒
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☒
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Stacey Marie Henry
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be 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 Louis Henry
   Residence of father (if deceased so state) Indpls, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Jean Anderson
   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 ✕ Kenneth M. Henry
New Address 3326 So Manhattan Ind 46203

Subscribed and sworn to before me this 8 day of May, 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 Kathy Middle A. Last Freeman

Date of Birth: Month 4 Day 7 Year 1948

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

Residence Address: Street or R. R. RR 3 Bx 363, City Danville, County, State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) D/L w/picture

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

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

Signed ✕ Kathy Ann Freeman
New Address 2465 S. Asbury, Indpls, In

Subscribed and sworn to before me this 8 day of MAY, 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 12th day of May, 19 81, authorizing the joining together as husband and wife Kenneth M. Henry and Kathy A. Freeman

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

I, Bruce A. Brown hereby certify that on the 23 day of May, one thousand nine hundred and 81 at Brownsburg, County of Hend, State of Indiana, Groom Kenneth M. Henry of Marion County, State of Ind, and, Bride Kathy A. Freeman 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 23 day of May, 19 81.

Signed Bruce A. Brown
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of May, 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. 193

File

5-8-81 Date of Application

MALE
Medical Examination Report Dated 4-30-81
Name of Physician Larry Lovell

FEMALE
Medical Examination Report Dated 4-30-81
Name of Physician Larry 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 Clayil Middle Gene Last Derossett

Date of Birth: Month Sept Day 22 Year 1950

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR1 Box 418 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) 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 Howard E. Derossett
   Residence of father (if deceased so state) Mason, Ohio
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Lorene McFarland
   Residence of mother (if deceased so state) Snapps, Ky.
   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 Clayil G. Derossett

New Address RR-1 Box 418

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Tamara Middle Lee Last Fraley

Date of Birth: Month Oct Day 7 Year 1958

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR1 Box 418 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) Dr. License

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

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

New Address RR 1 Box 418

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 ..... Circuit Court of Indiana dated the 14 day of May, 19 81, authorizing the joining together as husband and wife Clayil G. Derossett and Tamara L. Fraley

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

I, Dewey A. Thackston hereby certify that on the 16 day of May, at Plfd, County of Hend, one thousand nine hundred and 81 at Marion County, State of Ind, State of Indiana, Groom Clayil G. Derossett of Hendricks County, State of Ind, and, Bride Tamara L. Fraley of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 day of May, 19 81.

Signed Dewey A. Thackston

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of May, 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. 194

File

5-8-81
Date of Application

MALE
Medical Examination Report Dated 5-5-81
Name of Physician Glen Lyon

FEMALE
Medical Examination Report Dated 5-5-81
Name of Physician Glen Lyon

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

MALE APPLICANT

Name: First Denny Middle D. Last Hughes
Date of Birth: Month 6 Day 15 Year 1930
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. 5327 Carltonway City Speedway 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Denver Dailey Hughes
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) El Paso Texas
9. Full maiden name of mother Verdie Savanna Barnes
   Residence of mother (if deceased so state) Indpls Ind.
   Birthplace of mother (State or foreign country) Wabash Ind.

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

Signed X Denny D. Hughes
New Address 5327 Carltonway Dr.

Subscribed and sworn to before me this 8 day of May, 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 Eletta Middle V Last Stanifer
Date of Birth: Month 10 Day 20 Year 1946
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. RR 1 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Lester Stanifer

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clarence Otto Cunningham
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Washington Ind.
9. Full maiden name of mother Eletta Josephine Sterrett
   Residence of mother (if deceased so state) Plainfield Ind.
   Birthplace of mother (State or foreign country) Noblesville Ind.

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

Signed X Eletta V. Stanifer
New Address 5327 Carltonway

Subscribed and sworn to before me this 8 day of May, 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 MAY, 19 81, authorizing the joining together as husband and wife Denny D. Hughes and Eletta V. Stanifer

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

I, Larry Tilley hereby certify that on the 1 day of June one thousand nine hundred and 81 at Head Quarters, County of Hend, State of Ind., State of Indiana, Groom Denny D. Hughes of Marion County, State of Ind., and, Bride Eletta V. Stanifer 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 May, 19 81.

Signed Larry Tilley
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of June, 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. 195

File

Date of Application

MALE
Medical Examination Report Dated 5-1-81
Name of Physician S. Lewis

FEMALE
Medical Examination Report Dated 4-29-81
Name of Physician S. Lewis

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

MALE APPLICANT

Name: First Harry Middle Ray Last Brechbiel, Jr

Date of Birth: Month August Day 8 Year 1958

Place of Birth (State or foreign country) Erie, Pennsylvania

Residence Address: Street or R. R. 40 N. Green St apt 18 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 Harry Ray Brechbiel Sr.
   Residence of father (if deceased so state) Mesa, Az.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Sylvia Chojnaki
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Penn

State of Indiana, County of HENDRICKS } ss:

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

Signed Harry Ray Brechbiel Jr
New Address 40 N. Green St. Brownsburg IN

Subscribed and sworn to before me this 8 day of May, 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 DeLana Middle Kay Last Goode

Date of Birth: Month November Day 7 Year 1957

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

Residence Address: Street or R. R. 40 N. Green St. City Brownsburg, County, State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   William Daniel Estes Neo 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 Thomas Edwin Goode
   Residence of father (if deceased so state) North Salem, Ind
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Gladis Mae Clark
   Residence of mother (if deceased so state) North Salem, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

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

Signed DeLana K. Goode
New Address 40 N. Green St B'burg In

Subscribed and sworn to before me this 8 day of May, 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 3 day Waiver and filed in T. Guido - Pro Tem authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 8 day of May, 19 81, authorizing the joining together as husband and wife Harry R. Brechbiel, Jr. and DeLana Kay Goode

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

I, Joseph D. Wilson hereby certify that on the 9 day of May, one thousand nine hundred and 81, at Brownsburg, County of Hend, State of Indiana, Groom Harry R. Brechbiel Jr., of Hend. County, State of Ind, and, Bride DeLana K Goode 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 May, 19 81.

Signed Joseph D. Wilson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of May, 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. 196

File

5-8-81
Date of Application

MALE
Medical Examination Report Dated 4-22-81

Name of Physician Carl Heinlein

FEMALE
Medical Examination Report Dated 5-8-81

Name of Physician Marvin C. Christi

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

Date of Birth: Month 9 Day 23 Year 1946

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

Residence Address: Street or R. R. 10 Michael 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Lee Burns
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Herschel Elliott Burns
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Katherine Cooper
   Residence of mother (if deceased so state) Pfld 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 David L. Burns

New Address 4638 Cornelius S - Indpls.

Subscribed and sworn to before me this 8 day of May, 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 Maureen Middle E. Last Dakin

Date of Birth: Month 11 Day 1 Year 1960

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. 21 Michael 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 Licens 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 E. Dakin
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother Sharon Virginia Selzer
   Residence of mother (if deceased so state) Pfld 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 Maureen E. Dakin

New Address 4638 Cornelius Indpls.

Subscribed and sworn to before me this 8 day of May, 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* 14 *day of* May, 19 81, *authorizing the joining together as husband and wife* David Lee Burns *and* Maureen E. Dakin

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

I, Richard E. Hamilton *hereby certify that on the* 16 *day of* May, *one thousand nine hundred and* 81 *at* Indpls, *County of* Marion, *State of* Ind, *State of Indiana, Groom* David L. Burns *of* Marion *County, State of* Ind, *and, Bride* Maureen E. Dakin *of* Hend *County, State of* Ind, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 16 *day of* May, 19 81.

Signed Richard E. Hamilton

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 *day of* May, 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. 197

File

May 11-1981 Date of Application

MALE
Medical Examination Report Dated 4-30-81
Name of Physician M. Sizemore

FEMALE
Medical Examination Report Dated 4-30-81
Name of Physician M. Sizemore

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

Date of Birth: Month April Day 11 Year 1957

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

Residence Address: Street or R. R. 122 Williams Dr. Apt K. 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) 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 Larry Wayne Trapp
   Residence of father (if deceased so state) Brownsburg, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Iris Evon Westbrooks
   Residence of mother (if deceased so state) Brownsburg, Indiana
   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 William I. Trapp

New Address 122 K William Dr. Brownsburg

Subscribed and sworn to before me this 11 day of May, 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 Janell Middle L Last Webb

Date of Birth: Month March Day 23 Year 1959

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

Residence Address: Street or R. R. 534 E. College 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) Drivers Lic w/Pic

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

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

New Address 125 Williams Dr Apt K Brownsburg

Subscribed and sworn to before me this 11 day of May, 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 15 day of May, 19 81, authorizing the joining together as husband and wife William Ira Trapp and Janell Lee Webb

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

I, Douglas K. Pogue hereby certify that on the 16 day of May, one thousand nine hundred and 81 at Brownsburg, County of Hend, State of Indiana, Groom William Ira Trapp of Hend County, State of Ind, and, Bride Janell Lee Webb of Hend County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 day of May, 19 81.

Signed Douglas K. Pogue

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of May, 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. 198

File

5-13-81
Date of Application

MALE
Medical Examination Report Dated 5-4-81

Name of Physician Larry Lovall

FEMALE
Medical Examination Report Dated 5-4-81

Name of Physician Larry 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 Wolfschig; Middle Joachim; Last Godshian

Date of Birth: Month 6; Day 8; Year 1951

Place of Birth (State or foreign country) Stuttgart, West Germany

Residence Address: Street or R. R. R I Box 157 AA; City Stilesville; County; State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Drivers 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 Iwan Iwanmeo Johannes Godshian
   Residence of father (if deceased so state) LA, California
   Birthplace of father (State or foreign country) Salmast, Iran
9. Full maiden name of mother Franzista Liane Lydia Messer
   Residence of mother (if deceased so state) Clayton, Ind.
   Birthplace of mother (State or foreign country) Munich, W. Germany

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

Signed × Wolfschig Joachim Godshian

New Address Rt #1 Box 157AA Stilesville, In. 46180

Subscribed and sworn to before me this 13 day of May, 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 Claire; Middle Denise; Last Via

Date of Birth: Month 11; Day 16; Year 1957

Place of Birth (State or foreign country) Ind.Plo. Indiana

Residence Address: Street or R.R. R I Bx 157 AA; City Stilesville; County; State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers 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 Samuel Ralph Via Jr.
   Residence of father (if deceased so state) Clayton, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Jewell Berry
   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 Claire Denise Via

New Address Rt 1 Box 157 AA Stilesville In. 46180

Subscribed and sworn to before me this 13 day of May, 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* 22 *day of* May, 19 81, *authorizing the joining together as husband and wife* Wolfschig Joachim Godshian *and* Claire Denise Via

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

I, Denver A. Hamilton *hereby certify that on the* 30 *day of* May, *one thousand nine hundred and* 81 *at* Clay *, County of* Hend *, State of Indiana, Groom* Wolfschig Joachim Godshian *of* Hend *County, State of* Ind. *and, Bride* Claire Denise Via *of* Hend. *County, State of* Ind. *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 30 *day of* May, 19 81.

Signed Denver A. Hamilton

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* June, 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. 199

File 42

5-13-81
Date of Application

MALE
Medical Examination Report Dated _____

Name of Physician _____

FEMALE
Medical Examination Report Dated 5-5-81

Name of Physician Melvin S. 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 Keith Middle Leroy Last Chowning

Date of Birth: Month Nov Day 6 Year 1960

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

Residence Address: Street or R. R. P.O. Box 127 City Plainfield County _____ State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) _____

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

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

New Address _____

Subscribed and sworn to before me this 22 day of May, 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 Carmella Middle _____ Last Bailey

Date of Birth: Month 11 Day 23 Year 62

Place of Birth (State or foreign country) Georgia

Residence Address: Street or R. R. 3457 E. 26th St. City Indpls. County _____ State Ind. 46218

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) ID card Ind. Public Welfare

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

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

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

Signed Carmella Bailey

New Address 3457 E. 26th St.

Subscribed and sworn to before me this 13 day of May, 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* HENDRICKS *Circuit Court of Indiana dated the* 22 *day of* May, 19 81, *authorizing the joining together as husband and wife* Keith P. Chowning *and* Carmella Bailey

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

I, Stephen J. Malosky *hereby certify that on the* 23 *day of* May, *one thousand nine hundred and* 81 *at* Ind., *County of* Hend., *State of Indiana, Groom* Keith P. Chowning *of* Hend. *County, State of* Ind., *and, Bride* Carmella Bailey *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 23 *day of* May, 19 81. *Signed* Stephen J. Malosky

Official Designation Priest

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* May, 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. 200

File

5-14-81 Date of Application

MALE
Medical Examination Report Dated 4-27-81
Name of Physician James Black

FEMALE
Medical Examination Report Dated 4-27-81
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 Edward Middle Dwight Last Lewis III

Date of Birth: Month Apr. Day 27 Year 1958

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 Box 267 City Clayton County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) 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 Edward D. Lewis Jr.
   Residence of father (if deceased so state) Clayton In.
   Birthplace of father (State or foreign country) Wash. D.C.
9. Full maiden name of mother Susan Abraham
   Residence of mother (if deceased so state) Clayton, 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 Edward D Lewis

New Address 2356 Nowlin LANE

Subscribed and sworn to before me this 14 day of May, 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 Karen Middle Denise Last Hays

Date of Birth: Month May Day 9 Year 1958

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. U.S. School 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) Dr. Lance

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

New Address 2356 Nowlin Lane

Subscribed and sworn to before me this 14 day of May, 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* May, 19 81, *authorizing the joining together as husband and wife* Edward Lewis *and* Karen Hays

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

I, Joseph D. Wilson *hereby certify that on the* 23 *day of* May, *one thousand nine hundred and* 81, *at* Hall Clayton, *County of* Hend., *State of Indiana, Groom* Edward Lewis *of* Hend. *County, State of* Ind., *and, Bride* Karen Hays *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* May, 19 81.

Signed Joseph D. Wilson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* ~~May~~ June, 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. 201
File 42
5-14-81
Date of Application

MALE
Medical Examination Report Dated 5-7-81
Name of Physician R.K. Stegenoller

FEMALE
Medical Examination Report Dated 5-7-81
Name of Physician R.K. Stegenoller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Eugene Last Lane
Date of Birth: Month 6 Day 1 Year 47
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. RR 3 Box 324-D City Clayton County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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
   Brenda Mary
   Kristina
   Bobbie
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul E. Lane
   Residence of father (if deceased so state) Ind. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Phyrissa D. Davis
   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 ☒ Robert E. Lane
New Address RR 3 Box 324 D Clayton, In.

Subscribed and sworn to before me this 14 day of May, 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 Pamela Middle L. Last Letson
Date of Birth: Month 11 Day 26 Year 56
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. RR 3 Box 324-D City Clayton County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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.
   David
   Candida
   Laurence D.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Letson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Alabama
9. Full maiden name of mother Betty L. Bragg
   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 ☒ Pamela L. Letson
New Address RR3 Box 324D Clayton, In.

Subscribed and sworn to before me this 14 day of May, 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 14 day of May, 19 81, authorizing the joining together as husband and wife Robert E. Lane and Pamela L. Letson.

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 June, one thousand nine hundred and 81 at Clayton, County of Hend., State of Indiana, Groom Robert E. Lane of Hend. County, State of Ind., and, Bride Pamela L. Letson 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 June, 19 81.

Signed John C. Mowrer
Official Designation Justice
Filed and recorded in accordance with the laws of the State of Indiana this 9 day of June, 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. 202

File

5-14-81
Date of Application

MALE
Medical Examination Report Dated 5-7-81
Name of Physician G.M. Sinkovic

FEMALE
Medical Examination Report Dated 5-7-81
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 John; Middle; Last Farmer, Jr.

Date of Birth: Month 5; Day 14; Year 1954

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. 3923 Dan Jones 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Farmer, Sr.
   Residence of father (if deceased so state) Plainfield (Avon) Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Vivian L. Jones
   Residence of mother (if deceased so state) Plfd (Avon) 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 John Farmer Jr.
New Address 5941 Coquina Key Dr #D46224

Subscribed and sworn to before me this 14 day of May, 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 Carole; Middle A.; Last Jubb

Date of Birth: Month 9; Day 29; Year 1959

Place of Birth (State or foreign country) Derby - England

Residence Address: Street or R. R. 7043 Greenspring Rd; City Indpls; County Marion; State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed X Carole A Jubb
New Address 5941 Coquina Key Dr Ind. 46224

Subscribed and sworn to before me this 14 day of May, 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* 18th *day of* May, 1981, *authorizing the joining together as husband and wife* John Farmer Jr. *and* Carole A. Jubb

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

I, Edward Lutrice *hereby certify that on the* 23 *day of* May *one thousand nine hundred and* 81 *at* Avon, *County of* Hendricks, *State of Indiana, Groom* John Farmer Jr. *of* Hend *County, State of* Ind. *and, Bride* Carole Ann Jubb *of* Marion *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 18 *day of* May, 1981.

Signed Edward Lutrice
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21st *day of* May, 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. 203

File 42

5-15-81
Date of Application

MALE
Medical Examination Report Dated 5-11-81
Name of Physician Max E. Freeman

FEMALE
Medical Examination Report Dated 5-11-81
Name of Physician Max E. Freeman

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

MALE APPLICANT

Name: First Morris Middle Lynn Last Suggitt

Date of Birth: Month 7 Day 2 Year 39

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 122 Oakhurst 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) D. & W/ pict

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Leopard R. Suggitt
   Residence of father (if deceased so state) Aurora Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Ruth D. Morris
   Residence of mother (if deceased so state) Sans?
   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 Morris L. Smith
New Address 122 Oakhurst Brownsburg, Ind

Subscribed and sworn to before me this 15 day of May, 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 Louise Last Goins

Date of Birth: Month 3 Day 26 Year 38

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 122 Oakhurst 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) D. & W/ pict.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Jamie
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dallas H. Dalbert
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary K. Henderson
   Residence of mother (if deceased so state) Jacksonville, Florida
   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 Louise Goins
New Address 122 OAKhurst Brownsburg Ind

Subscribed and sworn to before me this 15 day of May, 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 19 day of May, 19 81, authorizing the joining together as husband and wife Morris L. Smith and Mary L. Goins

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

I, George Davis hereby certify that on the 23 day of May, at Brownsburg, County of Hendricks, one thousand nine hundred and 81 State of Indiana, Groom Morris Smith of Hendricks County, State of Indiana, and, Bride Mary L. Goins of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23 day of May, 19 81. Signed George W. Davis

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of May, 19 81

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 204

Form Prescribed By
Indiana State Board 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

May 15, 1981
Date of Application

MALE
Medical Examination Report Dated 5-8-81
Name of Physician M. Aronoff

FEMALE
Medical Examination Report Dated 5-8-81
Name of Physician M. Aronoff

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

Date of Birth: Month May Day 30 Year 1958

Place of Birth (State or foreign country) Cincinnati, Ohio

Residence Address: Street or R. R. 8677 Glenrose Ln City Cincinnati 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) 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 Robert Shirley Carter
   Residence of father (if deceased so state) Cincinnati, Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Carolyn Ann Dibbd
   Residence of mother (if deceased so state) Cincinnati, Ohio
   Birthplace of mother (State or foreign country) Ohio

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

Signed Michael R Carter

New Address 144 Cragmont Drive, Walnut Creek, CA.

Subscribed and sworn to before me this 15 day of May, 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 Laura Middle Beth Last Helmond

Date of Birth: Month Oct Day 29 Year 1958

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

Residence Address: Street or R. R. 916 Ridgewood Dr City Plainfield County Hendricks State Indiana

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers Lic w/Pic

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

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

New Address 144 Cragmont Drive, Walnut Creek, CA

Subscribed and sworn to before me this 15 day of May, 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* 19 *day of* May, 1981, *authorizing the joining together as husband and wife* Michael R Carter *and* Laura B. Helmond *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Robert Hawkins *hereby certify that on the* 30 *day of* May, *one thousand nine hundred and* 81 *at* P.P. *State of Indiana, Groom* Michael Carter *of* Hend. *County, State of* Ind., *and, Bride* Laura Helmond *of* Hend. *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 30 *day of* May, 19 81.

Signed Robert Hawkins

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 *day of* June, 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. 205

File

May 15 1981
Date of Application

MALE
Medical Examination Report Dated 5-8-81
Name of Physician Larry Lovell

FEMALE
Medical Examination Report Dated 5-11-81
Name of Physician Larry 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 Thomas Middle H. Last Goins

Date of Birth: Month Mar Day 20 Year 1936

Place of Birth (State or foreign country) W. Va.

Residence Address: Street or R. R. RT 8 Box 372 City Lot #20 County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Dr. License

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

New Address R.R. 8 Box 372 Lot 20

Subscribed and sworn to before me this 15 day of May, 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 Beverly Middle A. Last Goins

Date of Birth: Month July Day 9 Year 1945

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RT 8 Box 372 City Lot 25 County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Dr. License

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

New Address R.R. 8 Box 372 Lot 20

Subscribed and sworn to before me this 15 day of May, 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 ..... Circuit Court of Indiana dated the 19th day of May, 19 81, authorizing the joining together as husband and wife Thomas H. Goins and Beverly A. Goins

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

I, John C. Warren hereby certify that on the 30 day of May, one thousand nine hundred and 81 at Danville, County of Hend, State of Ind., State of Indiana, Groom Thomas H. Goins of Hend County, State of Ind., and, Bride Beverly A. Goins of Hend County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30 day of May, 19 81.

Signed John C. Warren

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of June, 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. 206

File

5-15-81
Date of Application

MALE
Medical Examination Report Dated 5-13-81
Name of Physician Robert Heavin

FEMALE
Medical Examination Report Dated 5-13-81
Name of Physician Robert Heavin

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

MALE APPLICANT

Name: First Kent Middle Woodworth Last Maynard

Date of Birth: Month Nov. Day 25 Year 1960

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Box 115 City Clayton 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 Lyman W Maynard
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Charlotte Jean Woodworth
   Residence of mother (if deceased so state) Clayton, In.
   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 Kent Maynard
New Address R.R. 1 Box 189 Coatsville

Subscribed and sworn to before me this 15 day of May, 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 Tracey Middle Elaine Last Carter

Date of Birth: Month May Day 30 Year 1960

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 Box 142B City Coatesville 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 James Carter
   Residence of father (if deceased so state) Coatesville, In.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Della Deberry
   Residence of mother (if deceased so state) Coatesville, 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 Tracey Carter
New Address RR 1 Box 189 Coatesville, In.

Subscribed and sworn to before me this 15 day of May, 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 19 day of May, 19 81, authorizing the joining together as husband and wife Kent W. Maynard and Tracey E. Carter

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

I, Frank W. Rodgers hereby certify that on the 23 day of May, one thousand nine hundred and 81 at Ind, State of Indiana, Groom Kent W. Maynard of Ind, County, State of Ind, and, Bride Tracey E. Carter of Ind, 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 May, 1981.

Signed Frank W. Rodgers
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of June, 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. 207

File

5-18-81 Date of Application

MALE
Medical Examination Report Dated 5-14-81
Name of Physician D Kourany

FEMALE
Medical Examination Report Dated 5-14-81
Name of Physician D. Kourany

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

MALE APPLICANT

Name: First Michael Middle L. Last Farmer
Date of Birth: Month 3 Day 6 Year 1964
Place of Birth (State or foreign country) Hend Co Ind.
Residence Address: Street or R. R. R2 Box 254 City Clayton County Hend State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed ☒ Michael L Farmer
New Address R2 Box 254 Clayton In. 46118

Subscribed and sworn to before me this 18 day of May, 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 Farmer Father
Signed ☒ Juanita Farmer Mother
Subscribed and sworn to before me this 18 day of May, 19 81
Mary Jane Russell Clerk

FEMALE APPLICANT

Name: First Sherri Middle K Last White
Date of Birth: Month 2 Day 16 Year 1964
Place of Birth (State or foreign country) Corydon Ind.
Residence Address: Street or R. R. 589 Willow Dr. City Danville County Hend State Ind
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed Sherri K. White
New Address R 2 Box 254, Clayton In. 46118

Subscribed and sworn to before me this 18 day of May, 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 ☒ Harry L. White Father
Signed ☒ Wilma White Mother
Subscribed and sworn to before me this 18 day of May, 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 Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22 day of May, 19 81, authorizing the joining together as husband and wife Michael L. Farmer and Sherri K. White

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

I, Steven W. Rawson hereby certify that on the 23 day of May, one thousand nine hundred and 81 at Hazelwood, County of Hend, State of Indiana, Groom Michael L. Farmer of Hend County, State of Ind, and, Bride Sherri K. White 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 May, 19 81.

Signed Steven W. Rawson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of May, 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. 208
File 42
5-18-81
Date of Application

MALE
Medical Examination Report Dated 5-6-81
Name of Physician H.R. Wiley

FEMALE
Medical Examination Report Dated 5-6-81
Name of Physician H. R. Wiley

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

Date of Birth: Month 2 Day 29 Year 48

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1404 Avon Rd. City Plfd. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) D. L. W/pict

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

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

Signed X Dennis N. Strange
New Address 1404 Avon Rd. PLAINFIELD IND.

Subscribed and sworn to before me this 18 day of May, 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 Roberta Middle J. Last Fouty

Date of Birth: Month 8 Day 25 Year 54

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1404 Avon Rd. City Plfd. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) D. L. W/pict

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Jamie
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert J. Sanders
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Peggy J. Reynolds
   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 X Roberta J. Fouty
New Address 1404 Avon Rd O, Plainfield, Ind 46168

Subscribed and sworn to before me this 18 day of May, 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, in ..... Clerk's Office ..... Court by written order issued ..... 3-days waiver ..... and filed ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 18 *day of* May, 19 81, *authorizing the joining together as husband and wife* Dennis N. Strange *and* Roberta J. Fouty
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mauer *hereby certify that on the* 20 *day of* May, *one thousand nine hundred and* 81, *at* Danville, *County of* Hend., *State of* Ind., *and, Bride* Roberta J. Fouty *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* May, 19 81.

Signed John C Mauer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* May, 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. 209

File

5-18-81 Date of Application

MALE
Medical Examination Report Dated 5-5-81
Name of Physician Martin Garfield

FEMALE
Medical Examination Report Dated 5-5-81
Name of Physician Martin Garfield

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

Date of Birth: Month 8 Day 13 Year 1961

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

Residence Address: Street or R. R. 4444 Longworth City Lawrence County Marion State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Myer
   Residence of father (if deceased so state) Indpls (Lawrence) Ind.
   Birthplace of father (State or foreign country) W. Virginia
9. Full maiden name of mother Nellie Marie Perry
   Residence of mother (if deceased so state) Lawrence Ind.
   Birthplace of mother (State or foreign country) Harlin Kentucky

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

Signed x Lester Myer

New Address 630 S Whichomb

Subscribed and sworn to before me this 18 day of May, 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 Andrea Middle Kay Last Costello

Date of Birth: Month 3 Day 16 Year 1964

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

Residence Address: Street or R. R. 7783 E 1000 N. City B'burg County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

New Address 630 S whichomb

Subscribed and sworn to before me this 18 day of May, 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 James Costello Father

Signed x Brenda Costello Mother

Subscribed and sworn to before me this 18 day of May, 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 Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 22 day of May, 19 81, authorizing the joining together as husband and wife Lester Myer and Andrea K. Costello

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

I, Lloyd Smith hereby certify that on the 22 day of May, one thousand nine hundred and 81 at Lawrence, County of Hend, State of Indiana, Groom Lester Myer of Marion County, State of Ind. and, Bride Andrea K. Costello 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 May, 19 81. Signed Lloyd Smith

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of June, 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. 210

File

5-18-81
Date of Application

MALE
Medical Examination Report Dated 5-15-81
Name of Physician Joseph Kerlin

FEMALE
Medical Examination Report Dated 5-15-81
Name of Physician Joseph Kerlin MD.

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

MALE APPLICANT

Name: First Arthur Middle E. Last Masterson

Date of Birth: Month Feb Day 15 Year 1905

Place of Birth (State or foreign country) Missouri

Residence Address: Street or R. R. Box 206 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 Willis J. Masterson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Martha Elizabeth Cop
   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 Arthur Masterson

New Address Clayton

Subscribed and sworn to before me this 18 day of May, 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 Ruth Middle L. Last Pascall

Date of Birth: Month March Day 6 Year 1905

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 312 High St. City Rising Sun County Ohio 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 Samuel Laughlin
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Kathern Lang
   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 L Pascall

New Address Clayton

Subscribed and sworn to before me this 18 day of May, 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* 22nd *day of* May, 1981, *authorizing the joining together as husband and wife* Arthur E. Masterson *and* Ruth L. Pascall

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

I, C. Robert Moore *hereby certify that on the* 13 *day of* May, *one thousand nine hundred and* 81 *at* Clayton, *County of* Hend., *State of Indiana, Groom* Arthur E. Masterson *of* Hend. *County, State of* Ind. *and, Bride* Ruth L. Pascall *of* Ohio *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 30 *day of* May, 19 81.

Signed C. Robert Moore

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* June, 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. 211

File

5-18-81 Date of Application

MALE
Medical Examination Report Dated 5-13-81
Name of Physician D. Haggard

FEMALE
Medical Examination Report Dated 5-13-81
Name of Physician D. 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 Daniel Middle M. Last Spath

Date of Birth: Month 8 Day 5 Year 1961

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

Residence Address: Street or R.R. 3603 S Clarks Creek Rd. City Plfld 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 Joseph Albert Spath
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Ruth Elizabeth Morgan
   Residence of mother (if deceased so state) Plfld 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 Daniel M. Spath
New Address 3603 S. Clarks Creek Rd.
Subscribed and sworn to before me this 18 day of May, 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 Sheila Middle J. Last Boen

Date of Birth: Month 6 Day 16 Year 1962

Place of Birth (State or foreign country) Terre Haute Ind

Residence Address: Street or R.R. R1 Box 297 City Plfld County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed X Sheila J. Boen
New Address 3603 S. Clarks Creek Rd. #25
Subscribed and sworn to before me this 18 day of May, 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 22 day of May, 19 81, authorizing the joining together as husband and wife Daniel M. Spath and Sheila J. Boen

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

I, Rev. Ray L. Price hereby certify that on the 22 day of May, one thousand nine hundred and 81 at Noblesville, County of Marion, State of Ind., State of Indiana, Groom Daniel M. Spath of Hend. County, State of Ind., and, Bride Sheila J. Boen 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 May, 19 81.

Signed Rev. Ray L. Price Father

Official Designation Elder (Pastor) of Jesus Christ of Latter Day Saints

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of May, 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. 212
File 42
5-18-81
Date of Application

MALE
Medical Examination Report Dated 5-4-81
Name of Physician M. H. Neely

FEMALE
Medical Examination Report Dated 5-4-81
Name of Physician M. H. 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 Roger Middle D. Last Cummings

Date of Birth: Month 10 Day 2 Year 51

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. P.O. Box 265 City Clayton County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒

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

☒ Other (Specify) D. H. Copies.

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

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

State of Indiana, County of HENDRICKS } ss:

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

Signed X Roger Dale Cummings
New Address Clayton Ind.

Subscribed and sworn to before me this 14 day of May, 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 Carolyn Middle J. Last Arnold

Date of Birth: Month 5 Day 22 Year 55

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. P O Box 94 City Clayton County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) D. H. Copies.

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

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

State of Indiana, County of HENDRICKS } ss:

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

Signed X Carolyn Arnold
New Address P O Box 265 Clayton Ind

Subscribed and sworn to before me this 18 day of May, 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* 22 *day of* May, 1981, *authorizing the joining together as husband and wife* Roger D. Cummings *and* Carolyn J. Arnold

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

I, Rev. Jerry D. Foster *hereby certify that on the* 22 *day of* May, *one thousand nine hundred and* 81 *at* Good Shepherd Baptist Ch., *County of* Morgan, *State of Indiana, Groom* Roger D. Cummings *of* Hend. *County, State of* Ind. *and, Bride* Carolyn J. Arnold *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* May, 19 81.

Signed Jerry D. Foster
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* May, 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. 213
File N
May 18, 1981
Date of Application

MALE
Medical Examination Report Dated 5-18-81
Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated 5-18-81
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 Virgil; Middle; Last West, Jr.
Date of Birth: Month 4 Day 26 Year 48
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. 6320 N. 550 East; 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.
   Bryanna Lynn West
   Garrett Allen West
   Brett Matthew West
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 West
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Nina Othel Smith
   Residence of mother (if deceased so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Kentucky

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

Signed X Virgil West Jr
New Address
Subscribed and sworn to before me this 18 day of May, 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 Brenda; Middle Sue; Last Gordon
Date of Birth: Month 9 Day 10 Year 44
Place of Birth (State or foreign country) Evansville, In
Residence Address: Street or R. R. 6320 N 550 E.; 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Stephen Scott Hopkins
   James Dennis Gordon 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 Charles L. Otley
   Residence of father (if deceased so state) Evansville, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sarah Juanita Walker
   Residence of mother (if deceased so state) Evansville, 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 Brenda Gordon
New Address
Subscribed and sworn to before me this 18 day of May, 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 ..... Circuit Court of Indiana dated the 22nd day of May, 19 81, authorizing the joining together as husband and wife Virgil West Jr. and Brenda Sue Gordon

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

I, Dr Joseph D. Stump hereby certify that on the 23 day of May, at Brownsburg, County of Hend, one thousand nine hundred and 81, State of Indiana, Groom Virgil West Jr of Hend County, State of Ind, and, Bride Brenda Sue Gordon 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 May, 19 81.

Signed Dr Joseph D. Stump
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of May, 19 81.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 214

File

5-18-81
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 5-15-81
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 5-15-8
Name of Physician Thomas Walker

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

MALE APPLICANT

Name: First David Middle R. Last Hayes

Date of Birth: Month 5 Day 12 Year 1954

Place of Birth (State or foreign country) Lebanon Ind

Residence Address: Street or R. R. PO Box 21 City Lizton 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 Ralph A. Hayes
   Residence of father (if deceased so state) Lizton Ind.
   Birthplace of father (State or foreign country) Knox Co. Tennessee
9. Full maiden name of mother Lila Arletta Hicks
   Residence of mother (if deceased so state) Lizton Ind
   Birthplace of mother (State or foreign country) Boone Co. Ind.

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

Signed X David R Hayes

New Address 3 Weil Dr. B'Burg. Ind

Subscribed and sworn to before me this 18 day of May, 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 J. Last Church

Date of Birth: Month 3 Day 11 Year 1945

Place of Birth (State or foreign country) Spencer Co. Ind

Residence Address: Street or R. R. 3 Weil 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 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.
   Leah Madge Church
   Anthony Frederick Church
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 C. Jones
   Residence of father (if deceased so state) Inglis Ind.
   Birthplace of father (State or foreign country) Spencer Co. Ind.
9. Full maiden name of mother Madge Bates
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Spencer Co Ind

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 Church

New Address 3 Weil Drive Brownsburg Ind.

Subscribed and sworn to before me this 18 day of May, 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 18 day of May, 19 81, authorizing the joining together as husband and wife David R. Hayes and Patricia J Church

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

I, Raymond L. Rader hereby certify that on the 13 day of June one thousand nine hundred and 81 at 1st Baptist Church Lizton, County of Hendricks, State of Indiana, Groom David R. Hayes of Hendricks County, State of In and, Bride Patricia J. Church of Hendricks County, State of In were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 13 day of June, 19 81.

Signed Rev. Raymond L. Rader

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of June, 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. 215

File 5-18-81
Date of Application

MALE
Medical Examination Report Dated 5-9-81
Name of Physician Stegemoller

FEMALE
Medical Examination Report Dated 5-9-8
Name of Physician 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 James Middle L. Last DePoy
Date of Birth: Month 10 Day 26 Year 1956
Place of Birth (State or foreign country) Lebanon Ind
Residence Address: 204 S. Indiana Street or R.R. Danville City Hendricks 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 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 Everett Cecil DePoy
   Residence of father (if deceased so state) Rockville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Geraldine May
   Residence of mother (if deceased so state) Rockville, Ind.
   Birthplace of mother (State or foreign country) Jamestown, Ind.

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

Signed X James L DePoy
New Address 204 S. Ind. St. Danville, Ind
Subscribed and sworn to before me this 18 day of May, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Vanessa Middle Lynn Last Lobbia
Date of Birth: Month 12 Day 21 Year 1959
Place of Birth (State or foreign country) Terre Haute, Ind.
Residence Address: 559 Mackey Rd Street or R. R. Danville City Hendricks County Ind State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed X Vanessa L. Lobbia
New Address 204 S. Indiana St. Danville In.
Subscribed and sworn to before me this 18 day of May, 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 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 May, 19 81, authorizing the joining together as husband and wife James Lee DePoy and Vanessa Lynn Lobbia

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

I, Earl J. Barkau hereby certify that on the 23 day of May, one thousand nine hundred and 81 at Danville, County of Hendricks, State of Indiana, Groom James Lee DePoy of Hendricks County, State of Ind, and, Bride Vanessa Lynn Lobbia 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 23 day of May, 19 81.

Signed Earl J. Barkau
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of May, 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. 216

File

5-19-81
Date of Application

MALE
Medical Examination Report Dated 5-18-81
Name of Physician Larry Lovall

FEMALE
Medical Examination Report Dated 5-18-81
Name of Physician Larry 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 Brian Middle Dale Last Bales

Date of Birth: Month 12 Day 25 Year 1961

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

Residence Address: Street or R. R. 140 E Clinton 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gary D. Bales
   Residence of father (if deceased so state) Martinsville Ind.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Janice L. Quinton
   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 X Brian D Bales
New Address 140 E. Clinton Danville

Subscribed and sworn to before me this 19 day of May, 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 DeLanna Middle Ann Last Smith

Date of Birth: Month 2 Day 3 Year 1956

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

Residence Address: Street or R. R. 140 E Clinton City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License w/picture

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles V. Smith
   Residence of father (if deceased so state) ~~Indpls~~ Danville Ind.
   Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother Deanda C. Allison
   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 DeLana A Smith
New Address 140 E. Clinton Danville

Subscribed and sworn to before me this 19 day of May, 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 Court in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties by written order issued 3-day waiver and filed

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 May, 1981, authorizing the joining together as husband and wife Brian D. Bales and ~~Delanna~~ DeLanna A Smith

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

I, Jerry G. VanLue hereby certify that on the 23 day of May one thousand nine hundred and 81 at Danville, County of Hend, State of Indiana, Groom Brian ~~D~~ D. Bales of Hend County, State of Ind., and, Bride DeLana A. Smith of Hend County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23 day of May, 1981.

Signed Jerry G. VanLue
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of May, 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. 217
File 42
5-19-81
Date of Application

MALE
Medical Examination Report Dated 5-15-81
Name of Physician Stuart J. Burns

FEMALE
Medical Examination Report Dated 5-15-81
Name of Physician Stuart J. Burns

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

MALE APPLICANT

Name: First Michael Middle L. Last Russell
Date of Birth: Month June Day 28 Year 1962
Place of Birth (State or foreign country) Madison, Tennessee
Residence Address: Street or R. R. RR 1 Bx 455, City Plainfield, County, State Indiana
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Johnny Farris Russell
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Alabama
9. Full maiden name of mother Frances Lee Dehuman
   Residence of mother (if deceased so state) Plainfield, 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 Mike Russell
New Address 154 CHISOM DR LANTERN HILLS
Subscribed and sworn to before me this 19 day of May, 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 Carla Middle D. Last Parks
Date of Birth: Month January Day 31 Year 1962
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 132 Eastern Ave, City Plainfield, County, State Indiana
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wilbur C. Parks
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Maxine E. Keltner
   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 Carla Parks
New Address 154 Chisom Dr. Lantern Hills
Subscribed and sworn to before me this 19 day of May, 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 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 19 day of May, 19 81, authorizing the joining together as husband and wife Michael L. Russell and Carla D. Parks

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

I, Harry Lee Devore hereby certify that on the 23 day of May, one thousand nine hundred and 81 at Mooresville, County of Hend, State of Indiana, Groom Michael L. Russell of Hend, County, State of Ind, and, Bride Carla D. Parks 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 May, 19 81.

Signed Harry Lee Devore
Official Designation Preacher

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of May, 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. 218
File 42
5-19-81
Date of Application

MALE
Medical Examination Report Dated 5-12-81
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 5-12-81
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 Gregory · Middle Kenneth · Last Hanchar

Date of Birth: Month Nov. · Day 17 · Year 1961

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

Residence Address: Street or R. R. RR 2 Bx 78 · 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 Robert A. Hanchar
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) ~~Illinois~~ Ind.
9. Full maiden name of mother Joan Say
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Greg Hanchar

New Address 3850 East Wind Drive Indianapolis In.

Subscribed and sworn to before me this 19 day of May, 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 Debbie · Middle Kay · Last Eberwiller

Date of Birth: Month July · Day 15 · Year 1961

Place of Birth (State or foreign country) Manitowoc, Wisconsin

Residence Address: Street or R. R. RR 1 Bx 22 · 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) School Record

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

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

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

Signed Debbie Kay Eberwiller

New Address 3850 Wild Duck Dr. East Indpls. 46234

Subscribed and sworn to before me this 19 day of May, 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 #1 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* 19 *day of* May, 19 81, *authorizing the joining together as husband and wife* Gregory K. Hanchar *and* Debbie K. Eberwiller
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Gregory K. Hanchar *hereby certify that on the* 23 *day of* May, *one thousand nine hundred and* 81 *at* Danville, *County of* Hend., *State of Indiana, Groom* Gregory K. Hanchar *of* Hend. *County, State of* Ind., *and, Bride* Debbie K. Eberwiller *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 28 *day of* May, 19 81.

Signed Rev. Joseph D. Sump
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 28 *day of* May, 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. 219

File 5-19-81
Date of Application

MALE
Medical Examination Report Dated 5-9-8
Name of Physician J. Thomas Vieira

FEMALE
Medical Examination Report Dated 5-9-81
Name of Physician J. Thomas Vieira

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

MALE APPLICANT

Name: First Ronald Middle L Last Kaup

Date of Birth: Month 9 Day 28 Year 1961

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

Residence Address: Street or R. R. RR1 Box 367 City Monrovia 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)

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

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

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

Signed X Ronald Kaup
New Address RR 1 Box 367

Subscribed and sworn to before me this 19 day of May, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First LaDonna Middle M. Last Stinson

Date of Birth: Month 8 Day 17 Year 1963

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

Residence Address: Street or R. R. PO Box 27 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hansford G. Stinson
   Residence of father (if deceased so state) Putnam Co. Ind. (Mt. Meridian)
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Phyllis M. McCormick
   Residence of mother (if deceased so state) Coatesville Ind (Hend. Co.)
   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 LaDonna Stinson
New Address RR 1 Box 367

Subscribed and sworn to before me this 19 day of May, 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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 22 day of May, 19 81, authorizing the joining together as husband and wife Donald L. Kaup and LaDonna M. Stinson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Mary Jane Russell hereby certify that on the 22 day of May, County of Hend., one thousand nine hundred and 81 at Danville County, State of Ind., State of Indiana, Groom Donald L. Kaup of Monrovia County, State of Ind., and, Bride LaDonna M. Stinson of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 22nd day of May, 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 22 day of May, 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. 219

File 5-19-81
Date of Application

MALE
Medical Examination Report Dated 5-9-81
Name of Physician J. Thomas Vieira

FEMALE
Medical Examination Report Dated 5-9-81
Name of Physician J. Thomas Vieira

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ronald Middle L. Last Kays
Date of Birth: Month 9 Day 28 Year 1961
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. RR1 Box 364 City Monrovia 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald L. Kays
   Residence of father (if deceased so state) Monrovia Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margaret Ann Anderson
   Residence of mother (if dece
   Birthplace of mother (State

State of Indiana,
County of HENDRI ss:

Si
New Add

Subscribed and sworn to be
Mary Jo

CONSENT OF PARENTS.

We, the parents, of this ap
signs, state facts which re

State of Indiana,
County of HENDRICKS ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First LaDonna Middle M. Last Stinson
Date of Birth: Month 8 Day 17 Year 1963
Place of Birth (State or foreign country) Greencastle Ind.
Residence Address: Street or R. R. PO Box 27 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hanford G. Stinson
   Residence of father (if deceased so state) Putnam Co. Ind. (Mt. Meridian)
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Phyllis M. McCormick

I, Phyllis M Curtis, hereby give my consent for my Daughter LaDonna Marlene Stinson to marry Ronald Kays.

Subscribed and sworn to before me this 11 day of May 19 81

C. M. Davies
Notary Public 9/29/81

State of Indiana
County of Hend.

HENDRICKS County of ..... ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 May, 19 81, authorizing the joining together as husband and wife Donald L. Kays and LaDonna M. Stinson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Mary Jane Russell hereby certify that on the 22 day of May, one thousand nine hundred and 81 at Danville, County of Hend, State of Indiana, Groom Donald L. Kays of Morgan County, State of Ind, and, Bride LaDonna M. Stinson 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 22nd day of May, 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 22 day of May, 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. 220

File

5-19-81
Date of Application

MALE
Medical Examination Report Dated 6-16-81
Name of Physician A. R. Studaker

FEMALE
Medical Examination Report Dated 5-13-81
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 Danny Middle Joe Last Sharp

Date of Birth: Month April Day 28 Year 1961

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 9 East College 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) Veteran's 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 Peter D. Sharp
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Julia Bruce
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed + Danny J. Sharp
New Address NAS CECIL FIELD

Subscribed and sworn to before me this 16 day of June, 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 Sheryl Middle Denise Last Gilbert

Date of Birth: Month 5 Day 30 Year 1963

Place of Birth (State or foreign country) Lubbock Texas

Residence Address: Street or R. R. RR 1 Box 288F 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) School Record

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard B. Gilbert
   Residence of father (if deceased so state) Pittsboro Ind.
   Birthplace of father (State or foreign country) El Paso, Texas
9. Full maiden name of mother Virgie Brdecks
   Residence of mother (if deceased so state) Pittsboro, Ind.
   Birthplace of mother (State or foreign country) Deming New Mexico

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Sheryl Gilbert
New Address Naval Air Station - Jacksonville F

Subscribed and sworn to before me this 19 day of May, 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 Richard B. Gilbert Father
Signed X Virgie Gilbert Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... 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 June, 19 81, authorizing the joining together as husband and wife Danny J. Sharp and Sheryl D. Gilbert
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Raymond E. Pierson hereby certify that on the 19 day of June, one thousand nine hundred and 81 at Indpls., County of Marion, State of Indiana, Groom Danny Joe Sharp of Hend. County, State of In. and, Bride Sheryl D. Gilbert 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 19 day of June, 19 81.

Signed R. E. Pierson
Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of June, 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

No. 221

HENDRICKS County

File

5-19-81
Date of Application

MALE
Medical Examination Report Dated 5-18-81
Name of Physician E. Clark

FEMALE
Medical Examination Report Dated 5-18-81
Name of Physician E 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 Robert Middle E. Last Williams

Date of Birth: Month 10 Day 18 Year 1940

Place of Birth (State or foreign country) Hartwell Georgia

Residence Address: Street or R. R. 548 Spruce City Elfd. County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/ picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Matthew Clay Williams
   Michael Alan 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 Ira Williams
   Residence of father (if deceased so state) Grancastle Ind.
   Birthplace of father (State or foreign country) Greenville S. Carolina
9. Full maiden name of mother Eula Mae Dyar
   Residence of mother (if deceased so state) Cloverdale Ind.
   Birthplace of mother (State or foreign country) Hartwell Georgia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Robert E. Williams
New Address Same as above

Subscribed and sworn to before me this 19 day of May, 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 Pauline Middle L. Last Hendricks

Date of Birth: Month 11 Day 29 Year 1952

Place of Birth (State or foreign country) Noblesville Ind.

Residence Address: Street or R. R. 548 Spruce City Elfd. 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.
   Michael David Hendricks
   Bruce Lee Hendricks
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lonnie Welson
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Noblesville Ind.
9. Full maiden name of mother Inez Mae Townsend
   Residence of mother (if deceased so state) Martinsville Ind
   Birthplace of mother (State or foreign country) Martinsville Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Pauline L Hendricks
New Address Same

Subscribed and sworn to before me this 19 day of May, 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 ..... of Indiana dated the 19 day of May, 19 81, authorizing the joining together as husband and wife Robert E. Williams and Pauline L. Hendricks

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joe E. Shouse hereby certify that on the 29 day of May, one thousand nine hundred and 81 at Elfd, County of Hend, State of Indiana, Groom Robert E. Williams of Hend County, State of Ind, and, Bride Pauline L. Hendricks 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 May, 19 81.

Signed Joe E. Shouse
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of June, 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. 822

File

5-19-81
Date of Application

MALE
Medical Examination Report Dated 5-12-81
Name of Physician D N. Scudder

FEMALE
Medical Examination Report Dated 5-12-81
Name of Physician D 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 David Middle W. Last Perdue

Date of Birth: Month 12 Day 27 Year 1954

Place of Birth (State or foreign country) Columbus Ind

Residence Address: Street or R. R. 3825 E Wash City Indpls County Marion State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jesse A. Perdue
   Residence of father (if deceased so state) Putnamville Ind.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Virginia L. Sanders
   Residence of mother (if deceased so state) Putnamville 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 David W. Perdue
New Address Indianapolis

Subscribed and sworn to before me this 19 day of May, 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 Debra Middle L. Last Roark

Date of Birth: Month 3 Day 21 Year 1962

Place of Birth (State or foreign country) Lebanon Ind.

Residence Address: Street or R. R. 1282 Andrews Dr. City Plfd County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Tiffany Rose Roark

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Caleb Roark
   Residence of father (if deceased so state) Plfd Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred Ethel Hoover
   Residence of mother (if deceased so state) Plfd, 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 L. Roark
New Address Indianapolis

Subscribed and sworn to before me this 19 day of May, 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 ..... 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 ....., 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. 223

File

5-20-81 Date of Application

MALE
Medical Examination Report Dated 5-14-81
Name of Physician Wm Edwards

FEMALE
Medical Examination Report Dated 5-14-81
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 Gerald Middle R. Last Moran

Date of Birth: Month March Day 13 Year 1963

Place of Birth (State or foreign country) Somerset, Ky

Residence Address: Street or R. R. 419 Canterbury 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) 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 Roger Lloyd Moran
   Residence of father (if deceased so state) Danville, Ind
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Patty Ramsey
   Residence of mother (if deceased so state) Danville, 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 Gerald Moran

New Address 419 Canterbury Rd Danville

Subscribed and sworn to before me this 20 day of May, 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 Nona Middle L. Last Harper

Date of Birth: Month Feb Day 11 Year 1962

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R. R. 419 Canterbury 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) Drivers Lic w/pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joe Richard Harper
   Residence of father (if deceased so state) Danville, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lorna Dineta Gladden
   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 Nona Harper

New Address 419 Canterbury Rd. Danville

Subscribed and sworn to before me this 20 day of May, 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 24 day of May, 1981, authorizing the joining together as husband and wife Gerald R. Moran and Dona L. Harper

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Earis D. Franz hereby certify that on the 24 day of May, one thousand nine hundred and 81 at Danville, County of Hend., State of Ind., Groom Gerald R. Moran of Hend. County, State of Ind., and, Bride Dona L. Harper 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 May, 19 81.

Signed Earis D. Franz

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of May, 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. 224

File

5-20-81
Date of Application

MALE
Medical Examination Report Dated 5-7-81
Name of Physician R. S. Irwin

FEMALE
Medical Examination Report Dated 5-8-81
Name of Physician R. S. Irwin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 J Last Hubble

Date of Birth: Month 12 Day 24 Year 1961

Place of Birth (State or foreign country) Greencastle Ind.

Residence Address: Street or R. R. Box 178 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Hubble
   Residence of father (if deceased so state) Inglis, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Evelyn Witt
   Residence of mother (if deceased so state) Stefesville 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 Timothy J. Hubble
New Address Box 178 Coatesville Ind

Subscribed and sworn to before me this 20 day of May, 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 Tammy Middle S Last Thomas

Date of Birth: Month 9 Day 24 Year 1965

Place of Birth (State or foreign country) Greencastle Ind

Residence Address: Street or R. R. Coatesville City 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 Charles Leon Thomas
   Residence of father (if deceased so state) Coatesville Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara E. Farthing
   Residence of mother (if deceased so state) Georgia
   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 Tammy S. Thomas
New Address Box 178 Coatesville In.

Subscribed and sworn to before me this 20 day of May, 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 X Charles Leon Thomas Father

Signed ..... Mother

Subscribed and sworn to before me this 20 day of May, 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 in HENDRICKS County Superior Court by written order issued #2 3-day wage 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* 20 *day of* May, 19 81, *authorizing the joining together as husband and wife* Timothy Hubble *and* Tammy Thomas

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Frank Burn *hereby certify that on the* 20 *day of* May, *one thousand nine hundred and* 81, *at* Coatesville, *County of* Hend, *State of* Ind., *State of Indiana, Groom* Timothy Hubble, *and, Bride* Tammy 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 20 *day of* May, 19 81.

Signed Frank Burn
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* July, 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. 225

File

5-20-81 Date of Application

MALE
Medical Examination Report Dated 5-18-81
Name of Physician C. Kounday MD.

FEMALE
Medical Examination Report Dated 5-18-81
Name of Physician C. Kounday 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 Neal Middle K. Last Owens

Date of Birth: Month June Day 11 Year 1955

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 304 Maple Hill City Plfd. 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 Licnse 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 Robert Earl Owens
   Residence of father (if deceased so state) Plainfield, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marie Neal
   Residence of mother (if deceased so state) Plfd. 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 Neal R Owens

New Address Park St. Plfd. In. 46168

Subscribed and sworn to before me this 20 day of May, 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 Cindy Middle Lou Last Schober

Date of Birth: Month 10 Day 4 Year 1953

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 558 Avon Rd. City Plfd. County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Hend. Co. - 1980

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.
   Lori Ann Schober - 8 yrs.
   Richard Allen " 3 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 James Arthur Finchum
   Residence of father (if deceased so state) Missouri
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Juanita Wheeler
   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 Cindy Lou Schober

New Address Park Street, Plfd. In. 46168

Subscribed and sworn to before me this 20th day of May, 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 ....., 19 81, authorizing the joining together as husband and wife of Indiana dated the 27 day of May and Cindy Lou Schober Neal R. Owens

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Orval V. Sutton hereby certify that on the 6 day of June, one thousand nine hundred and 81 at Indpls, County of Marion, State of Ind, Neal R. Owens of Hend County, State of Ind, and, Bride Cindy Lou Schober 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 June, 19 81. Signed Orval V. Sutton

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of June, 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. 226

File

5-20-81
Date of Application

MALE
Medical Examination Report Dated 5-2-81
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 5-2-81
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 James Middle N. Last Harrison

Date of Birth: Month 3 Day 15 Year 1936

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: Street or R. R. 1227 E. Summer City Indpls County State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 B. Harrison
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Utah
9. Full maiden name of mother Hessey Phelps
   Residence of mother (if deceased so state) Indpls, Ind.
   Birthplace of mother (State or foreign country) Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X James Harrison
New Address 1227 E. Summer ave Indpls, Ind. 46227

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 Vernell Middle (NMI) Last Ely

Date of Birth: Month Oct. Day 15 Year 1942

Place of Birth (State or foreign country) Dryden, Virginia

Residence Address: Street or R. R. 270 Avon City Plainfield County Hnd. 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 George Washington Ely
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Hazel M. Calton
   Residence of mother (if deceased so state) Dryden, 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 Vernell Ely
New Address 1227 E. Summer ave Indpls, Ind 46227

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* 27 *day of* May, 19 81, *authorizing the joining together as husband and wife* James N. Harrison *and* Vernell Ely

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Enoch S. Ralph *hereby certify that on the* 5 *day of* June, *one thousand nine hundred and* 81, *at* Indpls, *County of* Marion, *State of Indiana, Groom* James N. Harrison *of* Marion *County, State of* Ind. *and, Bride* Vernell Ely *of* Hend *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 5 *day of* June, 19 81.

Signed Enoch S. Ralph

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8 *day of* June, 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. 227
File 42
5-20-81
Date of Application

MALE
Medical Examination Report Dated 5-18-81
Name of Physician D. B. Haggard

FEMALE
Medical Examination Report Dated 5-18-81
Name of Physician D. 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 Larry Middle [illegible] Last Hanlon
Date of Birth: Month 5 Day 13 Year 59
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R. R. 9114 Andes Dr. City Indpls. 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) 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 Robert A. Hanlon
   Residence of father (if deceased so state) Pdp. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Janet Murphy
   Residence of mother (if deceased so state) Ind.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Larry Hanlon
New Address 9114 ANDES INDPLS. IN.

Subscribed and sworn to before me this 20 day of May, 19 81.
Marjorie 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 Tawney Middle R. Last Stewart
Date of Birth: Month 11 Day 10 Year 61
Place of Birth (State or foreign country) Fort Riley, Kans.
Residence Address: Street or R. R. 413 N 31 City Victory Jct. County Pdp. 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 Alan O. Stewart
   Residence of father (if deceased so state) Pdp., Ind.
   Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Brenda K. Barefield
   Residence of mother (if deceased so state) Pdp. Ind.
   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 Tawney Stewart
New Address 9114 Andes Dr. Indpls. IN.

Subscribed and sworn to before me this 20 day of May, 19 81.
Marjorie 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 S.C. Ct. 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

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 20 day of May, 19 81, authorizing the joining together as husband and wife Larry Hanlon and Tawney R. Stewart

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Jeffery D. Snell hereby certify that on the 23 day of May, one thousand nine hundred and 81 at Pdp. County of Ind. State of Indiana, Groom Larry Hanlon of Marion County, State of Ind. and, Bride Tawney R. Stewart 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 23 day of May, 19 81. Signed Rev. Jeffery D. Snell
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of May, 19 81.
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Re-Marriage

No. 228

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File May 20, 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

MALE
Medical Examination Report Dated 5-18-81
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated Eric Clark
Name of Physician 5-18-81

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 E. Last Fruland Jr.

Date of Birth: Month July Day 3 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Box 437 City North Salem 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) 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 Russell Fruland
   Residence of father (if deceased so state) North Salem, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Marie Ellis
   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 Russell E. Fruland Jr.

New Address R 1 Box 88 Jamestown Ind

Subscribed and sworn to before me this 20 day of May, 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 Elizabeth Middle A. Last Pennington

Date of Birth: Month Aug. Day 8 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 122 William Dr. City Brownsburg County Hen. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wm Pennington
   Residence of father (if deceased so state) Ligton, In.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Vrena Clements
   Residence of mother (if deceased so state) Ligton, 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 Elizabeth A. Pennington

New Address R 1 Box 88 Jamestown In

Subscribed and sworn to before me this 20 day of May, 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 29 day of May, 19 81, authorizing the joining together as husband and wife Russell E. Fruland Jr. and Elizabeth A. Pennington

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mauer hereby certify that on the 29 day of May one thousand nine hundred and 81 at Danville, County of Hend. State of Indiana, Groom Russell E. Fruland Jr. of Hend. County, State of Ind. and, Bride Elizabeth A. Pennington 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 May, 19 81.

Signed John C. Mauer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of June, 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. 229

File

5-21-81 Date of Application

MALE
Medical Examination Report Dated 5-19-81
Name of Physician H. Edwards

FEMALE
Medical Examination Report Dated 5-19-81
Name of Physician H. 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 Travis Middle W. Last Chastain

Date of Birth: Month 5 Day 18 Year 1961

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. 513 Brakenbow Dr Apt 1502 City Indpls County Marion State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jeffrey Ray Chastain
   Residence of father (if deceased so state) Lizton Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Francis Elizabeth Jones
   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 Travis W Chastain

New Address Same as above

Subscribed and sworn to before me this 21 day of May 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 Kathleen Middle C. Last Allen

Date of Birth: Month 4 Day 12 Year 1962

Place of Birth (State or foreign country) Martinsville Ind.

Residence Address: Street or R. R. RR 1 Box 87E City Lizton 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 Phillip Robert Allen
   Residence of father (if deceased so state) Lizton Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Yuka Darlene Hayden
   Residence of mother (if deceased so state) Lizton, 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 Kathleen C Allen

New Address 513 Brakenbow Dr Apt 1502

Subscribed and sworn to before me this 21 day of May 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 42 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 May, 19 81, authorizing the joining together as husband and wife TRAVIS W. CHASTAIN and KATHLEEN C. ALLEN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM A. PAPPANO hereby certify that on the 23rd day of MAY, one thousand nine hundred and 81 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom TRAVIS W. CHASTAIN of MARION County, State of IN, and, Bride KATHLEEN C. ALLEN of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23rd day of MAY, 19 81. Signed /s/ WILLIAM A. PAPPANO

Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of MAY, 19 89.

Signed Connie Lawson 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. 230

File

May 22 1981
Date of Application

MALE
Medical Examination Report Dated 5-18-81

Name of Physician ~~R. A. N.~~ Scudder

FEMALE
Medical Examination Report Dated 5-14-81

Name of Physician A. N. Scudder 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 Kenneth Middle E. Last Hunt

Date of Birth: Month 11 Day 18 Year 57

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R. R. 1144 Middlebury City Elkhart 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. Typist

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Eugene Hunt
   Residence of father (if deceased so state) 1035 W. 10th St. Jeffersonville
   Birthplace of father (State or foreign country) Indpls., Ind.
9. Full maiden name of mother Mary F. Davis
   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 Kenneth E. Hunt

New Address 1144 MIDDLEBURY ELKHART IN.

Subscribed and sworn to before me this 22 day of May, 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 Alice Middle J. Last Drake

Date of Birth: Month May Day 19 Year 1960

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 414 S. Green St. City Brownsburg County In State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Eugene Drake
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Evelyn Leanore Harris
   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 Alice J. Drake

New Address 1144 Middlebury St., Elkhart, In 46514

Subscribed and sworn to before me this 22nd day of May, 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 28 day of May, 19 81, authorizing the joining together as husband and wife Kenneth E. Hunt and Alice J. Drake

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, George Davis Jr. hereby certify that on the 6 day of June, one thousand nine hundred and 81, at Brownsburg, County of Hend, State of Indiana, Groom Kenneth E. Hunt of Montgomery County, State of Ind, and, Bride Alice J. Drake 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 7 day of June, 19 81.

Signed George W Davis Jr.

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of June, 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. 231

File

May 22 1981 Date of Application

MALE
Medical Examination Report Dated 5-18-81
Name of Physician David B. Haggard M.D.

FEMALE
Medical Examination Report Dated 5-18-81
Name of Physician David B. 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 Brian Middle Rex Last Puckett

Date of Birth: Month Aug Day 8 Year 1959

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 328 Brookside Ln. City Plfd. County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/p.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ivan R. Puckett
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phyllis Hunter
   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 Brian Rex Puckett
New Address 5991 Lake Club Sq. Columbus, Ohio

Subscribed and sworn to before me this 22 day of May, 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 Renee Middle Jan Last Edsall

Date of Birth: Month April Day 7 Year 1959

Place of Birth (State or foreign country) Brookhaven N.Y.

Residence Address: Street or R. R. 9166 Jansel Circle City Indpls. County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/p.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Edsall Sr.
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Evelyn June Mistler
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) New York.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Renee J. Edsall
New Address 5991 Lake Club Sq, Columbus OH 43227

Subscribed and sworn to before me this 22 day of May, 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 HENDRICKS Circuit Court of Indiana dated the 26 day of May, 1981, authorizing the joining together as husband and wife Brian R. Puckett and Renee J. Edsall

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Daniel E. Finch hereby certify that on the 30 day of May, one thousand nine hundred and 81 at Plfd., County of Hend., State of Indiana, Groom Brian R. Puckett of Hendricks County, State of In, and, Bride Renee J. Edsall 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 26 day of May, 1981. Signed Daniel E. Finch

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of June, 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. 232

File

5-22-81 Date of Application

MALE
Medical Examination Report Dated 5-11-81
Name of Physician James Black

FEMALE
Medical Examination Report Dated 5-11-81
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 Kevin | Middle George | Last Harnden

Date of Birth: Month 8 | Day 23 | Year 1954

Place of Birth (State or foreign country) Louisville KY

Residence Address: Street or R. R. 1877 Douglass Blvd | City Louisville | County Jefferson | 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) 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 Phillip James Harnden, Sr.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Troy Ohio
9. Full maiden name of mother Freda Catherine Mitchell
   Residence of mother (if deceased so state) Louisville KY
   Birthplace of mother (State or foreign country) Unknown.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kevin George Harnden
New Address 1877 Douglass Blvd Lot 2

Subscribed and sworn to before me this 22 day of May, 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 Amelia | Middle Caroline | Last Adams

Date of Birth: Month 9 | Day 24 | Year 1957

Place of Birth (State or foreign country) Beech Grove Ind

Residence Address: Street or R. R. 8110 N St. Rd. 267 | City Bburg | 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 James Orlock Adams
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Oveda Laura Whitaker
   Residence of mother (if deceased so state) Brownsburg, 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 Amelia Caroline Adams
New Address 1877 Douglass Blvd. Lot 2

Subscribed and sworn to before me this 22 day of May, 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 in HENDRICKS County Superior Court #2 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* May, 19 81., *authorizing the joining together as husband and wife* Kevin G Harnden *and* Amelia C. Adams
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Benny Hart *hereby certify that on the* 4 *day of* June, *one thousand nine hundred and* 81 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Kevin G. Harnden *of* Jefferson *County, State of* Ky. *and, Bride* Amelia C. Adams *of* Hendricks *County, State of* In, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 22 *day of* May, 19 81.

Signed Benny Hart
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* June, 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. 233

File

May 22, 1981 Date of Application

MALE
Medical Examination Report Dated 5-20-81
Name of Physician Wm Edwards

FEMALE
Medical Examination Report Dated 5-22-81
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 Warren Middle Dean Last Campbell II

Date of Birth: Month May Day 21 Year 1964

Place of Birth (State or foreign country) Greencastle, Indiana

Residence Address: 125 N. Center Street or R. R. Plainfield City, County, State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Warren Dean Campbell Sr.
   Residence of father (if deceased so state) 125 N. Center Plainfield, In
   Birthplace of father (State or foreign country) Vincennes, Indiana
9. Full maiden name of mother Roseland Mae Harvey
   Residence of mother (if deceased so state) Plainfield, Indiana
   Birthplace of mother (State or foreign country) Greencastle, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dean Campbell

New Address 125 North Center St

Subscribed and sworn to before me this 22 day of May, 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

F The Father Have full Custody

State of Indiana, County of HENDRICKS } ss:

Signed Warren D Campbell Father

Signed Mother

Subscribed and sworn to before me this 22 day of May, 19 81.

Mary Jane Russell Clerk

FEMALE APPLICANT

Name: First Vivienne Middle V. Last Broadbuhn

Date of Birth: Month July Day 23 Year 1963

Place of Birth (State or foreign country) Marion Co. Ind

Residence Address: 3603 S. Clarks Creek Rd. Street or R. R. Plainfield City, County, State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 L. Broadbuhn
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Mary B. Gilbert
   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 Vivienne V Broadbuhn

New Address 125 North Center St.

Subscribed and sworn to before me this 22 day of May, 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 Mary B. Broadbuhn Mother

Subscribed and sworn to before me this 22 day of May, 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 Court by written order issued 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 May, 19 81, authorizing the joining together as husband and wife Warren D. Campbell II and Vivienne V. Broadbuhn

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Timothy C. Bader hereby certify that on the 27 day of May, one thousand nine hundred and 81 at Marion, County of Marion, State of Indiana, Groom Warren D. Campbell II of Hendricks County, State of Ind. and, Bride of Hendricks County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27 day of May, 19 81.

Signed Timothy C. Bader

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of June, 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. 233

File

May 22, 1981 Date of Application

MALE
Medical Examination Report Dated 5-20-81
Name of Physician Wm Edwards

FEMALE
Medical Examination Report Dated 5-22-81
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 Marvin Middle Dean Last Campbell II

Date of Birth: Month May Day 21 Year 1964

Place of Birth (State or foreign country) Greencastle, Indiana

Residence Address: Street or R. R. 125 N. Center City Plainfield County State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marvin Dean Campbell Sr.
   Residence of father (if deceased so state) 125 N. Center Plainfield, In
   Birthplace of father (State or foreign country) Vincennes, Indiana
9. Full maiden name of mother Roseland Mae Harvey
   Residence of mother (if deceased so state) Plainfield, Indiana
   Birthplace of mother (State or foreign country) Greencastle, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dean Campbell

New Address 125 North Center St

Subscribed and sworn to before me this 22 day of May, 1981.

Mary Jane Russell HENDRICKS Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Vivianne Middle V. Last Broadhuhn

Date of Birth: Month July Day 22 Year 1963

Place of Birth (State or foreign country) Marion Co. Ind

Residence Address: Street or R. R. 3603 S. Clarks Creek Rd. 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 L. Broadhuhn
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Mary B. Gebhart
   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 Vivienne V Broadhuhn

New Address 125 North Center St.

Subscribed and sworn to before me this 22 day of May, 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS.

We, the parents, of this ap
signs, state facts which re
I The

State of Indiana,
County of HEND
Signed
Signed
Subscribed and sworn to b

I, Elmer L Broadhuhn, hereby give my consent for my Daughter Vivianne Broadhuhn to marry Dean Campbell.
Campbell.

Elmer L. Broadhuhn.

subscribed and sworn to before me this 22nd day of MAY 1981

Terry Hatcher
Notary Public

COMPLETE IF MA
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* 22 *day of* May, 19 81, *authorizing the joining together as husband and wife* Marvin D. Campbell II *and* Vivienne V. Broadhuhn

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Timothy Bender *hereby certify that on the* 22 *day of* May, *one thousand nine hundred and* 81 *at* , *County of* Marion, *State of Indiana, Groom* Marvin D. Campbell II *of* Hend. *County, State of* Ind. *and, Bride* *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* May, 19 81.

Signed Timothy C. Bender

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* June, 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. 234
File 42
5-22-81
Date of Application

MALE
Medical Examination Report Dated 5-22-81
Name of Physician Q. N. Scudder

FEMALE
Medical Examination Report Dated 5-22-81
Name of Physician Q. 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 Dennis Middle Robert Last Greenlee
Date of Birth: Month 3 Day 20 Year 54
Place of Birth (State or foreign country)
Residence Address: Street or R. R. PO Box 72 City Amo County Hend. State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) D.L. w/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 N. Greenlee
   Residence of father (if deceased so state) Amo Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Florence M. McKay
   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 X Dennis Greenlee
New Address P.O. Box 72 Amo IN. 46103

Subscribed and sworn to before me this 22 day of May, 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 Kathy Middle Lynn Last Frazier
Date of Birth: Month 3 Day 13 Year 57
Place of Birth (State or foreign country)
Residence Address: Street or R. R. PO Box 72 City Amo County Hend. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) D.L. w/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 Jerry D. Bowman
   Residence of father (if deceased so state) Indpls., Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mildred J. Bowman
   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 X Kathy L. Frazier
New Address P.O. Box 72 Amo Ind. 46103

Subscribed and sworn to before me this 22 day of May, 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* 26 *day of* May, 19 81, *authorizing the joining together as husband and wife* Dennis R. Greenlee *and* Kathy L. Frazier
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mauer *hereby certify that on the* 26 *day of* May, *one thousand nine hundred and* 81 *at* Amo, *County of* Hend., *State of Indiana, Groom* Dennis R. Greenlee *of* Hend. *County, State of* Ind., *and, Bride* Kathy L. Frazier *of* Hend. *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 26 *day of* May, 19 81.

Signed John C. Mauer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 26 *day of* May, 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. 235

File

May 22 1981
Date of Application

MALE
Medical Examination Report Dated 5-4-81
Name of Physician Joseph C. Kurlis

FEMALE
Medical Examination Report Dated 5-4-81
Name of Physician Joseph C. Kurlis

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 W. Last Moran

Date of Birth: Month 4 Day 6 Year 1956

Place of Birth (State or foreign country) Indpls In

Residence Address: Street or R. R. 221 1st Ave. N.E. City Carmel County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/p.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert W. Moran
   Residence of father (if deceased so state) Carmel In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Ethel M. Donahue
   Residence of mother (if deceased so state) Carmel In.
   Birthplace of mother (State or foreign country) Indpls. In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Daniel W Moran

New Address 221 1ST AVE N.E CARMEL IN 46032

Subscribed and sworn to before me this 22 day of May, 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 Barbara Middle Lynn Last Jack

Date of Birth: Month Sept Day 17 Year 1956

Place of Birth (State or foreign country) Indpls. In.

Residence Address: RR # 1 Street or R. R. Clayton 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 Licence 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 William Jack
   Residence of father (if deceased so state) Clayton In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Curie B. Martin
   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 Barbara Jack

New Address 221 1st Ave. NE Carmel IN 46032

Subscribed and sworn to before me this 22 day of May, 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* 27 *day of* May, 19 81, *authorizing the joining together as husband and wife* Daniel W. Moran *and* Barbara J Hack

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Robert E. Harris hereby certify that on the 30 day of May, one thousand nine hundred and 81 at Cartersburg, County of Hend, State of Indiana, Groom Daniel W. Moran of Hamilton County, State of Ind, and, Bride Barbara J Hack 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 May, 19 81.

Signed Robert E. Harris

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* June, 19 81.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 236

Form Prescribed By
Indiana State Board 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 May 26, 1981
Date of Application

MALE
Medical Examination Report Dated 5-22-81
Name of Physician James Black

FEMALE
Medical Examination Report Dated 5-23-81
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 George Middle Eugene Last Booth Jr.
Date of Birth: Month Jan Day 12 Year 1958
Place of Birth (State or foreign country): New Jersey
Residence Address: Street or R. R. 45 Ridgeway City Brownsburg 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) 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 George E. Booth Jr.
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) W. Va.
9. Full maiden name of mother Margaret Edris
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) W. Va.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed George E. Booth
New Address 269 Danny Lane Harleysville, Penn. 19438
Subscribed and sworn to before me this 26 day of May, 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 Anna Middle Marie Last Phelps
Date of Birth: Month Dec Day 28 Year 1960
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 125 N. Jefferson 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald L. Phelps
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Anna R. Tessano
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) N. York

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Anna Marie Phelps
New Address 269 Danny Ln., Harleysville, PA 19438
Subscribed and sworn to before me this 26 day of May, 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* 3 *day of* June, 19 81, *authorizing the joining together as husband and wife* George E. Booth, Jr. *and* Anna M. Phelps
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jerry R. Nash *hereby certify that on the* 13 *day of* June, *one thousand nine hundred and* 81 *at* Brownsburg, *State of Indiana, Groom* George E. Booth, Jr. *of* Hend. *County, State of* Ind., *and, Bride* Anna M. Phelps *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* June, 19 81.

Signed Jerry R. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* June, 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. 232

File

May 26, 1981
Date of Application

MALE
Medical Examination Report Dated 5-20-81
Name of Physician M Garfield

FEMALE
Medical Examination Report Dated 5-22-81
Name of Physician D. Cobb

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Louis Middle L. Last Croce II

Date of Birth: Month Oct Day 13 Year 1953

Place of Birth (State or foreign country) Evansville, Indiana

Residence Address: Street or R. R. 1444 Avon Rd. 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) 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 Louis J. Croce Sr.
   Residence of father (if deceased so state) Evansville, Ind.
   Birthplace of father (State or foreign country) Wis.
9. Full maiden name of mother Clara Wengel
   Residence of mother (if deceased so state) Evansville, 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 Louis J. Croce II

New Address 1444 Avon Rd. Plainfield In

Subscribed and sworn to before me this 26 day of May, 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 Linda Middle L. Last Hutchinson

Date of Birth: Month Dec Day 25 Year 1953

Place of Birth (State or foreign country) Evansville, Indiana

Residence Address: Street or R. R. 5100 Hoosier Ct. City Evansville, County State Indiana

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Virgil Lee Ashworth
   Residence of father (if deceased so state) Lamar, Indiana
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Marjorie L. Best
   Residence of mother (if deceased so state) Lamar, 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 Linda L Hutchinson

New Address 1444 Avon Rd Plainfield Ind.

Subscribed and sworn to before me this 26 day of May, 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 29th day of May, 19 81, authorizing the joining together as husband and wife Louis J. Croce II and Linda L. Hutchinson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rhodora H. Jempel hereby certify that on the 30 day of May, one thousand nine hundred and 81 at Evansville, County of Vanderburgh State of Indiana, Groom Louis J. Croce II of Henderson County, State of Ky. and, Bride Linda L. Hutchinson of Vanderburgh County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30 day of May, 19 81.

Signed Rhodora H. Jempel

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of June, 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. 238

File

5-27-81
Date of Application

MALE
Medical Examination Report Dated 5-11-81
Name of Physician Ludmilla Frommell

FEMALE
Medical Examination Report Dated 5-11-81
Name of Physician Ludmilla Frommell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 E. Last Officer

Date of Birth: Month 2 Day 12 Year 1955

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. PO Box 279 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) 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.
   Sabrina Jo Officer
   Mark Adam Officer
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Edward Officer
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Jasonville Ind.
9. Full maiden name of mother Geneva Miriam Campbell
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Mark E. Officer
New Address P.O. Box 279 CLAYTON, IN 46118

Subscribed and sworn to before me this 27 day of May, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Martha Middle A. Last Scotten

Date of Birth: Month 7 Day 24 Year 1956

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: Street or R. R. PO Box 242 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) 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 Donald Roberts Scotten
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carol Sue ~~Muncy~~ Munce
   Residence of mother (if deceased so state) Indiana
   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 Martha A. Scotten
New Address PO Box 279 Clayton IN 46118

Subscribed and sworn to before me this 27 day of May, 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 1 day of June, 19 81, authorizing the joining together as husband and wife Mark E Officer and Martha Ann Scotten

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Kenneth P Byland hereby certify that on the 6 day of June, one thousand nine hundred and 81 at Clayton, County of Hend., State of Ind., and, Bride Martha Ann Scotten 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 June, 1981.

Signed Kenneth P. Byland
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of June, 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. 239
File 42
5-27-81 Date of Application

MALE
Medical Examination Report Dated 5-26-81
Name of Physician D. B. Haggard

FEMALE
Medical Examination Report Dated 5-26-81
Name of Physician D. 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 Carl Middle [illegible] Last Brown

Date of Birth: Month 12 Day 25 Year 54

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. 4207 S. Kirk Rd. City Lake Worth County [illegible] State Florida

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.
   Ryan Carl Brown
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 K. Brown Sr.
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Elizabeth R. Hopley
   Residence of mother (if deceased so state) Pitts. 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 Carl B Brown
New Address 4207 S Kirk Rd Lk Worth Fla

Subscribed and sworn to before me this 27 day of May, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Deborah Middle J. Last Russell

Date of Birth: Month 3 Day 16 Year 59

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. 4207 S. Kirk Rd. City Lake Worth County [illegible] State Florida

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.
   Ryan Carl Brown
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 D. Russell
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Nancy E. Dawes
   Residence of mother (if deceased so state) Ridge. Ind.
   Birthplace of mother (State or foreign country) Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Deborah J. Russell
New Address 4207 S. Kirk Rd. Lake Worth Fla. 33461

Subscribed and sworn to before me this 27 day of May, 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 Sept Court by written order issued 3-Day Dawes and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27 day of May, 19 81, authorizing the joining together as husband and wife Carl Brown and Deborah Russell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ron Hallock hereby certify that on the 30 day of May, one thousand nine hundred and 81 at Pitts. County of Pike, State of Indiana, Groom Carl Brown of Palm Beach County, State of Florida, and, Bride Deborah Russell of Palm Beach County, State of Florida, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30 day of May, 19 81

Signed Ron Hallock
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of June, 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. 240
File 42
5-28-81
Date of Application

MALE
Medical Examination Report Dated 5-26-81
Name of Physician D.B. Haggard

FEMALE
Medical Examination Report Dated 5-26-81
Name of Physician D.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 Jim Middle Edward Last Brennan

Date of Birth: Month 2 Day 13 Year 61

Place of Birth (State or foreign country) Greencastle, Ind.

Residence Address: Street or R. R. P.O. Box 373 City North Salem 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 Billie E. Brennan
   Residence of father (if deceased so state) North Salem Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Rosalind Ann Brothers
   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 x Timothy E. Brennan
New Address 5 MANOR DRIVE SO. B'BURG, IN

Subscribed and sworn to before me this 28 day of May, 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 Renee Last Stassin

Date of Birth: Month 4 Day 29 Year 62

Place of Birth (State or foreign country) Seattle, Wash.

Residence Address: Street or R. R. 5 Manor Dr. City South Bloomfield 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 Raymond E. Stassin
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Shirley K. Joslin
   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 Lisa Renee' Stassin
New Address 5 Manor Dr. S. Bloomfield, Ind.

Subscribed and sworn to before me this 28 day of May, 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* 3 *day of* June, 81, *authorizing the joining together as husband and wife* Jim Brennan *and* Lisa Stassin
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jim Douglas *hereby certify that on the* 6 *day of* June, *one thousand nine hundred and* 81 *at* Ind., *County of* Hend., *State of Indiana, Groom* Jim Brennan *of* Hend. *County, State of* Ind. *and, Bride* Lisa Stassin *of* Hend. *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 3 *day of* June, 81.

Signed Jim Douglas
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8 *day of* June, 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. 241

File 42

5-28-81 Date of Application

MALE
Medical Examination Report Dated 5-14-81
Name of Physician J. M. Walker

FEMALE
Medical Examination Report Dated 5-14-81
Name of Physician J. 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 George Middle E. Last Boger

Date of Birth: Month 2 Day 4 Year 42

Place of Birth (State or foreign country) Dayton Ohio

Residence Address: 404 Dover Rd. Brownsburg Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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.
   Lyle Boger
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 A. Boger
   Residence of father (if deceased so state) Tipp City, Ohio
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Betty J. Troy
   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 George E. Boger

New Address 404 Dover Rd. Brownsburg, IND

Subscribed and sworn to before me this 28 day of May, 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 L. Last Malott

Date of Birth: Month 12 Day 21 Year 32

Place of Birth (State or foreign country) Converse, Ind.

Residence Address: 404 Dover Rd. Brownsburg

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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.
   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 Ira J. Stanbrough
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Connecticut
9. Full maiden name of mother Sara J. Kellis
   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 X Mary L Malott

New Address 404 Dover Rd

Subscribed and sworn to before me this 28 day of May, 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 June, 19 81, authorizing the joining together as husband and wife George E. Boger and Mary L. Malott

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Mary Jane Russell hereby certify that on the 26 day of June, one thousand nine hundred and 81 at Danville, County of Hend, State of Indiana, Groom George E. Boger of Hend County, State of IN, and, Bride Mary L. Malott 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 26 day of June, 19 81. Signed Mary Jane Russell

Official Designation Clerk - Circuit Ct.

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of June, 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. 242
File 42
5-28-81
Date of Application

MALE
Medical Examination Report Dated 5-22-81
Name of Physician D. Hadley

FEMALE
Medical Examination Report Dated 5-22-81
Name of Physician D. 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 Frank Middle P. Last Anderson Jr.
Date of Birth: Month July Day 25 Year 1955
Place of Birth (State or foreign country): Indianapolis, Indiana
Residence Address: Street or R. R. 616 Hanley St City Plainfield County Hendricks State Indiana
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers Lic w/pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 P. Anderson Sr.
   Residence of father (if deceased so state) Plainfield, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ramona Maxine Huffine
   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 Frank P. Anderson
New Address

Subscribed and sworn to before me this 3 day of June, 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 Vikki Middle S. Last Minnick
Date of Birth: Month 3 Day 28 Year 57
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 616 Hanley St. City Plfd. County Hend. State 46168
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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.
   Jennifer Minnick

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry J. Hyndell
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Ind. (Ohio?)
9. Full maiden name of mother Jacquelyne A. Ramsey
   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 X Vikki L. Minnick
New Address 616 Hanley Plfd In.

Subscribed and sworn to before me this 28 day of May, 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 3 day of June, 19 81, authorizing the joining together as husband and wife Frank P Anderson Jr and Vikki L. Minnick
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Buddy Fehrman hereby certify that on the 21 day of June, one thousand nine hundred and 81 at Plainfield, County of Hendricks, State of Indiana, Groom Frank P Anderson Jr of Hendricks County, State of IN and, Bride Vikki L. Minnick of Hendricks County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 3 day of June, 19 81.

Signed Buddy Fehrman
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of August, 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. 243

File 42

5-28-81 Date of Application

MALE
Medical Examination Report Dated 5-26-81
Name of Physician Drunell

FEMALE
Medical Examination Report Dated 5-26-81
Name of Physician Drunell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 [illegible] Last Main

Date of Birth: Month 2 Day 26 Year 53

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1007 Valley View Dr. City Plfd. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Harold Main
   Residence of father (if deceased so state) Clayton Ind.
   Birthplace of father (State or foreign country) Hadley Ind.
9. Full maiden name of mother Patricia Cook
   Residence of mother (if deceased so state) Dead
   Birthplace of mother (State or foreign country) Anderson, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Dm - / Main

New Address 1007 VALLEY VIEW PLAINFIELD

Subscribed and sworn to before me this 26 day of May, 1981.

Marylou 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 Dawn Middle [illegible] Last Waskom

Date of Birth: Month 9 Day 2 Year 59

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. R.R. 1 Box 215 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) 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 Ralph Waskom
   Residence of father (if deceased so state) Coatesville, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Nancy Johnson
   Residence of mother (if deceased so state) Dead
   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 Dawn Waskom

New Address 1007 Valley View, Plainfield

Subscribed and sworn to before me this 28 day of May, 1981.

Marylou 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 2 day of June, 19 81, authorizing the joining together as husband and wife David C. Main and Dawn E. Waskom

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jarris D. Stacy hereby certify that on the 6 day of June, one thousand nine hundred and 81 at Clayton, County of Hend, State of Indiana, Groom David C. Main of Hend County, State of Ind, and, Bride Dawn E. Waskom 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 June, 1981.

Signed Jarris D. Stacy

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of June, 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. 244

File

5-29-81
Date of Application

MALE
Medical Examination Report Dated 5-27-81
Name of Physician Robt. A. Heavirn

FEMALE
Medical Examination Report Dated 5-27-81
Name of Physician Robt A. Heavirn

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 D. Last Armour

Date of Birth: Month 6 Day 4 Year 1961

Place of Birth (State or foreign country) Putnam Co.

Residence Address: Street or R. R. 2366 E. Main 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dale C. Armour
   Residence of father (if deceased so state) Clayton Ind.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Helen M Burnett
   Residence of mother (if deceased so state) Clayton Ind.
   Birthplace of mother (State or foreign country) Putnam Co.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Steven D. Armour
New Address 2366 E Main Plfd.

Subscribed and sworn to before me this 29 day of May, 19 81.
Mary Jane Fender Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Jane Middle N. Last McIntire

Date of Birth: Month 4 Day 24 Year 1963

Place of Birth (State or foreign country) Crawfordsville Ind

Residence Address: Street or R. R. RR 2 Box 43 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 James F. McIntire
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Crawfordsville Ind.
9. Full maiden name of mother Helen M. Ragsdale
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Advance Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Jane N. McIntire
New Address 2366 E. Main Plfd.

Subscribed and sworn to before me this 29 day of May, 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* 2 *day of* June, 19 81, *authorizing the joining together as husband and wife* Steven Dale Armour *and* Jane N. McIntire.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dr. Joseph D. Stump *hereby certify that on the* 5 *day of* June, *one thousand nine hundred and* 81 *at* Danville, *County of* Hend., *State of Indiana, Groom* Steven Dale Armour *of* Hend. *County, State of* Ind., *and, Bride* Jane N. McIntire *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* June, 19 81.

Signed Dr. Joseph D. Stump

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 *day of* June, 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. 245
File 42
5-29-81 Date of Application

MALE
Medical Examination Report Dated 5-28-81
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 5-28-81
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 Thomas Middle J. Last Hammons
Date of Birth: Month May Day 19 Year 1960
Place of Birth (State or foreign country) Montana
Residence Address: Street or R. R. 10333 S. Windgate Blvd. 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) #95376

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Frederick Hammons
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Lee Cline
   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 Thomas J. Hammons
New Address 10333 Dwingate Blvd INDPLS IND

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Lorri Middle L Last Hydell
Date of Birth: Month Feb. Day 28 Year 1962
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 501 S. Center 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) #2511

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gary Leroy Hydell
   Residence of father (if deceased so state) 501 S. Center Plainfield, Ind.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Jacqueline Ann Ramsey
   Residence of mother (if deceased so state) 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 Lorri L Hydell
New Address 10333 S WINGATE

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2 day of June, 19 81, authorizing the joining together as husband and wife Thomas J. Hammons and Lorri L. Hydell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jeffery A. Trees hereby certify that on the 6 day of June, one thousand nine hundred and 81 at Plfd., County of Hend., State of Indiana, Groom Thomas J. Hammons of Hend., County, State of IN, and, Bride Lorri L. Hydell 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 6 day of June, 19 81.

Signed Jeffery A. Trees
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of June, 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. 246

File

June 1, 1981
Date of Application

MALE
Medical Examination Report Dated May 21, 1981

Name of Physician L. Moseman

FEMALE
Medical Examination Report Dated

Name of Physician May 28, 1981 - K. 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 Dennis Middle L Last Judy

Date of Birth: Month Dec. Day 21 Year 1957

Place of Birth (State or foreign country) Salem, Indiana

Residence Address: Street or R. R. RR#3 City Dalton County Orange 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 Walter Wade Judy
   Residence of father (if deceased so state) Dalton, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marolyn Juanita Busick
   Residence of mother (if deceased so state) Dalton, 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 Dennis L. Judy

New Address R#3 Dalton, Indiana

Subscribed and sworn to before me this 1 day of June, 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 Shelly Middle Lynne Last Bridwell

Date of Birth: Month May Day 31 Year 1961

Place of Birth (State or foreign country) Oklahoma City, Oklahoma

Residence Address: Street or R. R. 924 Romona Dr. City Indianapolis 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 Donald Wayne Bridwell
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Oklahoma
9. Full maiden name of mother Sherry Sue Fuller
   Residence of mother (if deceased so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Oklahoma

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Shelly L. Bridwell

New Address R#3 Orleans, Ind.

Subscribed and sworn to before me this 1 day of June, 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 5 day of June, 1981, authorizing the joining together as husband and wife Dennis Lee Judy and Shelly Lynne Bridwell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Bernard A. Jackson hereby certify that on the 6 day of June one thousand nine hundred and 81 at Pltfd, County of Hend, State of Indiana, Groom Dennis Lee Judy of Orange County, State of Ind, and, Bride Shelly Lynne Bridwell 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 June, 1981.

Signed Bernard A. Jackson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of June, 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. 247

File

(6-1-81) Date of Application

MALE
Medical Examination Report Dated 5-23-81
Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated 5-23-81
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 Charles Middle A. Last Hintzman

Date of Birth: Month 2 Day 1 Year 1946

Place of Birth (State or foreign country) Lafayette Ind.

Residence Address: Street or R. R. Box 115 City Reynolds County White 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 Frederick H. Hintzman Sr.
   Residence of father (if deceased so state) Reynolds Ind.
   Birthplace of father (State or foreign country) Reynolds Ind.
9. Full maiden name of mother Lena Marie Buss
   Residence of mother (if deceased so state) Reynolds Ind.
   Birthplace of mother (State or foreign country) Reynolds Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Walter A. Hintzman

New Address 214 A N. Beach Dr. Monticello, IN 47960

Subscribed and sworn to before me this 1st day of June, 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 Kathleen Middle M. Last Foster

Date of Birth: Month 11 Day 20 Year 1952

Place of Birth (State or foreign country) Vandalia, Illinois

Residence Address: 270 N. Gibson Street or R. R. Danville City Vend County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kevin Todd Foster

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Gaza O'Dell
   Residence of father (if deceased so state) St. Peter, Ill.
   Birthplace of father (State or foreign country) Logata Longcote Ill.
9. Full maiden name of mother Martha Louise Amelia Schroeder
   Residence of mother (if deceased so state) St. Peters Ill.
   Birthplace of mother (State or foreign country) Vandalia, Ill

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kathleen M. Foster

New Address 214A N. Beach Dr. Monticello, In 47960

Subscribed and sworn to before me this 1 day of June, 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 ..... Circuit Court of Indiana dated the 5th day of June, 19 81, authorizing the joining together as husband and wife Charles A. Hintzman and Kathleen M. Foster

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, J. Kincaid Smith hereby certify that on the 14 day of June, one thousand nine hundred and 81 at ~~Hend.~~ Brownsburg, County of Hend State of Indiana, Groom Charles A. Hintzman of White County, State of In and, Bride Kathleen M. Foster 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 14 day of June, 19 81.

Signed J. Kincaid Smith

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of June, 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. 248

File

6-1-81
Date of Application

MALE
Medical Examination Report Dated 5-16-81
Name of Physician Robt. C. Bullers

FEMALE
Medical Examination Report Dated 5-16-81
Name of Physician Robt. C. Bullers

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle J. Last Bullers

Date of Birth: Month 10 Day 12 Year 1955

Place of Birth (State or foreign country) Boston Massachusetts

Residence Address: Street or R. R. 784 Shadey Creek City Greenwood County Johnson State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Jacob Elijah Bullers — Not Dependent.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be 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 Clinton Bullers
   Residence of father (if deceased so state) Franklin Ind.
   Birthplace of father (State or foreign country) Oakley Idaho
9. Full maiden name of mother Elizabeth Jacobs
   Residence of mother (if deceased so state) Greenwood Ind.
   Birthplace of mother (State or foreign country) Newark, Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Richard J. Bullers
New Address RR 1 Nineveh, IN 46164

Subscribed and sworn to before me this 1 day of June, 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 Jenny Middle L. Last Sweet

Date of Birth: Month 4 Day 27 Year 1962

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. RR 8 Box 298 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harley Vestal Sweat
   Residence of father (if deceased so state) Pfld Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Juliana Bebles
   Residence of mother (if deceased so state) Pfld. 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 Jenny L. Sweet
New Address RR 1 Vincent, In 46164

Subscribed and sworn to before me this 1 day of June, 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 5th day of June, 19 81, authorizing the joining together as husband and wife Richard J. Bullers and Jenny L. Sweet

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 13 day of June, one thousand nine hundred and 81 at Danville, County of Hend., State of Indiana, Groom Richard J. Bullers of Johnson County, State of Ind., and, Bride Jenny L. Sweet 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 June, 19 81.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of June, 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. 249

File

June 2, 1981
Date of Application

MALE
Medical Examination Report Dated 5-24-81
Name of Physician Malcolm Scamahorn

FEMALE
Medical Examination Report Dated 5-24-81
Name of Physician Malcolm 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 Jay, Middle Alan, Last Christie

Date of Birth: Month 7, Day 28, Year 1962

Place of Birth (State or foreign country): Indianapolis, In.

Residence Address: Street or R. R. P.O. Box 98, City Pittsboro, County, State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jerry Lee Christie
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joyce Ann Pence
   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 Jay Christie

New Address PO Box 98 Lizton IN 46149

Subscribed and sworn to before me this 2nd day of June, 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 Renee, Last Bruce

Date of Birth: Month Dec., Day 13, Year 1962

Place of Birth (State or foreign country): Danville, In.

Residence Address: Street or R. R. P.O. Box 233, City Pittsboro, County, State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Bruce
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Glenda J. Johnson
   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 Lisa R. Bruce

New Address P.O. Box 98 Lizton, Ind.

Subscribed and sworn to before me this 2nd day of June

Mary Jane Russell Clerk HENDRICKS

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If or signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed .....

Signed x Glenda J. Bruce

Subscribed and sworn to before me this 2 day of June

Mary Jane Russell

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the 7 day of June, 19 81, authorizing the joining together as husband and wife JAY ALAN CHRISTIE and LISA RENEE BRUCE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM CHARLES McGRAW hereby certify that on the 13th day of JUNE, one thousand nine hundred and 81 at PITTSBORO, County of HENDRICKS, State of Indiana, Groom JAY ALAN CHRISTIE of HENDRICKS County, State of INDIANA, and, Bride LISA RENEE BRUCE of HENDRICKS County, State of INDIANA, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26th day of JUNE, 19 81.

Signed WILLIAM CHARLES McGRAW

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of June, 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. 249

File

June 2, 1981
Date of Application

MALE
Medical Examination Report Dated 5-24-81
Name of Physician Malcolm Scamahorn

FEMALE
Medical Examination Report Dated 5-24-81
Name of Physician Malcolm 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 Jay, Middle Alan, Last Christie

Date of Birth: Month 7, Day 28, Year 1962

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. P.O. Box 2, City Pittsboro, County, State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jerry Lee Christie
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joyce Ann Pence
   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 Jay Christie

Subscribed and sworn to b
Mary Jan

CONSENT OF PARENTS

We, the parents, of this
signs, state facts which

State of Indiana, County of HEND
Signed
Signed
Subscribed and sworn to b

FEMALE APPLICANT

Name: First Lisa, Middle Renee, Last Bruce

Date of Birth: Month Dec., Day 13, Year 1962

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R. R. P.O. Box 233, City Pittsboro, County, State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Bruce
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Glenda J. Johnson
   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 Lisa R. Bruce
P.O. Box 98 Linden IN 47949

I, James R Bruce, hereby give my consent for my Daughter, Lisa R. Bruce to marry Jay A. Christie.

x James R. Bruce

Subscribed and sworn to before me this 8 day of June 1981

Barbara L. Williams
Notary Public

NOTARY PUBLIC SEAL

My Commission Expires May 30, 1985

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 7 day of June, 19 81, authorizing the joining together as husband and wife JAY ALAN CHRISTIE and LISA RENEE BRUCE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM CHARLES McGRAW hereby certify that on the 13th day of JUNE, one thousand nine hundred and 81 at PITTSBORO, County of HENDRICKS, State of INDIANA, Groom JAY ALAN CHRISTIE of HENDRICKS County, State of INDIANA, and, Bride LISA RENEE BRUCE of HENDRICKS County, State of INDIANA, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26th day of JUNE, 19 81.

Signed WILLIAM CHARLES McGRAW

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of June, 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. 250

File

June 4, 1981
Date of Application

MALE
Medical Examination Report Dated 6-3-81
Name of Physician M.E. McClure

FEMALE
Medical Examination Report Dated 6-3-81
Name of Physician M.E. McClure

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 D., Last Ingle

Date of Birth: Month March, Day 30, Year 1961

Place of Birth (State or foreign country): Indianapolis Indiana

Residence Address: Street or R. R. 510 Avon Rd, City Plainfield, County, State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harrison D. Ingle
   Residence of father (if deceased so state) Plainfield, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Donna S. Esterbrooks
   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 William D. Ingle
New Address 510 Avon Rd

Subscribed and sworn to before me this 4 day of June, 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 Tammy, Middle Lee, Last Holloway

Date of Birth: Month April, Day 24, Year 1963

Place of Birth (State or foreign country): Indianapolis Indiana

Residence Address: Street or R. R. 506 Avon Rd., City Plainfield, County, State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clayton L. Holloway
   Residence of father (if deceased so state) Plainfield, Indiana
   Birthplace of father (State or foreign country) Vermont
9. Full maiden name of mother June J. Donavon
   Residence of mother (if deceased so state) Plainfield, Indiana
   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 Tammy Holloway
New Address 510 Avon Rd.

Subscribed and sworn to before me this 4 day of June, 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 3rd day Waiver and filed in Superior #2 James Harris Pro-Tem authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* June, 19 81, *authorizing the joining together as husband and wife* William D. Ingle *and* Tammy Lee Holloway

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William Fisher *hereby certify that on the* 4 *day of* June, *one thousand nine hundred and* 81 *at* Indpls, *County of* Marion, *State of Indiana, Groom* William D. Ingle *of* Ford *County, State of* Ind., *and, Bride* Tammy Lee Holloway *of* Ford *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* June, 19 81.

Signed William F. Fisher
Official Designation

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* June, 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. 251
File 42
6-4-81 Date of Application

MALE
Medical Examination Report Dated 6-2-81
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 6-3-81
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 James Middle R. Last Warren
Date of Birth: Month Sept. Day 20 Year 1946
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 534 Enderly Apt. 4, 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) 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.
   James R. Warren, Jr. 12 yrs.
   Wm. S. Warren 10 yrs.
   Jamie M. Warren 8 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 Carl Basil Warren
   Residence of father (if deceased so state) 328 N. Jefferson, Brownsburg Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Opal Marie De Long
   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 ☒ James R. Warren
New Address 534 Enderly Dr. apt 4
Subscribed and sworn to before me this 4 day of June, 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 Deborah Middle L. Last Schutte
Date of Birth: Month Oct. Day 3 Year 1953
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 534 Enderly Apt. 4, 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) Military I.D.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   David Wilson 7 yrs.
   Christy Schutte 4 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 Wm. Henry Smith
   Residence of father (if deceased so state) 14 Mulpley Ct., Brownsburg Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Charlotte Elizabeth Carter
   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 ☒ Deborah L. Schutte
New Address 534 Enderly Dr. apt 4
Subscribed and sworn to before me this 4 day of June, 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 #1 (Pro Tem) 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* 4 *day of* June, 19 81, *authorizing the joining together as husband and wife* James R. Warren *and* Deborah L. Schutte

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Tom R. Kent *hereby certify that on the* 5 *day of* June, *one thousand nine hundred and* 81 *at* 5075 N. Raceway Rd., *County of* Marion, *State of Indiana, Groom* James R. Warren *of* Hend. *County, State of* Ind., *and, Bride* Deborah L. Schutte *of* Hend. *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 5 *day of* June, 19 81.

Signed Rev. Tom R. Kent
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 *day of* June, 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. 252

File

6-4-81
Date of Application

MALE
Medical Examination Report Dated 5-28-81
Name of Physician Thomas Binson

FEMALE
Medical Examination Report Dated 5-28-81
Name of Physician Thomas Binson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Howie Middle Russell Last McClelland

Date of Birth: Month 12 Day 15 Year 1939

Place of Birth (State or foreign country) Fayette Co., West Virginia

Residence Address: Street or R. R. 3793 Creston Dr. City Indpls. County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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.
   Tony Allen McClelland
   Chriss Russell McClelland
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Kirth McClelland
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) West Virginia
9. Full maiden name of mother Gladys Lulu Backus
   Residence of mother (if deceased so state) East Bank, W. Virginia
   Birthplace of mother (State or foreign country) West Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ George R. McClelland
New Address RR. 2 Box 242 Clayton Ind.

Subscribed and sworn to before me this 4 day of June, 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 Snabnit

Date of Birth: Month 10 Day 20 Year 1946

Place of Birth (State or foreign country) Marion Co., Indiana

Residence Address: Street or R. R. RR2 Bx242, 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) 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.
   Jerry Dean Snabnit
   David Wayne Snabnit
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Bostineau
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Dora Jean Osborn
   Residence of mother (if deceased so state) Delray, Florida
   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 Patricia J. Snabnit
New Address RR 2 Box 242 Clayton, Ind.

Subscribed and sworn to before me this 4 day of June, 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 Docket 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 4 day of June, 19 81, authorizing the joining together as husband and wife George R. McClelland and Patricia J. Snabnit
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mauzer hereby certify that on the 5 day of June, one thousand nine hundred and 81 at Danville, County of Hend, State of Indiana, Groom George R. McClelland of Hend County, State of Ind., and, Bride Patricia J. Snabnit of Hend County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 5 day of June, 19 81.

Signed John C. Mauzer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of June, 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. 253

File

6-4-81
Date of Application

MALE
Medical Examination Report Dated 5-27-81
Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated 5-27-81
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 John Middle S. Last Lohrmann

Date of Birth: Month 6 Day 5 Year 1948

Place of Birth (State or foreign country) Clinton Ind.

Residence Address: Street or R. R. 511 Kimberly Lane City Bfld 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 Licens 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.
   Rebecca Ann Lohrman
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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. Lohrmann
   Residence of father (if deceased so state) Rockville Ind.
   Birthplace of father (State or foreign country) Hillsdale Ind.
9. Full maiden name of mother Mary Lou Russell
   Residence of mother (if deceased so state) Rockville Ind.
   Birthplace of mother (State or foreign country) Hillsdale Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John T. Lohrmann

New Address 511 KIMBERLY LN

Subscribed and sworn to before me this 4 day of June, 19 81

Mary Jane Russell HENDRICKS Clerk Circuit Court

FEMALE APPLICANT

Name: First Nancy Middle Jean Last Ingram

Date of Birth: Month 1 Day 23 Year 1954

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. 215 David Livingston Dr. City Indpls County Marion State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licens 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 Lloyd R. Ingram
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Dana Ind
9. Full maiden name of mother Phyllis Waddell
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Lafayette Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Nancy J. Ingram

New Address 511 Kimberly Lane

Subscribed and sworn to before me this 4 day of June, 19 81

Mary Jane Russell HENDRICKS Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....Circuit Court of Indiana dated the 10 day of June, 19 81, authorizing the joining together as husband and wife John Thomas Lohrmann and Nancy Jean Ingram

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, David H. Coleman hereby certify that on the 13 day of June, one thousand nine hundred and 81 at Rockville, County of Parke, State of Indiana, Groom John T. Lohrmann of Hend County, State of Ind, and, Bride Nancy J. Ingram of Marion County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 13 day of June, 19 81

Signed David H. Coleman

Official Designation Judge Pro Tem

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of June, 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. 254

File

June 5, 1981
Date of Application

MALE
Medical Examination Report Dated 6-1-81
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 6-1-81
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 William Middle R. Last Pepple

Date of Birth: Month February Day 19 Year 1937

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. R.R. 1 Box 279 City Jamestown 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 Rawleigh Joseph Pepple
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Chauncey, Ill.
9. Full maiden name of mother Edna May Ferguson
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Swanson, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William R. Pepple
New Address 29 S. High Jamestown In

Subscribed and sworn to before me this 5 day of June, 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 Andrea Middle L. Last Cornett

Date of Birth: Month October Day 31 Year 1935

Place of Birth (State or foreign country) Montgomery County In.

Residence Address: Street or R. R. Memory Book Apt. City Lizton County In. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clarence Price
   Residence of father (if deceased so state) Thorntown, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ethel Cook
   Residence of mother (if deceased so state) Thorntown, 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 Andrea L. Cornett
New Address 29 S. High, Jamestown, In.

Subscribed and sworn to before me this 5 day of June, 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 9 day of June, 19 81, authorizing the joining together as husband and wife William R. Pepple and Andrea L. Cornett

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Donald L. True hereby certify that on the 20 day of June, one thousand nine hundred and 81 at Lebanon, County of Boone, State of Indiana, Groom William R. Pepple of Boone County, State of In and, Bride Andrea Lee Cornett of Hendricks County, State of In were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20 day of June, 19 81.

Signed Donald L. True
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of June, 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. 255

File

June 5, 1981
Date of Application

MALE
Medical Examination Report Dated June 2, 1981
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated June 2, 1981
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 Christopher Middle Robert Last Ray

Date of Birth: Month July Day 22 Year 60

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 425 Stanley Rd 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Ray
   Residence of father (if deceased so state) Plainfield In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Alice M Malone
   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 Christopher R. Ray

New Address Rt. 1 Box 414 Plfd. In.

Subscribed and sworn to before me this 5 day of June, 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 Lisa Middle Marie Last Smith

Date of Birth: Month April Day 25 Year 61

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. Rt 1 Box 414 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 Thomas A. Smith
   Residence of father (if deceased so state) Plainfield In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Nancy J. Lentz
   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 M Smith

New Address RR 1 Box 414 Plfd.

Subscribed and sworn to before me this 5 day of June, 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 Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5 day of June, 19 81, authorizing the joining together as husband and wife Christopher R. Ray and Lisa M. Smith

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Richard Zore hereby certify that on the 6 day of June, one thousand nine hundred and 81 at ~~Hend~~ Plfd, County of Hend, State of Indiana, Groom Christopher R. Ray of Hend County, State of In, and, Bride Lisa M. Smith 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 5 day of June, 1981.

Signed Rev. Richard Zore

Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of June, 1981.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 256
File 42
6-5-81
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 5-27-81
Name of Physician James Black

FEMALE
Medical Examination Report Dated 5-27-81
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 Mark Middle Edward Last Sanders
Date of Birth: Month Aug. Day 13 Year 1953
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 47 Crown Dr., City Brownsburg, County Hend., State Ind.
Previous Marital Status: Never Married X OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
X Other (Specify) Driver's license w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No X Yes ☐
3. Are you related to the female applicant closer than second cousin? No X Yes ☐
4. Are you now under the influence of intoxicating liquor? No X Yes ☐
5. Are you now under the influence of a narcotic drug? No X Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Cecil E. Sanders
   Residence of father (if deceased so state) Brownsburg, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Geraline McAnnich
   Residence of mother (if deceased so state) ~~Kentucky~~ Brownsburg, 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 Mark E. Sanders
New Address 47 Crown Dr. Brownsburg Ind.

Subscribed and sworn to before me this 05 day of June, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Linda Middle Ann Last Kindler
Date of Birth: Month Sept. Day 10 Year 1960
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 56 Ridgeway Dr., City Brownsburg, County Hend, State Ind.
Previous Marital Status: Never Married X OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
X Other (Specify) 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 George Allen Kindler
   Residence of father (if deceased so state) 56 Ridgeway, Brownsburg, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sally Jean Brown
   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 Ann Kindler
New Address 47 Crown Dr. Brownsburg

Subscribed and sworn to before me this 5 day of June, 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 9 day of June, 19 81, authorizing the joining together as husband and wife Mark E. Sanders and Linda A. Kindler

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Harry L. Bellville hereby certify that on the 12 day of June, one thousand nine hundred and 81 at Brownsburg, County of Hend., State of Indiana, Groom Mark E. Sanders of Hend. County, State of Ind., and, Bride Linda Ann Kindler 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 June, 19 81.

Signed Harry L. Bellville
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of June, 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. 257

File

June 5, 1981
Date of Application

MALE
Medical Examination Report Dated May 20, 1981
Name of Physician Robt Robinson

FEMALE
Medical Examination Report Dated May 20, 1981
Name of Physician Robt Robinson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle H. Last McAdams

Date of Birth: Month Nov. Day 20 Year 1944

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 5319 W. 11th St. City Indpls County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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.
   Vincent McAdams
   Toni McAdams
   Jeri McAdams
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lester McAdams
   Residence of father (if deceased so state) Newark, In.
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Louise Jackson
   Residence of mother (if deceased so state) Newark, 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 James H. McAdams

New Address RR 1 BOX 23B Lizton In.

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sharon Middle Lee Last Clark

Date of Birth: Month May Day 24 Year 1950

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 1 Box 23B City Lizton 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) Nursing I.D.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Erika Clark
   Melissa Clark
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Dale
   Residence of father (if deceased so state) Jamestown, In.
   Birthplace of father (State or foreign country) Md.
9. Full maiden name of mother Annetta Crouch
   Residence of mother (if deceased so state) Speedway, In.
   Birthplace of mother (State or foreign country) Md.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sharon L. Clark

New Address RR1, Box 23B Lizton, Ind.

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... *, 19* 81 *, authorizing the joining together as husband and wife of Indiana dated the* 10 *day of* June *and* JAMES H. McADAMS SHARON LEE CLARK

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARTIN J. BONTRAGER *hereby certify that on the* 11 *day of* JUNE *one thousand nine hundred and* 81 *at* LAKEVIEW TEMPLE *, County of* MARION *, State of* INDIANA *, Groom* JAMES H. McADAMS *of* MARION *County, State of* ~~HENDRICK~~ INDIANA *and, Bride* SHARON LEE CLARK *of* HENDRICKS *County, State of* HENDRICKS *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 11 *day of* JUNE *,* 81

Signed MARTIN J. BONTRAGER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 29 *day of* JUNE *,* 81

Signed MAX 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. 258
File 42
6-5-81
Date of Application

MALE
Medical Examination Report Dated 6-1-81
Name of Physician J. Black

FEMALE
Medical Examination Report Dated 6-1-81
Name of Physician J. 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 Edward Last Spoon

Date of Birth: Month 10 Day 1 Year 61

Place of Birth (State or foreign country) Wisconsin

Residence Address: Street or R. R. 6417 Consulate Ct., Apt. 1304 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 B Spoon
   Residence of father (if deceased so state) Pittsboro Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Clara J. Moffitt
   Residence of mother (if deceased so state) Supt
   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 Mark E. Spoon
New Address 6417 Consulate Ct Speedway Ind 46224

Subscribed and sworn to before me this 5 day of June, 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 Valerie Middle Jean Last Brennan

Date of Birth: Month 6 Day 11 Year 62

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 103 Kathy Dr. City Pittsboro County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Brennan
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Linda Dibbs
   Residence of mother (if deceased so state) Bloomington Ind.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Valerie J. Brennan
New Address 6417 Consulate Ct. Speedway In.

Subscribed and sworn to before me this 5 day of June, 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* June, 19 81, *authorizing the joining together as husband and wife* Mark E. Spoon *and* Valerie J. Brennan

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry R. Nash *hereby certify that on the* 13 *day of* June, *one thousand nine hundred and* 81 *at* Brownsburg, *County of* Hendricks *State of Indiana, Groom* Mark E. Spoon *of* Marion *County, State of* Ind., *and, Bride* Valerie J. Brennan *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 13 *day of* June, 19 81.

Signed Jerry R. Nash
Official Designation MInister

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* June, 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. 259

File

6-8-81 Date of Application

MALE
Medical Examination Report Dated 6.2.81
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 6.2.81
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 Charles Middle R. Last Birkemeier

Date of Birth: Month November Day 25 Year 1936

Place of Birth (State or foreign country) Vevay Indiana

Residence Address: Street or R. R. 108 Depauw St. City Greencastle 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 Charles W. Birkemeier
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jeanette Monroe
   Residence of mother (if deceased so state) Greencastle, 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 Charles R. Birkemeier

New Address 417 S Grant Brownsburg In.

Subscribed and sworn to before me this 8 day of June, 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 Ann Curtis Last

Date of Birth: Month August Day 8 Year 1944

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: Street or R. R. 417 S. Grant City Brownsburg County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Gracie Ann Curtis

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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. Martin
   Residence of father (if deceased so state) Mooresville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Isabel Dustin
   Residence of mother (if deceased so state) Mooresville, 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 Patricia Ann Curtis

New Address .....

Subscribed and sworn to before me this 8 day of June, 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 ..... Circuit Court of Indiana dated the 12 day of June, 19 81, authorizing the joining together as husband and wife Charles R. Birkemeier and Patricia A. Curtis

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Robert L. Marlett hereby certify that on the 27 day of June, at Plsl. County of Hend., one thousand nine hundred and 81 State of Indiana, Groom Charles R. Birkemeier of Putnam County, State of IN and, Bride Patricia A. Curtis of Hendricks County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12 day of June, 19 81

Signed Robert L. Marlett

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of June, 19 81

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 260

Form Prescribed By
Indiana State Board 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 June 8, 1981
Date of Application

MALE
Medical Examination Report Dated 6-2-81
Name of Physician Michael Kelley

FEMALE
Medical Examination Report Dated 6-2-81
Name of Physician Michael Kelley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Allen Last Jones
Date of Birth: Month May Day 15 Year 1959
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 191 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) 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 Ben Tolbert Jones, Jr.
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Okla.
9. Full maiden name of mother Helen Kelley
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Mo.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard Allen Jones
New Address 191 N Cross

Subscribed and sworn to before me this 5 day of June, 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 Pamela Middle Sue Last Deckard
Date of Birth: Month May Day 4 Year 1962
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 309 N. Indiana 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 Larry K. Deckard
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Edna Dillard
   Residence of mother (if deceased so state) Danville, 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 Pamela Sue Deckard
New Address 191 N Cross Street

Subscribed and sworn to before me this 5 day of June, 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 June, 19 81, authorizing the joining together as husband and wife Richard A. Jones and Pamela S. Deckard

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ronald E. McDugle hereby certify that on the 13 day of June, one thousand nine hundred and 81 at Danville, County of Hend., State of Indiana, Groom Richard A. Jones of Hend. County, State of In., and, Bride Pamela S. Deckard 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 13 day of June, 19 81.

Signed Ronald E. McDugle
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of June, 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. 261

File

June 8, 1981
Date of Application

MALE
Medical Examination Report Dated 6-5-81
Name of Physician A. Oleck

FEMALE
Medical Examination Report Dated 6-5-81
Name of Physician A. Oleck

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Ellis Last Taylor

Date of Birth: Month Oct Day 17 Year 1954

Place of Birth (State or foreign country): Clinton Indiana

Residence Address: 306 S Carr Rd. Street or R. R. Plainfield 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Alfred Joseph Taylor
   Residence of father (if deceased so state) Plainfield, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma Jean Lee
   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 Mark Ellis Taylor
New Address 8610 WAverly Rd.
Subscribed and sworn to before me this 8 day of June, 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 Chantay Middle Lee Last Harbin

Date of Birth: Month Nov Day 21 Year 1960

Place of Birth (State or foreign country): Indianapolis Indiana

Residence Address: 8616 Waverly Rd. Street or R. R. Montezsville 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 Robert Benhow Harbin
   Residence of father (if deceased so state) Plainfield, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Evelin Leora Zimmerman
   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 Chantay Lee Harbin
New Address 8610 Waverly Rd.
Subscribed and sworn to before me this 8 day of June, 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* HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* June, 19 81, *authorizing the joining together as husband and wife* Mark E. Taylor *and* Chantay L. Harbin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Daniel E. Finch *hereby certify that on the* 12 *day of* June, *one thousand nine hundred and* 81 *at* Plfd., *County of* Hend., *State of Indiana, Groom* Mark E. Taylor *of* Hend. *County, State of* In, *and, Bride* Chantay L. Harbin *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 12 *day of* June, 19 81.

Signed Daniel E. Finch
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* June, 19 81.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 262

Form Prescribed By
Indiana State Board 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 June 5, 1981
Date of Application

MALE
Medical Examination Report Dated 6-1-81
Name of Physician James Black

FEMALE
Medical Examination Report Dated 6-1-81
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 David Middle J. Last Frazee

Date of Birth: Month June Day 22 Year 1952

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 2 Bx 122 City Brownsburg County Co. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Frazee
   Residence of father (if deceased so state) Naples, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Lucille Volk
   Residence of mother (if deceased so state) Naples 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 David J. Frazee
New Address 55 Lincoln Ave, B'burg

Subscribed and sworn to before me this 5 day of June, 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 Wooden

Date of Birth: Month Dec Day 6 Year 1959

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R. R. 55 Lincoln City Brownsburg County Co. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Stephanie Wooden

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Brumble
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Mich.
9. Full maiden name of mother Nancy Keiper
   Residence of mother (if deceased so state) Brownsburg, 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 Barbara A. Wooden
New Address 55 Lincoln Brownsburg, In

Subscribed and sworn to before me this 8 day of June, 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 June, 19 81, authorizing the joining together as husband and wife David J. Frazee and Barbara A. Wooden

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John M. Hall hereby certify that on the 13 day of June, one thousand nine hundred and 81 at Brownsburg, County of Hendricks, State of Indiana, Groom David J. Frazee of Hendricks County, State of In and, Bride Barbara A. Wooden of Hendricks County, State of In, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12 day of June, 19 81.

Signed Rev. John M. Hall
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of June, 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. 262

File

6-9-81 Date of Application

MALE
Medical Examination Report Dated 6-5-81
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 6-5-81
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 Tom Middle O. Last Masters

Date of Birth: Month 3 Day 17 Year 1951

Place of Birth (State or foreign country) Franklin, Ind.

Residence Address: Street or R. R. 3885 N. 950 East City Brownsburg County State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers 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 Vernon Masters
   Residence of father (if deceased so state) Brownsburg, Ind.
   Birthplace of father (State or foreign country) Georgia
9. Full maiden name of mother Betty Newnum
   Residence of mother (if deceased so state) Brownsburg, 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 ☒ Tom Masters

New Address 3885 N 950E Brownsburg In

Subscribed and sworn to before me this 9 day of June, 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 Rebecca Middle S. Last Smith

Date of Birth: Month 1 Day 16 Year 1957

Place of Birth (State or foreign country) Kokomo, Ind.

Residence Address: Street or R. R. 320 N. Jefferson, Apt 8, City Brownsburg County State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers 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 Everett Smith
   Residence of father (if deceased so state) Russiaville, Ind.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Gracie Norton
   Residence of mother (if deceased so state) Russiaville, 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 ☒ Rebecca S. Smith

New Address 3885 N. 950E Brownsburg In.

Subscribed and sworn to before me this 9 day of June, 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 Clerks office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9th day of June, 19 81, authorizing the joining together as husband and wife Tom Masters and Rebecca S. Smith

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Donald Tyler hereby certify that on the 13 day of June, one thousand nine hundred and 81 at Brownsburg, County of Hendricks, State of Indiana, Groom Tom Masters of Hendricks County, State of In, and, Bride Rebecca S. Smith of Hendricks County, State of In, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 13 day of June, 19 81. Signed Rev. Donald Tyler

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of June, 19 81.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Re-Marriage

No. 264

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File June 9, 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

MALE
Medical Examination Report Dated 6-2-81
Name of Physician Dru Clark

FEMALE
Medical Examination Report Dated 6-2-81
Name of Physician Dru 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 Dennie Middle Curtis Last King

Date of Birth: Month July Day 26 Year 1935

Place of Birth (State or foreign country) Ky

Residence Address: Street or R. R. 118 Main St City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kathy King
   Shirley King
   Patsy King
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Leslie King
   Residence of father (if deceased so state) Crab Orchard, Ky
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Maudie Doyle
   Residence of mother (if deceased so state) Crab Orchard, Ky
   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 Dennie Curtis King

New Address Rt 1 Box 341 Monrovia Ind

Subscribed and sworn to before me this 3 day of June, 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 Wilma Middle Katherine Last King

Date of Birth: Month Nov. Day 19 Year 1935

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 City Monrovia 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.
   See - Groom
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Meyers
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Howard
   Residence of mother (if deceased so state) Hall, 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 Wilma Katherine King

New Address Rt 1 Box 341 Monrovia Ind.

Subscribed and sworn to before me this 3 day of June, 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 9th day of June, 19 81, authorizing the joining together as husband and wife Dennie Curtis King and Wilma Katherine King

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Mary Jane Russell hereby certify that on the 9 day of June, one thousand nine hundred and 81 at Danville, County of Hend, State of Indiana, Groom Dennie C. King of Hend County, State of Ind, and, Bride Wilma K. King 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 9 day of June, 19 81.

Signed Mary Jane Russell

Official Designation Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of June, 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. 265

File

6-9-81 Date of Application

MALE
Medical Examination Report Dated 6-5-81
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 6-5-81
Name of Physician Eric Clark

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Lester Middle L. Last Knight

Date of Birth: Month 9 Day 16 Year 1956

Place of Birth (State or foreign country) Hawaii

Residence Address 89-345 Street or R. R. Kawaoki Ave. City Waianae County Hi 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 State of Hawaii

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Russell Knight
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Irene Mueller
   Residence of mother (if deceased so state) Kawaoki Ave Waianae Hi
   Birthplace of mother (State or foreign country) Hawaii

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lester L Knight
New Address 89-345 Kawaoki Ave Waianae Hi

Subscribed and sworn to before me this 9th day of June, 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 Sue Last Long

Date of Birth: Month 1 Day 25 Year 1959

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address RR #2 Box 276 Street or R. R. Clayton 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) Armed Forces I.D. card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Georg Long
   Residence of father (if deceased so state) Martinsville In.
   Birthplace of father (State or foreign country) Indpls. Ind.
9. Full maiden name of mother Sandra Lobick
   Residence of mother (if deceased so state) Clayton, In
   Birthplace of mother (State or foreign country) Indianapolis In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cynthia S. Long
New Address 89-345 Kawaoki, Hi

Subscribed and sworn to before me this 9th day of June, 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 Ct #1 Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ....., 19 81, authorizing the joining together as husband and wife of Indiana dated the 9 day of June and Lester L. Knight and Cynthia Sue Long

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mercer hereby certify that on the 10 day of June, at Hend. County of Hend, one thousand nine hundred and 81 at Waianae County, State of Hawaii State of Indiana, Groom Lester L. Knight of Hendricks County, State of Ind. and, Bride Cynthia Sue Long of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10 day of June, 19 81. Signed John C. Mercer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of June, 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. 266
File 42
6-10-81
Date of Application

MALE
Medical Examination Report Dated 6-8-81
Name of Physician J. Black

FEMALE
Medical Examination Report Dated 6-8-81
Name of Physician J. 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 Lonnie, Middle Wayne, Last Ralph
Date of Birth: Month 8, Day 12, Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 45 Rachel Dr., City Pitt., County Hnd., 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 Lonzo M. Ralph
   Residence of father (if deceased so state) Pitt. Ind.
   Birthplace of father (State or foreign country) Texas.
9. Full maiden name of mother Barbara S. Russell
   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 Lonnie Ralph
New Address 45 Rachel Dr.

Subscribed and sworn to before me this 10 day of June, 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 Marcia, Middle Ellen, Last Carter
Date of Birth: Month 3, Day 14, Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. Rt 2 Box 79, City Lawrence, County Hnd., 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 Clyde W. Carter
   Residence of father (if deceased so state) Carmel Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ada M. Dracht
   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 Marcia E. Carter
New Address 45 Rachel Dr.

Subscribed and sworn to before me this 10 day of June, 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 Supt 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* 10 *day of* June, 19 81, *authorizing the joining together as husband and wife* Lonnie Wayne Ralph *and* Marcia Ellen Carter
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Everett Barnard *hereby certify that on the* 11 *day of* June, *one thousand nine hundred and* 81 *at* Bethel Methodist Church, *County of* Morgan, *State of Indiana, Groom* Lonnie Wayne Ralph *of* Hendricks *County, State of* Indiana, *and, Bride* Marcia Ellen Carter *of* Morgan *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 11 *day of* June, 19 81.

Signed Everett Barnard
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* June, 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. 266
File 42
6-10-81
Date of Application

MALE
Medical Examination Report Dated 6-8-81
Name of Physician J. Black

FEMALE
Medical Examination Report Dated 6-8-81
Name of Physician J. 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 Lonnie, Middle Wayne, Last Ralph
Date of Birth: Month 8.12, Day 6, Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 45 Rachel Dr., City Pitt., 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lonnie M. Ralph
   Residence of father (if deceased so state) Pitt. Ind.
   Birthplace of father (State or foreign country)

I, the mother of Lonnie Wayne Ralph give my permission for the marriage of my son to Marcia Ellen Carter.

Barbara S. Ralph
parent
Carolyn J. Nichols
notary
Res. Putnam Co
My comm. Expires 3-7-84

CONSENT OF PARENTS, PARENT OR GUARDIAN

I, the father of Lonnie Wayne Ralph give my permission for the marriage of my son to Marcia Ellen Carter.

Lonnie M. Ralph
parent
Carolyn J. Nichols
notary
Resident Putnam Co
My Commission Expires 3-7-84

Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Marcia, Middle Ellen, Last Carter
Date of Birth: Month 3, Day 14, Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. Rt 2 Box 79, City Cloverdale, County Putnam, 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 Clyde W. Carter

d state the information given
plication is true and correct.
Carter
Or.
June 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

arriage. If only one parent
necessary
Father
Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Supt 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 10 day of June, 19 81, authorizing the joining together as husband and wife Lonnie Wayne Ralph and Marcia Ellen Carter
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Everett Barnard hereby certify that on the 11 day of June, one thousand nine hundred and 81 at Mud Creek Baptist Church, County of Morgan, State of Indiana, Groom Lonnie Wayne Ralph of Hendricks County, State of Indiana, and, Bride Marcia Ellen Carter of Morgan County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 11 day of June, 19 81.

Signed Everett Barnard
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of June, 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. 267

File

June 10, 1981
Date of Application

MALE
Medical Examination Report Dated 6-1-81
Name of Physician James Black MD.

FEMALE
Medical Examination Report Dated 6-1-81
Name of Physician James Black MD.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle L. Last Gaunnac

Date of Birth: Month October Day 27, Year 1952

Place of Birth (State or foreign country) Fenton Mich.

Residence Address: Street or R.R. 1080 Clifford Rd. City Grnsbg. 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) Illinois 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 Henry Edward Gaunnac
   Residence of father (if deceased so state) B'Burg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Louise Pierce
   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 Michael L. Gaunnac

New Address 1080 Clifford Rd.

Subscribed and sworn to before me this 10 day of June, 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 Laura Middle C. Last Everett

Date of Birth: Month March Day 2 Year 1956

Place of Birth (State or foreign country) Big Rapids Mich.

Residence Address: Street or R.R. 1080 Clifford Rd. City Hend. B'Burg, 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 (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Harris Everett
   Residence of father (if deceased so state) Middleville, Mich.
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Josie Louise Milnes
   Residence of mother (if deceased so state) Mishawaka, 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 Laura C. Everett

New Address 1080 Clifford Rd.

Subscribed and sworn to before me this 10 day of June, 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 16th day of June, 19 81, authorizing the joining together as husband and wife Michael Lee Gaunnac and Laura Christine Everett

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Donald L. Tyler hereby certify that on the 20 day of June, at Brownsburg, County of Hendricks, one thousand nine hundred and 81 State of Indiana, Groom Michael L. Gaunnac of Hend. County, State of IN and, Bride Laura C. Everett 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 20 day of June, 19 81.

Signed Donald Tyler

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of July, 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. 268
File 42
6-10-81
Date of Application

MALE
Medical Examination Report Dated 6-10-81
Name of Physician D.B. Haggard

FEMALE
Medical Examination Report Dated 6-10-81
Name of Physician D.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 Rusty; Middle; Last Fretz
Date of Birth: Month 11; Day 3; Year 61
Place of Birth (State or foreign country)
Residence Address: Street or R. R. 3603 Clarks Creek Rd.; 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.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert C. Fretz
   Residence of father (if deceased so state) Florida
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Patricia A. Waldo
   Residence of mother (if deceased so state) Indpls., Ind.
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rusty Fretz
New Address Indpls

Subscribed and sworn to before me this 10
Mary Jane Russell

CONSENT OF PARENTS, PARENT OR GUARDIA

We, the parents, of this applicant hereby give conse
signs, state facts which render the consent of the c

State of Indiana, County of HENDRICKS } ss:

Signed
Signed Mother
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Debbie; Middle Jo; Last Guess
Date of Birth: Month 8; Day 22; Year 63
Place of Birth (State or foreign country) Peru, Hamilton Ind.
Residence Address: Street or R. R. 3728 Gerrard St.; City Indpls.; County; State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 E Guess
   Residence of father (if deceased so state) Indpls., Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Joan Fenguay
   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
Subscribed and sworn to before me this day of , 19
Clerk

I, Gerald Guess, hereby give my consent
my daughter, Debbie Jo Guess
marry Lewis Russell Fretz.

Gerald E Guess

Subscribed and sworn to before me this 10th day of June 1
Sheila A. Fortune - Marion Co.
Notary Public

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 15th day of June, 19 81, authorizing the joining together as husband and wife Lewis Fretz and Debbie Guess
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Hubert Greer hereby certify that on the 27 day of June, one thousand nine hundred and 81 at Indpls, County of Marion, State of Indiana, Groom Lewis Fretz of Hend County, State of IN and, Bride Debbie Guess 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 27 day of June, 19 81.

Signed Hubert Greer
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of June, 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. 269

File

June 10, 1981
Date of Application

MALE
Medical Examination Report Dated 6-8-81
Name of Physician Gerald M. DeWester

FEMALE
Medical Examination Report Dated 6-8-81
Name of Physician Gerald M. DeWester 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 Scott Middle A. Last Sellers

Date of Birth: Month April Day 12 Year 1960

Place of Birth (State or foreign country) Tucson Arizona

Residence Address: Street or R. R. R#1 Box 269 City Mooresville, In County Hend. Co. 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 Myron C. Sellers
   Residence of father (if deceased so state) Mooresville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Doris C. Stevens
   Residence of mother (if deceased so state) Mooresville, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed x Scott K Sellers

New Address

Subscribed and sworn to before me this 10th day of June, 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 Cherri Middle Last Copeland

Date of Birth: Month 9 Day 3 Year 1960

Place of Birth (State or foreign country) Martinsville, In

Residence Address: Street or R. R. 2870 Gray Rd. City Mooresville, 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 Donald E. Copeland
   Residence of father (if deceased so state) Mooresville, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Josephine Allnen
   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 x Cherri L. Copaland

New Address

Subscribed and sworn to before me this 10th day of June, 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 #1
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 HENDRICKS Circuit Court of Indiana dated the 10 day of June, 1981, authorizing the joining together as husband and wife Scott K. Sellers and Cherri Copeland

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 June, one thousand nine hundred and 81 at Plfd., County of Hend., State of IN

State of Indiana, Groom Scott K. Sellers of Morgan County, State of IN

and, Bride Cherri Copeland of HENDRICKS County, State of IN

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14 day of June, 19 81. Signed William R Clayton

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of June, 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. 270

File

June 11, 1981
Date of Application

MALE
Medical Examination Report Dated 6-2-81
Name of Physician W. Edwards

FEMALE
Medical Examination Report Dated 6-2-81
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 Roger Middle Q. Last Flick

Date of Birth: Month Dec Day 21 Year 1953

Place of Birth (State or foreign country) Washington, Indiana

Residence Address: Street or R. R. 320 Green St City Brownsburg County State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) ~~Drivers Lic w/Pic~~

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Roger Flick II 6
   Cory Flick 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 Marvin G. Flick
   Residence of father (if deceased so state) Indianapolis, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Grace E. Baker
   Residence of mother (if deceased so state) 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 Roger Flick

New Address 320 E. Green, Brandburg

Subscribed and sworn to before me this 11 day of June, 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 Marcia Middle J. Last Slaton

Date of Birth: Month Apr. Day 7 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 320 S. Green City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Amos Slaton
   Residence of father (if deceased so state) Indpls, In.
   Birthplace of father (State or foreign country) Ga
9. Full maiden name of mother Mary Bolen
   Residence of mother (if deceased so state) Indpls
   Birthplace of mother (State or foreign country) S. Car

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marcia J Slaton

New Address 320 S Green Brownsburg

Subscribed and sworn to before me this 12 day of Jun, 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* June, 19 81, *authorizing the joining together as husband and wife* Roger A. Flick *and* Marcia J. Slaton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Robert L. Marlett *hereby certify that on the* 4 *day of* July, *one thousand nine hundred and* 81 *at* Pisgah, *County of* ~~Pisgah~~ Hend.; *State of Indiana, Groom* Roger A. Flick *of* Hend. *County, State of* IN *and, Bride* Marcia J. Slaton *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 16 *day of* June, 19 81.

Signed Robert L. Marlett

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* July, 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. 271
File 42
June 12, 1981
Date of Application

MALE
Medical Examination Report Dated 6-8-81
Name of Physician James Black MD.

FEMALE
Medical Examination Report Dated 6-8-81
Name of Physician James Black MD.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle Randall Last Persinger
Date of Birth: Month May Day 5 Year 1961
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 6510 E 350N 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 David Persinger
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) W. Virginia
9. Full maiden name of mother Jean Gray
   Residence of mother (if deceased so state) Brownsburg In.
   Birthplace of mother (State or foreign country) W. Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James Randall Persinger
New Address 314 Janet Dr. Brownsburg
Subscribed and sworn to before me this 12 day of June, 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 Cheryl Middle Lee Last Kindred
Date of Birth: Month January Day 21 Year 1961
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 57 W. Donelly Dr. City Brownsburg County Hend. State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Robert Kindred
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carole Ann Adams
   Residence of mother (if deceased so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cheryl L. Kindred
New Address 314 Janet Dr. B'burg
Subscribed and sworn to before me this 12 day of June, 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 ..... and filed
HENDRICKS County ..... Court by written order issued .....
in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 12th day of June, 19 81, authorizing the joining together as husband and wife James R. Persinger and Cheryl L. Kindred

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D. Wilson hereby certify that on the 20 day of June, one thousand nine hundred and 81 at Brownsburg, County of Hend., State of In., State of Indiana, Groom James R. Persinger of Hend. County, State of In., and, Bride Cheryl L. Kindred 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 20 day of June, 19 81.

Signed Joseph D. Wilson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of June, 19 81.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 272

Form Prescribed By
Indiana State Board 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 June 12, 1981 Date of Application

MALE
Medical Examination Report Dated 6-5-81
Name of Physician Larry Lovell

FEMALE
Medical Examination Report Dated 6-5-81
Name of Physician Larry 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)".

FEMALE APPLICANT

Name: First Brenda Middle K. Last Roberts

Date of Birth: Month Oct Day 22 Year 1946

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 5005 Vantage Rd. City Plainfield 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.
   Melanie Roberts
   Mia Roberts
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Simmonds
   Residence of father (if deceased so state) Naples, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Lois Rozell
   Residence of mother (if deceased so state) Naples, 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 Brenda K Roberts

New Address 5005 Vantage Rd.

Subscribed and sworn to before me this 12 day of June, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

MALE APPLICANT

Name: First Charles Middle H. Last Green

Date of Birth: Month July Day 1 Year 1937

Place of Birth (State or foreign country) Tenn

Residence Address: Street or R. R. 821 B S. Harding Blvd City Lapel 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.
   Alecia Ann Green
   Frederic Chas. Green
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Buford C. Green
   Residence of father (if deceased so state) Nashville, Tn.
   Birthplace of father (State or foreign country) Tenn
9. Full maiden name of mother Etta Carney
   Residence of mother (if deceased so state) deceased
   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 Charles H Green

New Address 5005 Vantage Pt Rd

Subscribed and sworn to before me this 12 day of June, 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 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* June, 19 81, *authorizing the joining together as husband and wife* Charles H. Green *and* Brenda K. Roberts

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William R. Clayton *hereby certify that on the* 20 *day of* June, *one thousand nine hundred and* 81 *at* P/Sd, *County of* Hendricks, *State of Indiana, Groom* Charles H. Green *of* Marion *County, State of* IN *and, Bride* Brenda K. R. Clayton *of* Hendricks *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 20 *day of* June, 19 81.

Signed William R. Clayton

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* June, 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. 273

File 6-12-81

42 Date of Application

MALE
Medical Examination Report Dated 6-8-81

Name of Physician D.B. Haggard

FEMALE
Medical Examination Report Dated 6-9-81

Name of Physician D.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 Harold Middle Scott Last Rooker

Date of Birth: Month 4 Day 25 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 625 Roosevelt St. City Plfd. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold H. Rooker
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Shirley A. Powers
   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 X Harold Scott Rooker

New Address 556 Avon Ave.

Subscribed and sworn to before me this 10 day of June, 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 Linda Middle Ann Last Davis

Date of Birth: Month 10 Day 13 Year 59

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 625 Roosevelt St. City Plfd. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Phil R. Davis
   Residence of father (if deceased so state) Plfd., Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nita J. Stinnett
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Linda Ann Davis

New Address 556 Avon ave

Subscribed and sworn to before me this 12 day of June, 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 17 day of June, 19 81, authorizing the joining together as husband and wife Harold S. Rooker and Linda A. Davis

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edwin J. Phillips hereby certify that on the 18 day of June, one thousand nine hundred and 81 at Avon, County of Hend, State of Indiana, Groom Harold S. Rooker of Hendricks County, State of IN, and, Bride Linda A. Davis of Hendricks County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18 day of June, 19 81.

Signed Edwin J. Phillips

Official Designation Asst. Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of June, 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. 274

File

June 12 1981
Date of Application

MALE
Medical Examination Report Dated 6-8-81
Name of Physician James Black MD.

FEMALE
Medical Examination Report Dated 6-8-81
Name of Physician James Black, MD.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Howard Middle W. Last Wells
Date of Birth: Month October Day 2 Year 1945
Place of Birth (State or foreign country) Indpls. Marion In.
Residence Address: Street or R. R. 6 Suburban Dr 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 (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.
   Marjorie Wells
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wilbur Wells
   Residence of father (if deceased so state) Alpha, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ella Lottie
   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 Howard W Wells
New Address 135 William Dr. Brownsburg Ind.
Subscribed and sworn to before me this 12 day of June, 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 Sharon Middle L. Last Wells
Date of Birth: Month April Day 17 Year 1949
Place of Birth (State or foreign country) Ind Noblesville Hamilton In
Residence Address: 135 Street or R. R. William Dr. 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) 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.
   David Wells Jr.
   Robert "
   Scott "
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Raymond Hepner
   Residence of father (if deceased so state) Westfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred ?
   Residence of mother (if deceased so state) Westfield 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 Sharon L Wells
New Address 135 William Dr. Brownsburg Ind.
Subscribed and sworn to before me this 12 day of June, 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* 19 *day of* June, 19 81, *authorizing the joining together as husband and wife* Howard W. Wells *and* Sharon L. Wells

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, D.W. Leamon *hereby certify that on the* 19 *day of* June, *one thousand nine hundred and* 81 *at* West Field, Ind, *County of* Hamilton, *State of Indiana, Groom* Howard W. Wells *of* Hendricks *County, State of* In *and, Bride* Sharon L. Wells *of* Hendricks *County, State of* In *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 19 *day of* June, 19 81.

Signed D. W. Leamon
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* June, 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. 275
File 42
6-12-81 Date of Application

MALE
Medical Examination Report Dated 5-16-81
Name of Physician William Hughes

FEMALE
Medical Examination Report Dated 5-16-81
Name of Physician William Hughes

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Craig Last Eaton
Date of Birth: Month March Day 1 Year 1958
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 803 1/2 W Broadway City Princeton County Gibson 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) #3141

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Horace Eaton
   Residence of father (if deceased so state) 411 School St, Brownsburg, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marcella Jane Patton
   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 Steven C. Eaton
New Address 803-16 W Broadway, Princeton
Subscribed and sworn to before me this 12 day of June, 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 Lori Middle Anne Last Burcham
Date of Birth: Month Feb. Day 24 Year 1962
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 104 E. Silden, 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) #2384

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Rodger Dale Burcham
   Residence of father (if deceased so state) 104 E. Silden, Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Lillian Stafford
   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 Lori Anne Burcham
New Address 803-16 W Broadway Princeton
Subscribed and sworn to before me this 12 day of June, 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 12 day of June, 19 81, authorizing the joining together as husband and wife STEVEN C. EATON and LORI A. BURCHAM

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JERRY R. NASH hereby certify that on the 27 day of JUNE, one thousand nine hundred and 81 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom STEVEN C. EATON of GIBSON County, State of INDIANA, and, Bride LORI A. BURCHAM of HENDRICKS County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27 day of June, 19 81.
Signed JERRY R. NASH
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of JUNE, 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. 276
File 42
6-12-81
Date of Application

MALE
Medical Examination Report Dated 6-11-81
Name of Physician Scudder

FEMALE
Medical Examination Report Dated 6-11-81
Name of Physician 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 Chris Middle Leon Last Skinner
Date of Birth: Month 6 Day 15 Year 62
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 10026 Bacara 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Done
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Skinner
   Residence of father (if deceased so state) Florida
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Janet M. Hall
   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 X Chris Skinner
New Address 10026 BACARA DR

Subscribed and sworn to before me this 12 day of June, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Treva Middle S. Last Craft
Date of Birth: Month 5 Day 28 Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 10026 Bacara 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.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Done
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Wilkinson
   Residence of father (if deceased so state) S. Ohio
   Birthplace of father (State or foreign country) Ind (?)
9. Full maiden name of mother Geraldine Jenkins
   Residence of mother (if deceased so state) New Castle 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 Treva Craft
New Address 10026 Bacara Dr.

Subscribed and sworn to before me this 12 day of June, 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* 12 *day of* June, 19 81, *authorizing the joining together as husband and wife* CHRIS L. SKINNER *and* TREVA S. CRAFT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, TOM McGILLIARD *hereby certify that on the* 20 *day of* JUNE, *one thousand nine hundred and* 81 *at* STILESVILLE, *County of* HENDRICKS, *State of Indiana, Groom* CHRIS L. SKINNER *of* MARION *County, State of* IN, *and, Bride* TREVA S. CRAFT *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 20xx *day of* JUNE, 19 81.

Signed Tom McGilliard
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* JULY, 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. 277
File 42
6-12-81
Date of Application

MALE
Medical Examination Report Dated 6-9-81
Name of Physician E.D. Clark

FEMALE
Medical Examination Report Dated 6-9-81
Name of Physician E.D. 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 Terry Middle W. Last Toney
Date of Birth: Month 11 Day 12 Year 47
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. Box 262 City Clayton, Ind. County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Kameran Toney
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ea'Carry Toney
   Residence of father (if deceased so state) Nashville IN
   Birthplace of father (State or foreign country) W. Va.
9. Full maiden name of mother Evelyn Robinson
   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 X Terry Toney
New Address
Subscribed and sworn to before me this 12 day of June, 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 Judy Middle E. Last Toney
Date of Birth: Month 11 Day 1 Year 52
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 245 S. Wash 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) Drivers Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Kameran Toney
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Pate
   Residence of father (if deceased so state) Shelbyville Ind.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Francis M. Hufford
   Residence of mother (if deceased so state) Morgantown Ind.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Judy Toney
New Address 245 S. Washington St. Danville, IN
Subscribed and sworn to before me this 12 day of June, 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 HENDRICKS Circuit Court of Indiana dated the 12 day of June, 19 81, authorizing the joining together as husband and wife TERRY W. TONEY and JUDY E. TONEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHNIE EDWARDS hereby certify that on the 2nd day of JULY one thousand nine hundred and 81 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom TERRY W. TONEY of HENDRICKS County, State of INDIANA, and, Bride JUDY E. TONEY 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 17th day of JUNE, 19 81. Signed JOHNIE EDWARDS
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of JULY, 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. 278
File 42
6-12-81
Date of Application

MALE
Medical Examination Report Dated 6-4-81
Name of Physician Scudder

FEMALE
Medical Examination Report Dated 6-3-81
Name of Physician 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 Philip Middle F Last Rader

Date of Birth: Month 1 Day 28 Year 43

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 14 N. Jefferson 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.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Eugene Edward Rader
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Eugene M. Rader
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Henretta Ford
   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 ☒ Philip F Rader
New Address 14 N. Jefferson Brownsburg

Subscribed and sworn to before me this 12 day of June, 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 G. Last Whiteside

Date of Birth: Month 9 Day 18 Year 46

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 619 Jackson 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Dawn Whiteside
   Cheryl "
   Timothy "
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 W. Johnson
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Lucille Pode
   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 ☒ Patricia G Whiteside
New Address 14 N. Jefferson Brownsburg In.

Subscribed and sworn to before me this 12 day of June, 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 26th day of June, 19 81, authorizing the joining together as husband and wife PHILIP F. RADER and PATRICIA G. WHITESIDE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, FLOYD SMITH hereby certify that on the 11 day of JULY, one thousand nine hundred and 81 at LAWRENCE, County of MARION, State of Indiana, Groom PHILIP F. RADER of HENDRICKS County, State of IN, and, Bride PATRICIA G. WHITESIDE of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of JULY, 19 81.

Signed FLOYD SMITH
Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of JULY, 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. 279

File

June 12, 1981
Date of Application

MALE
Medical Examination Report Dated 6-8-81
Name of Physician Ludmilla Trammell, M.D.

FEMALE
Medical Examination Report Dated 6-5-81
Name of Physician Harold R. Wiley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Kevin Last Duffin

Date of Birth: Month June Day 21 Year 1956

Place of Birth (State or foreign country) Indpls In.

Residence Address: Street or R. R. 330 W. Wallstreet City Pitts County Marion State Plainfield In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Charles Eastage Duffin
   Residence of father (if deceased so state) Plainfield In
   Birthplace of father (State or foreign country) Terre Haute In.
9. Full maiden name of mother Marjorie Lou Parks
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Terre Haute, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Daniel K. Duffin

New Address 231 AVON AVE, PLAINFIELD, INDIANA

Subscribed and sworn to before me this 12 day of June, 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 Nancy Middle M. Last Barron

Date of Birth: Month November Day 14 Year 1955

Place of Birth (State or foreign country) New York City N.Y.

Residence Address: Street or R. R. 6151 S. Meridian St. 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Rodney Lee Barron
   Residence of father (if deceased so state) Indianapolis In
   Birthplace of father (State or foreign country) Ind. In.
9. Full maiden name of mother Mary Delores Weber
   Residence of mother (if deceased so state) Indianapolis In.
   Birthplace of mother (State or foreign country) Indpls. In

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Nancy M Barron

New Address 231 Avon Ave

Subscribed and sworn to before me this 12 day of June, 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 Sup. 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

HENDRICKS *Circuit Court*

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... *Circuit Court* of Indiana dated the 12th day of June, 19 81, authorizing the joining together as husband and wife Daniel K. Duffin and Nancy M. Barron

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. John Hartzer hereby certify that on the 13 day of June, at Indpls., County of Marion, one thousand nine hundred and 81 at Hendricks County, State of Ind, State of Indiana, Groom Daniel K. Duffin of Hendricks County, State of Ind, and, Bride Nancy M. Barron of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 13 day of June, 19 81

Signed Rev. John Hartzer

Official Designation Roman Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of June, 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. 280

File

6-15-81
Date of Application

MALE
Medical Examination Report Dated 6-8-81
Name of Physician Larry Lovall

FEMALE
Medical Examination Report Dated 6-8-81
Name of Physician Larry 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 Douglas; Middle B.; Last Anderson

Date of Birth: Month 12; Day 26; Year 1958

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. RR2, Box 171-3; City Clayton; County Hend.; State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licence w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Samuel Wesley Anderson
   Residence of father (if deceased so state) Clayton Ind.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Mary Ellen Lee
   Residence of mother (if deceased so state) Clayton 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 Douglas B. Anderson
New Address P.O. Box 224 Clayton, Ind.

Subscribed and sworn to before me this 15 day of June, 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 Kathleen; Middle A.; Last Devine

Date of Birth: Month 10; Day 26; Year 1959

Place of Birth (State or foreign country) Ft. Wayne. Ind

Residence Address: Street or R. R. PO Box 224; City Clayton; County Hend; State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard James Devine
   Residence of father (if deceased so state) Pfld Ind
   Birthplace of father (State or foreign country) Ft. Wayne Ind
9. Full maiden name of mother Jo Ann Marie York
   Residence of mother (if deceased so state) Pfld, Ind.
   Birthplace of mother (State or foreign country) Decatur, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kathleen Devine
New Address P.O. Box 224 Clayton, Ind. 46122

Subscribed and sworn to before me this 15 day of June, 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* 19 *day of* June, 81, *authorizing the joining together as husband and wife* Douglas B. Anderson *and* Kathleen A. Devine

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Paul Landwerlen *hereby certify that on the* 20 *day of* June, *one thousand nine hundred and* 81 *at* Mooresville, *County of* Morgan, *State of Indiana, Groom* Douglas B. Anderson *of* Hendricks *County, State of* IN, *and, Bride* Kathleen A. Devine *of* Hendricks *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 20 *day of* June, 19 81.

Signed Paul Landwerlen
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* June, 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, 1973

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 281

File

6-15-81 Date of Application

MALE
Medical Examination Report Dated 6-11-81
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 6-11-81
Name of Physician Eric Clark

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dale Middle L Last McCullough

Date of Birth: Month 5 Day 6 Year 1959

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. 9740 Ramona Dr. City Indpls County Marion State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers 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 Joseph Henry McCullough
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Greencastle Ind.
9. Full maiden name of mother Mary Jane Watson
   Residence of mother (if deceased so state) Indpls Ind.
   Birthplace of mother (State or foreign country) Indpls Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dale J McCullough

New Address 98 Bosslick Ave

Subscribed and sworn to before me this 15 day of June, 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 Cheryl Middle L. Last Cummins

Date of Birth: Month 2 Day 8 Year 1959

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. 98 Bretick Ave City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George William Cummins
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother ~~Gayle~~ Gail DeAnna Shields
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) New York

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Cheryl L. Cummins

New Address 98 Bretick Ave

Subscribed and sworn to before me this 15 day of June, 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 19 day of June, 19 81, authorizing the joining together as husband and wife Dale Joseph McCullough and Cheryl Lynn Cummins

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John P. Raaf hereby certify that on the 20 day of June, one thousand nine hundred and 81 at Danville, County of Hendricks, State of Indiana, Groom Dale Joseph McCullough of Marion County, State of IN and, Bride Cheryl Lynn Cummins of Hendricks County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20 day of June, 19 81. Signed John P. Raaf

Official Designation Priest + Episcopal

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of August, 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. 282

File

6-15-81
Date of Application

MALE
Medical Examination Report Dated 6-4-81
Name of Physician Seamahorn

FEMALE
Medical Examination Report Dated 6-4-81
Name of Physician Seamahorn

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Dean Last Atkinson

Date of Birth: Month 4 Day 12 Year 1962

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. 8140 E. 700 N. City B'burg County Hend State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Russell Dean Atkinson
   Residence of father (if deceased so state) Brownsburg, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rebecca Kay Marshall
   Residence of mother (if deceased so state) Brownsburg, 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 Mike Atkinson
New Address 8140 E 700 N

Subscribed and sworn to before me this 15 day of June, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Kelly Middle Jean Last Woods

Date of Birth: Month 1 Day 18 Year 1962

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. 17 Cobenwood 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 Licens 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 Barry Richard Woods
   Residence of father (if deceased so state) Brownsburg, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Cynthia Jean Johnson
   Residence of mother (if deceased so state) Brownsburg, 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 Kelly Jean Woods
New Address 8140 E 700 N

Subscribed and sworn to before me this 15 day of June, 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 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* 15 *day of* June, 1981, *authorizing the joining together as husband and wife* Michael D. Atkinson *and* Kelly J. Woods
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Richard D. Peterson *hereby certify that on the* 17 *day of* June, *one thousand nine hundred and* 81 *at* Brownsburg, *State of Indiana, Groom* Michael D. Atkinson *of* Hendricks *County, State of* IN *and, Bride* Kelly J. Woods *of* Hendricks *County, State of* IN *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 17 *day of* June, 19 81.

Signed Richard Peterson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 *day of* June, 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. 283

File

6-15-81 Date of Application

MALE
Medical Examination Report Dated 6-9-81
Name of Physician Larry D. Lovall

FEMALE
Medical Examination Report Dated 6-9-81
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 Ward Middle C. Last Lawson

Date of Birth: Month Aug Day 8 Year 1937

Place of Birth (State or foreign country): Hamilton Ohio

Residence Address: Street or R. R. Danville City, County, State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 tranamissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Rebecca Lynn Lawson - 18yrs.
   Katrina Leigh Lawson 15yrs.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 Edward Lawson
   Residence of father (if deceased so state) Eaton Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Helen Wynona Shoemaker
   Residence of mother (if deceased so state) Eaton Ohio
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David E Lawson
New Address 705 W. Mill St Danville, Ind.

Subscribed and sworn to before me this 15th day of June, 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 Sally Middle S. Last Randall

Date of Birth: Month June Day 8 Year 1946

Place of Birth (State or foreign country) Crawfordsville In.

Residence Address: Street or R. R. Danville City, County, State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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 Donald Dean Sutherlin
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marjorie Earline Wellman
   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 Sally S. Randall
New Address 705 W. Mill Danville, In.

Subscribed and sworn to before me this 15 day of June, 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 Ct #1 Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the 15th day of June, 1981, authorizing the joining together as husband and wife David E. Lawson and Sally S. Randall

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Vincin Helton hereby certify that on the 17 day of June, one thousand nine hundred and 81 at Danville, County of Hendricks, State of Indiana, Groom David E. Lawson of Hend. County, State of IN and, Bride Sally S. Randall 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 17 day of June, 19.....

Signed Vincin Helton
Official Designation Judge Sup'l

Filed and recorded in accordance with the laws of the State of Indiana this $22 day of June, 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. 284

File

6-15-81
Date of Application

MALE
Medical Examination Report Dated 6-11-81
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 6-11-81
Name of Physician Eric Clark

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Hobert; Middle Edwin; Last Ragsdale

Date of Birth: Month 11; Day 27; Year 1913

Place of Birth (State or foreign country): Hendricks Co., Indiana

Residence Address: Street or R. R. RR 1 Box 5; City Pittsboro; County; State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers 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 Lowell Ray Ragsdale
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nellie Mable Randall
   Residence of mother (if deceased so state) Lebanon, 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 Hobert Ragsdale
New Address Pittsboro RR1 Box 5

Subscribed and sworn to before me this 15 day of June, 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 Edith; Middle Julia; Last Randall

Date of Birth: Month 3; Day 9; Year 1912

Place of Birth (State or foreign country) Hendricks Co. Indiana

Residence Address: Street or R. R. RR 1 Box 5; City Pittsboro; County; State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers 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 Willis Martin Coleman
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Atta May Sallee
   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 Edith J. Randall
New Address RI-Box 5 Pittsboro Ind.

Subscribed and sworn to before me this 15 day of June, 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* 15 *day of* June, 19 81, *authorizing the joining together as husband and wife* Hobert Edwin Ragsdale *and* Edith Julia Randall

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William Charles McGraw *hereby certify that on the* 5th *day of* JULY, *one thousand nine hundred and* 81 *at* Pittsboro, *County of* Hendricks, *State of Indiana, Groom* Hobert Edwin Ragsdale *of* Hendrcikks *County, State of* IN *and, Bride* Edith Julia Randall *of* Hendricks *County, State of* IN *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 5th *day of* July, 19 81

Signed William Charles McGraw

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* July, 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

No. 285

HENDRICKS County

File June 15, 1981 Date of Application

MALE
Medical Examination Report Dated 6-4-81
Name of Physician M. Nealy

FEMALE
Medical Examination Report Dated 6-4-81
Name of Physician M. Nealy

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Bradford Middle Eugene Last Beaman

Date of Birth: Month Sept Day 23 Year 1956

Place of Birth (State or foreign country) Greencastle, Indiana

Residence Address: Street or R. R. 717 Forest Ln 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) 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 Donald Gene Beaman
   Residence of father (if deceased so state) Greencastle, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sharon Ann Bronham
   Residence of mother (if deceased so state) Greencastle, 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 Bradford E Beaman
New Address 717 Forest Lane Plainfield In

Subscribed and sworn to before me this 15 day of June, 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 Bonnie Middle Last Fredrick

Date of Birth: Month Dec Day 26 Year 1955

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 717 Forest Ln. 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) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Elmer Fredrick
   Residence of father (if deceased so state) Bonita, Fla
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Ruth Alice Arnold
   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 Bonnie Frederick
New Address 717 Forest Lane, Plainfield, Ind.

Subscribed and sworn to before me this 15 day of June, 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 19th day of June, 19 81, authorizing the joining together as husband and wife Bradford E Beaman and Bonnie Fredrick

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Robert L. Marlett hereby certify that on the 27 day of June, at Pla, County of Hend, one thousand nine hundred and 81 County, State of In

State of Indiana, Groom Bradford E. Beaman of Hend County, State of In

and, Bride Bonnie Fredrick 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 19 day of June, 1981. Signed Robert L Marlett

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of June, 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. 286

File

June 15, 1981
Date of Application

MALE
Medical Examination Report Dated 6-12-81

Name of Physician A. Oleck

FEMALE
Medical Examination Report Dated 6-12-81

Name of Physician A. Oleck

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Mark Last King

Date of Birth: Month April Day 28 Year 1954

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. 3153 Mabel St. City Indianapolis County Indiana State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Byron Lee King
   Residence of father (if deceased so state) Indianapolis, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Ethel Harris
   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 Robert M. King

New Address 3153 MABEL ST

Subscribed and sworn to before me this 15 day of June, 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 Cathy Middle Jo Last Williams

Date of Birth: Month Sept Day 14 Year 1957

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. RR # 1 Box 290C City Pittsboro County Indiana State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Voter Reg. # 15976

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George Robert Williams
   Residence of father (if deceased so state) Pittsboro, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother MaDonna Clare Admire
   Residence of mother (if deceased so state) Pittsboro, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cathy Jo Williams

New Address 3153 Mabel Indianapolis

Subscribed and sworn to before me this 15 day of June, 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 26 day of June, 19 81, authorizing the joining together as husband and wife Robert M. King and Cathy J. Williams

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Donald Tyler hereby certify that on the 26 day of June, one thousand nine hundred and 81 at Brownsburg, County of Hendricks, State of Indiana, Groom Robert M. King of Marion County, State of IN and, Bride Cathy J. Williams of Hendricks County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26 day of June, 19 81.

Signed Donald Tyler

Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of July, 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. 287

File

6-15-81 Date of Application

MALE
Medical Examination Report Dated 6-5-81
Name of Physician Haggard

FEMALE
Medical Examination Report Dated 6-5-81
Name of Physician 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 Roy Middle L. Last Simmons

Date of Birth: Month 3 Day 7 Year 1948

Place of Birth (State or foreign country) Kokomo, Ind.

Residence Address: Street or R. R. 1524 S. Veneywood City Indpls. County Marion State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Leroy Simmons
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Maynardville Tennessee
9. Full maiden name of mother Etna Leona Raley
   Residence of mother (if deceased so state) Indpls Ind.
   Birthplace of mother (State or foreign country) Maynardville Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Roy L Simmons
New Address 1524 S. Veneywood

Subscribed and sworn to before me this 15 day of June, 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 Cynthia Middle Lynne Last Turner

Date of Birth: Month 1 Day 27 Year 1954

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. 1120 Dan Jones 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dean Franklin Turner
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn Ann Gabel
   Residence of mother (if deceased so state) Plainfield Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Cynthia L. Turner
New Address 1524 S. Vineywood

Subscribed and sworn to before me this 15 day of June, 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 HENDRICKS Circuit Court of Indiana dated the 19 day of June, 1981, authorizing the joining together as husband and wife Roy L. Simmons and Cynthia L. Turner

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James D. Wilson hereby certify that on the 28 day of June, one thousand nine hundred and 81 at Plfd., County of Hend., State of Indiana, Groom Roy L. Simmons of Marion County, State of IN, and, Bride Cynthia L. Turner 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 28 day of June, 1981.

Signed James D. Wilson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of June, 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. 288

File

June 15, 1981
Date of Application

MALE
Medical Examination Report Dated 6-5-81
Name of Physician Herbert Hill

FEMALE
Medical Examination Report Dated 6-10-81
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 David Middle Lee Last Adams

Date of Birth: Month May Day 3 Year 1960

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 898 Sunset Dr. 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 Cordell Adams
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Texas
9. Full maiden name of mother Betty Lunsford
   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 X David L Adams

New Address

Subscribed and sworn to before

Mary Jane

CONSENT OF PARENTS, PA

We, the parents, of this applic

signs, state facts which render

State of Indiana, County of HENDRICK

Signed

Signed

Subscribed and sworn to before

FEMALE APPLICANT

Name: First Carla Middle Jean Last Scobee

Date of Birth: Month July Day 12 Year 1963

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 3 Box 366 City Greencastle County Putnam 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 Clifford Scobee
   Residence of father (if deceased so state) Greencastle, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Margaret Porter
   Residence of mother (if deceased so state) Greencastle, 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 Carla J. Scobee

I, Clifford W. Scobee, hereby give my consent for my daughter, Carla Jean Scobee to marry David Lee Adams.

Clifford W. Scobee

Subscribed and sworn to before me this 16 Th day of June 1981

Thomas G. Roach
Notary Public
THOMAS G. ROACH

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* June, 19 81, *authorizing the joining together as husband and wife* David L. Adam *and* Carla J. Scobee

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry G. Vanlue *hereby certify that on the* 20 *day of* June *one thousand nine hundred and* 81 *at* Ind, *County of* Hend. *State of Indiana, Groom* David L. Adams *of* Hend *County, State of* Ind *and, Bride* Carla J. Scobee *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 20 *day of* June, 19 81.

Signed Jerry G. Vanlue

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* June, 19 81

Signed Mary Jane Purcell *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. 289
File 42
6-16-81 Date of Application

MALE
Medical Examination Report Dated 6-8-81
Name of Physician James Black

FEMALE
Medical Examination Report Dated 6-8-81
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 Leon Middle R. Last Organ, Jr.
Date of Birth: Month Oct. Day 28 Year 1959
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 3539 Sherburne Lane 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 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 Leon R. Organ, Sr.
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma Belle Moon
   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 ✗ Leon R Organ Jr
New Address 3539 Sherburne Ln Indpls 46222

Subscribed and sworn to before me this 16 day of June, 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 Lynne Last Reese
Date of Birth: Month June Day 9 Year 1963
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 114 Timber Lane 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) # 63-267460

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Don B. Reese
   Residence of father (if deceased so state) Strongsville, Ohio
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phyllis A. Terrell
   Residence of mother (if deceased so state) Brownsburg 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 ✗ Amy Lynne Reese
New Address 3539 Sherburne Ln Indpls 46222

Subscribed and sworn to before me this 16 day of June, 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 #1 Court by written order issued 3 day Waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 16th day of June, 19 81, authorizing the joining together as husband and wife Leon R. Organ, Jr. and Amy Lynne Reese

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev Ralph P. Wade hereby certify that on the 20th day of June, one thousand nine hundred and 81 at Friendswood, Marion County, State of Indiana, State of Indiana, Groom Leon Ray Organ, Jr. of Hendricks County, State of Indiana, and, Bride Amy Lynn Reese of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 20th day of June, 19 81.

Signed Rev Ralph P. Wade
Official Designation Pastor-Friendswood Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 20th day of July, 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. 290

File

6-16-81
Date of Application

MALE
Medical Examination Report Dated 6-8-81
Name of Physician Ludmila Trammel

FEMALE
Medical Examination Report Dated 6-8-81
Name of Physician Ludmila Trammel

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle Wayne Last Malcomb

Date of Birth: Month 2 Day 25 Year 1960

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. R1 Box 239 City Clayton County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edward Eugene Malcomb
   Residence of father (if deceased so state) Clayton, Ind.
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Sue Carol Stokes
   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 ✕ David Malcomb

New Address 1160 Salem Road Mooresville

Subscribed and sworn to before me this 16 day of June, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Rachel Middle Lynn Last Dunagan

Date of Birth: Month 6 Day 15 Year 1963

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1160 Salem Rd City Mooresville County Morgan State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father ~~Harrison~~ Hiram Dunagan
   Residence of father (if deceased so state) Mooresville Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Norma Jean Ellis
   Residence of mother (if deceased so state) Mooresville, 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 ✕ Rachel Lynn Dunagan

New Address 1160 SALEM ROAD MOORESVILLE

Subscribed and sworn to before me this 16 day of June, 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 Superior Court by written order issued 3 day waiver and filed in Clerk Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16th day of June, 19 81, authorizing the joining together as husband and wife David W. Malcomb and Rachel L. Dunagan

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glen Burnside hereby certify that on the 20 day of June, one thousand nine hundred and 81 at Brownsburg, County of Hend., State of Indiana, Groom David W. Malcomb of Hend. County, State of IN and, Bride Rachel L. Dunagan 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 20 day of June, 19 81.

Signed Charles G. Burnside

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of June, 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. 291

File

6-16-81 Date of Application

MALE
Medical Examination Report Dated 6-16-81
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 6-16-81
Name of Physician Eric Clark

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle E. Last Givens

Date of Birth: Month 11 Day 14 Year 1959

Place of Birth (State or foreign country) West Virginia

Residence Address: 1315 W. Wash St. Indpls 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 Samuel A. Givens
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Unknown
9. Full maiden name of mother Pearl Imogene Littleton
   Residence of mother (if deceased so state) Canton, Ohio
   Birthplace of mother (State or foreign country) West Virginia

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed × Michael E. Givens

New Address Plainfield Ind.

Subscribed and sworn to before me this 16 day of June, 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 Michelle Middle D. Last Jackett

Date of Birth: Month 2 Day 18 Year 1957

Place of Birth (State or foreign country) Columbus, Ohio

Residence Address: 1315 W. Wash St. Indpls Hend Ind.
(Street or R. R. / City / County / State)

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert E. Jackett
   Residence of father (if deceased so state) Columbus, Ohio
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Constance Corrine Lehman
   Residence of mother (if deceased so state) Columbus, Ohio
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed × Michelle D. Jackett

New Address Plainfield Ind.

Subscribed and sworn to before me this 16 day of June, 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 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 16 day of June and Michael E. Givens Michelle D. Jackett

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Janice L. Chilewski hereby certify that on the 16 day of June, County of Hend, one thousand nine hundred and 81 at Danville, County, State of Ind, State of Indiana, Groom Michael E. Givens of Hendricks County, State of Ind, and, Bride Michelle D. Jackett of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 day of June, 19 81.

Signed Janice Chilewski

Official Designation 1st Dep. Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of June, 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. 292

File

6-16-81
Date of Application

MALE
Medical Examination Report Dated 6-8-81
Name of Physician Ludmila Trammell

FEMALE
Medical Examination Report Dated 6-8-81
Name of Physician Ludmila 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 Edward Middle C. Last Moore

Date of Birth: Month 7 Day 13 Year 1956

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. RR8 Box 372-32 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) 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 C. Moore
   Residence of father (if deceased so state) Greenwood, Ind.
   Birthplace of father (State or foreign country) Wisconsin
9. Full maiden name of mother Doris Ulmings
   Residence of mother (if deceased so state) Plainfield Ind.
   Birthplace of mother (State or foreign country) Indpls. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Edward C Moore

New Address Same

Subscribed and sworn to before me this 16 day of June, 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 Janet Middle L Last Firkins

Date of Birth: Month 7 Day 19 Year 1956

Place of Birth (State or foreign country) Danville Ind.

Residence Address: Street or R. R. RR 8, Box 372-32 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) 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.
   Shaya Lynn Firkins
   Dustin Everett Firkins

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Tonzie Lee Humphress
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Taylor Co. Kentucky
9. Full maiden name of mother Katherine Joyce Stevens
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Indpls Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Janet L. Firkins

New Address Same

Subscribed and sworn to before me this 16 day of June, 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* 22 *day of* June, 19 81, *authorizing the joining together as husband and wife* EDWARD C. MOORE *and* JANET L. FIRKINS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN C. MOWRER *hereby certify that on the* 26 *day of* JUNE, *one thousand nine hundred and* 81 *at* INDIANAPOLIS, *County of* HENDRICKS, *State of Indiana, Groom* EDWARD C. MOORE *of* HENDRICKS *County, State of* INDIANA *and, Bride* JANET L. FIRKINS *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 26 *day of* JUNE, 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* JUNE, 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

No. 293

HENDRICKS County

File June 16, 1981 Date of Application

MALE
Medical Examination Report Dated 6-16-81
Name of Physician D. Haggard

FEMALE
Medical Examination Report Dated 6-16-81
Name of Physician D. 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 Donald Middle E. Last Clark

Date of Birth: Month Nov Day 26 Year 1947

Place of Birth (State or foreign country) Effingham, Ill

Residence Address: Street or R. R. RR# 1 City Coatesville 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.
   Troy Clark 9
   Rebecca Clark 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 Chester Edward Clark
   Residence of father (if deceased so state) Newton, Ill.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Cathrine Rose Codwell
   Residence of mother (if deceased so state) Newton, Ill
   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 Donald E. Clark

New Address Box 111 Amo Ind.

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Mary Middle Jane Last Ring

Date of Birth: Month Nov Day 29 Year 1947

Place of Birth (State or foreign country) Chicago, Ill

Residence Address: Street or R. R. P.O. Box 111 City Amo County State Indiana

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Sorora Ring 9
   Nick Ring 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 William C. Leedy
   Residence of father (if deceased so state) Indianapolis, Ind.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Dorthea Irene Kelsey
   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 Mary Jane Ring

New Address Box 111, Amo, In 46103

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 ..... on the 16 day of June, 19 81, authorizing the joining together as husband and wife of Indiana dated the ..... Donald E. Clark and Mary Jane Ring

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dr. Albert Douglas Parker hereby certify that on the 21 day of June one thousand nine hundred and 81 at Danville, County of Hend., State of Indiana, Groom Donald E. Clark of Hend. County, State of IN and, Bride Mary Jane Ring 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 21 day of June, 19 81.

Signed Dr. Albert Douglas Parker

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of June, 19 81

Signed Mary Jane Ring 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. 294
File 42
6-17-81
Date of Application

MALE
Medical Examination Report Dated 6-10-81
Name of Physician J. T. Nichols

FEMALE
Medical Examination Report Dated 6-10-81
Name of Physician J. T. Nichols

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 (Mikael) Middle L. Last Ford
Date of Birth: Month 10 Day 19 Year 47
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address: Street or R. R. 809 Broken Bow Trail City Indpls. County State IN 46224

Previous 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.
   Brian Ford
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 T. Ford
   Residence of father (if deceased so state) Ohio
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Francis Garringer
   Residence of mother (if deceased so state) Florida
   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 X Michael L. Ford
New Address 809 Broken Bow Tr Indpls Ind

Subscribed and sworn to before me this 17 day of June, 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 Cheryl Middle D. Last Walker
Date of Birth: Month 6 Day 22 Year 53
Place of Birth (State or foreign country) Indpls, In
Residence Address: Street or R. R. 14 Round Hill Ct. City Danville. County State In 46122
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers Lic. 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.
   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 Gerald L. Walker
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) IN
9. Full maiden name of mother Carolyn Mabee
   Residence of mother (if deceased so state) Same
   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 X Cheryl D Walker
New Address 809 Broken Bow Tr #315 Indpls

Subscribed and sworn to before me this 17 day of June, 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 22 day of June, 19 81, authorizing the joining together as husband and wife MICHAEL L. FORD and CHERYL D. WALKER
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Dr. Albert Douglas Parker hereby certify that on the 4th day of JULY, one thousand nine hundred and 81 at DANVILLE, County of HENDRICKS, State of Indiana, Groom MICHAEL L. FORD of MKN MARION County, State of INDIANA and, Bride CHERYL D. WALKER of HENDRICKS County, State of INDIANA, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 4th day of JULY, 19 81.

Signed Dr. Albert Douglas Parker
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of JULY, 19 81.
Signed MARY JANE RUSSELL Clerk
HENDRICKS Circuit Court

L-6 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. 295

File

6-17-81 Date of Application

MALE
Medical Examination Report Dated 6-15-81
Name of Physician Walter McMannis

FEMALE
Medical Examination Report Dated 6-15-81
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 Curtis; Middle R.; Last Gilbreth

Date of Birth: Month 10; Day 6; Year 1908

Place of Birth (State or foreign country): Marion Co. Ind.

Residence Address: 509 Simmons St. Street or R. R.; Indpls. City; Hend County; Ind State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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: Curtis Robert Gilbreth, Sr.
   Residence of father (if deceased so state): Deceased
   Birthplace of father (State or foreign country): Clay Co. Ind.
9. Full maiden name of mother: Edna ~~Hay~~ Heady
   Residence of mother (if deceased so state): Deceased
   Birthplace of mother (State or foreign country): Clay Co. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Curtis R. Gilbreth

New Address 44 So Fleming

Subscribed and sworn to before me this 17 day of June, 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 Jennie; Middle M; Last Evans

Date of Birth: Month 5; Day 6; Year 1911

Place of Birth (State or foreign country): Clay Co. Ind.

Residence Address: 44 S. Fleming Street or R. R.; Indpls. City; Marion County; Ind State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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: Frederick William Brandt.
   Residence of father (if deceased so state): Deceased
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Ida Mae Bartley
   Residence of mother (if deceased so state): Deceased
   Birthplace of mother (State or foreign country): Putnam Co. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Jennie M. Evans

New Address 44 So Fleming St

Subscribed and sworn to before me this 17 day of June, 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 ..... and filed

HENDRICKS County ..... Court by written order issued .....

in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 22nd day of June, 1981, authorizing the joining together as husband and wife Curtis R. Gilbreth and Jennie M. Evans

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Paul R. Collins hereby certify that on the 6 day of July, 1981, at Indpls, County of Marion, one thousand nine hundred and 81 State of Indiana, Groom Curtis R. Gilbreth of Marion County, State of IN and, Bride Jennie M. Evans 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 6 day of July, 1981.

Signed Paul R. Collins

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of July, 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. 296
File 42
6-17-81
Date of Application

MALE
Medical Examination Report Dated 6-12-81
Name of Physician James Black

FEMALE
Medical Examination Report Dated 6-12-81
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 Charles Middle [illegible] Last Sams
Date of Birth: Month 11 Day 7 Year 37
Place of Birth (State or foreign country) Ky
Residence Address: Street or R. R. 229 Prairie Pkwy City Brownsburg 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) 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.
   Shawn
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Martin Sams
   Residence of father (if deceased so state) Connersville Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Catherine Reed
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Charles F. Sams
New Address 229 PRAIRIE PKWY BROWNSBURG
Subscribed and sworn to before me this 17 day of June, 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 Lillie Middle M. Last McCammack
Date of Birth: Month Feb. Day 2 Year 1938
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 229 Prairie Pkwy, 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) Driver's license W/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter E. Beaman
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Opal Brockett
   Residence of mother (if deceased so state) Cloverdale, 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 Lillie M. McCammack
New Address Same as above
Subscribed and sworn to before me this 17 day of June, 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 22nd day of June, 1981, authorizing the joining together as husband and wife Charles F. Sams and Lillie M. McCammack
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, J.R. Jones hereby certify that on the 28 day of June, one thousand nine hundred and 81 at Connersville, County of Fayette, State of Indiana, Groom Charles F. Sams of Hend County, State of IN, and, Bride Lillie M. McCammack 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 28 day of June, 1981.

Signed Dr. J.R. Jones
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of June, 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. 297

File

6-18-81
Date of Application

MALE
Medical Examination Report Dated 6-12-81
Name of Physician D. Haggard

FEMALE
Medical Examination Report Dated 6-12-81
Name of Physician D. 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 Phil Middle R. Last Davis Jr.

Date of Birth: Month 10 Day 5 Year 1961

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. 409 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Phil R. Davis, Sr.
   Residence of father (if deceased so state) Plfd Ind.
   Birthplace of father (State or foreign country) Indeana
9. Full maiden name of mother Greta J. Steinmetz
   Residence of mother (if deceased so state) Plfd 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 Phil R. Davis Jr.

New Address 11080 W. Washington St Apt 6

Subscribed and sworn to before me this 18 day of June, 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 Cathy Middle L. Last Konkle

Date of Birth: Month 2 Day 3 Year 1962

Place of Birth (State or foreign country) Madison Ind.

Residence Address: Street or R. R. 409 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lawrence U. Konkle
   Residence of father (if deceased so state) N. Vernon Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith Ann Storm
   Residence of mother (if deceased so state) Plfd 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 Cathy L. Konkle

New Address 11080 W. Washington St. Apt 66

Subscribed and sworn to before me this 18 day of June, 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 22 day of June, 19 81, authorizing the joining together as husband and wife Phil R. Davis, Jr. and Cathy L. Konkle

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Samuel W. Stewart hereby certify that on the 27 day of June, one thousand nine hundred and 81 at Plfd., County of Hend., State of Indiana, Groom Phil P. Davis, Jr. of Hendricks County, State of In, and, Bride Cathy L. Konkle of Hendricks County, State of In, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27 day of June, 19 81.

Signed Sam Stewart

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of July, 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. 298

File

6-18-81
Date of Application

MALE
Medical Examination Report Dated 6-12-81
Name of Physician Carl Heinlein

FEMALE
Medical Examination Report Dated 6-12-81
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 Terry Middle G. Last Smith

Date of Birth: Month 11 Day 18 Year 1956

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. 928 Walton Dr. City ~~Alfd~~ 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.
   Terry Joseph Smith
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Grant Smith
   Residence of father (if deceased so state) Greencastle Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Cora dee Fields
   Residence of mother (if deceased so state) Greencastle Ind.
   Birthplace of mother (State or foreign country) ~~Ohio~~ Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Terry Smith

New Address 928 Walton Dr.

Subscribed and sworn to before me this 18 day of June, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Cheri Middle A. Last Archer

Date of Birth: Month 11 Day 8 Year 1960

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. 928 Walton City Alfd. 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.
   Wayne Thomas Archer
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 Russell Dean
   Residence of father (if deceased so state) Alfd Ind.
   Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother Peggy Lee Feril
   Residence of mother (if deceased so state) Alfd Ind.
   Birthplace of mother (State or foreign country) Indpls Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Cheri Archer

New Address 928 Walton Dr.

Subscribed and sworn to before me this 18 day of June, 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 22nd day of June, 19 81, authorizing the joining together as husband and wife Terry Smith and Cheri Archer

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Leon Smith, hereby certify that on the 27 day of June, one thousand nine hundred and 81 at Mac Hill Baptist, County of Marion, State of Indiana, Groom Terry Smith of Hend. County, State of In, and, Bride Cheri Archer 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 27 day of June, 19 81.

Signed Leon Smith

Official Designation

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of June, 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. 299
File 42
6-18-81 Date of Application

MALE
Medical Examination Report Dated 6-18-81
Name of Physician Stegmaier

FEMALE
Medical Examination Report Dated 6-18-81
Name of Physician Stegmaier

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 J. Last O'Brien
Date of Birth: Month 5 Day 3 Year 36
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 510 Cobblestone 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.
   Bridgett O'Brien
   Erica O'Brien
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 R. O'Brien
   Residence of father (if deceased so state) Indpls., Ind.
   Birthplace of father (State or foreign country) NY
9. Full maiden name of mother Beatrice G. Kobler
   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 X Thomas J. O'Brien
New Address 510 Cobblestone Rd Plfd.
Subscribed and sworn to before me this 18 day of June, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Catherine Middle L. Last Miller
Date of Birth: Month 12 Day 24 Year 47
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. RR 1 Box 168C City Bainbridge 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.
   James A. Miller III
   Angela C. 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 John J. Hypes Hypes
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Mass.
9. Full maiden name of mother Mary M. (Maddox or Bishop)
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) ?

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Catherine L Miller
New Address 510 Cobblestone Plfd.
Subscribed and sworn to before me this 18 day of June, 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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22 day of June, 1981, authorizing the joining together as husband and wife THOMAS J. O'BRIEN and CATHERINE L. MILLER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, STANLEY A. JOHNSON hereby certify that on the 26 day of JUNE, one thousand nine hundred and 81, at PLFD., County of HENDRICKS, State of Indiana, Groom THOMAS J. O'BRIEN of HENDRICKS County, State of INDIANA and, Bride CATHERINE L. MILLER of HENDRICKS County, State of INDIANA were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26 day of JUNE, 19 81.

Signed STANLEY A. JOHNSON
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of JUNE, 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. 300

File

June 18, 1981
Date of Application

MALE
Medical Examination Report Dated 6-10-81
Name of Physician Robert A. Dennis MD

FEMALE
Medical Examination Report Dated 6-10-81
Name of Physician Robert A. Dennis MD

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)"

MALE APPLICANT

Name: First Jeffrey Middle Ward Last Robinson

Date of Birth: Month September Day 6 Year 1959

Place of Birth (State or foreign country) Putnam County In

Residence Address: Street or R. R. 877 W. Clinton City Danville County Hd State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers license (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Herschel Wayne Robinson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joy Lee Ward
   Residence of mother (if deceased so state) Stilesville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jeffrey Ward Robinson

New Address 877 West Clinton, Danville

Subscribed and sworn to before me this 18 day of June, 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 Beverly Middle Ann Last Rothwell

Date of Birth: Month July Day 7 Year 1949

Place of Birth (State or foreign country) Monroe County In

Residence Address: Street or R. R. 397 Gibson St City Danville County Hd State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers license (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Thomas Rothwell Sr.
   Residence of father (if deceased so state) Danville, In
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Ellen Janet Bennett
   Residence of mother (if deceased so state) Danville, In
   Birthplace of mother (State or foreign country) Indpls In

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Beverly Ann Rothwell

New Address 877 West Clinton, Danville

Subscribed and sworn to before me this 18 day of June, 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 22 day of June, 19 81, authorizing the joining together as husband and wife JEFFREY W. ROBINSON and BEVERLY A. ROTHWELL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GERY L. SERVIES hereby certify that on the 11 day of JULY one thousand nine hundred and 81 at INDPLS., County of MARION, State of Indiana, Groom JEFFERY W. ROBINSON of HENDRICKS County, State of IN and, Bride BEVERLY A. ROTHWELL of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of JULY, 19 81.

Signed GERY L. SERVIES

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of JULY, 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, 1957

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 301

File

6-19-81 Date of Application

MALE
Medical Examination Report Dated 6-18-81
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 6-18-81
Name of Physician Eric Clark

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle W. Last Dugan

Date of Birth: Month 11 Day 17 Year 1948

Place of Birth (State or foreign country) Huntingburg Ind.

Residence Address: Street or R. R. PO Box 345 City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes" has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes" it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Warren E. Dugan
   Residence of father (if deceased so state) Lancaster, MO.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Cernie Wagner
   Residence of mother (if deceased so state) Lancaster, MO.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Donald W. Dugan

New Address

Subscribed and sworn to before me this 19 day of June, 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 Cindy Middle L. Last Morrissey

Date of Birth: Month 5 Day 11 Year 1956

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. PO Box 169 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) 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.
   Nicki Lee Morrissey
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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. Crosby
   Residence of father (if deceased so state) Greenwood Ind.
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Betty Jean Bailey
   Residence of mother (if deceased so state) So. Carolina
   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 Cindy L. Morrissey

New Address Unknown

Subscribed and sworn to before me this 19 day of June, 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 HENDRICKS Circuit Court of Indiana dated the 19th day of June, 1981, authorizing the joining together as husband and wife Donald W. Dugan and Cynthia L. Morrissey.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ralph P. Wade hereby certify that on the 19 day of June, one thousand nine hundred and 81, at Friendswood, County of Marion, State of Indiana, Groom Donald W. Dugan of Hendricks County, State of In, and, Bride Cynthia L. Morrissey of Hendricks County, State of In, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19 day of June, 1981. Signed Ralph P. Wade

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of June, 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. 302

File

June 19 1981
Date of Application

MALE
Medical Examination Report Dated 6-19-81
Name of Physician Bruce Beatty

FEMALE
Medical Examination Report Dated 6-12-81
Name of Physician Donna J. Meade

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license by means of 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 L. Last Goodnight
Date of Birth: Month Dec Day 12 Year 1952
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 538 Enderly City Brownsburg County Hen. State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Goodnight
   Melanie Goodnight
   Marla Goodnight
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Goodnight
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Ruth Hess
   Residence of mother (if deceased so state) Hagerstown Md.
   Birthplace of mother (State or foreign country) Md.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dave Goodnight
New Address 538 Enderly Ave Bburg
Subscribed and sworn to before me this 19 day of June, 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 Virginia Last Wagoner
Date of Birth: Month Dec Day 14 Year 1957
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 538 Enderly City Brownsburg County Hen. State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes" has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children
   James Randal Wagoner
   Mike James Wagoner III
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes" it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carville D. Tarr
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Mary L. Dillman
   Residence of mother (if deceased so state) Carmel, 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 Mary Wagoner
New Address 538 Enderly Ave Bburg Ind.
Subscribed and sworn to before me this 24 day of June, 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* 24 *day of* JUNE, *19* 81, *authorizing the joining together as husband and wife* DAVID L. GOODNIGHT *and* MARY VIRGINA WAGONER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, BILLY L. JUDD *hereby certify that on the* 3 *day of* JULY *one thousand nine hundred and* 81 *at* clermont, *County of* MARION *State of Indiana, Groom* DAVID L. GOODNIGHT *of* HENDRICKS *County, State of* IN *and, Bride* MARY VIRGINA WAGONER *of* HENDRICKS *County, State of* IN *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 3 *day of* JULY, *19* 81.

Signed BILLY JUDD
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* JULY, *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. 303

File

6-19-81 Date of Application

MALE
Medical Examination Report Dated 6-15-81
Name of Physician James Black

FEMALE
Medical Examination Report Dated 6-15-81
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 Paul Middle D. Last Oman

Date of Birth: Month 2 Day 2 Year 1959

Place of Birth (State or foreign country) Findlay Ohio

Residence Address: Street or R. R. 9791 T. 48 City Findlay County Hancock 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) 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 David Eugene Oman
   Residence of father (if deceased so state) Findlay, Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Martha Irene Walton
   Residence of mother (if deceased so state) Findlay, Ohio
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Paul D. Oman

New Address 620 W. Scott Springfield, MO. 65802

Subscribed and sworn to before me this 19 day of June, 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 Sherry Middle Rae Last Schulz

Date of Birth: Month 10 Day 31 Year 1962

Place of Birth (State or foreign country) Muncie Ind.

Residence Address: Street or R. R. RR1 Box 152 City Lizton 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 Edolee Ray Schulz, Jr.
   Residence of father (if deceased so state) Lizton, Ind.
   Birthplace of father (State or foreign country) Mississippi
9. Full maiden name of mother Barbara Ann Price
   Residence of mother (if deceased so state) Lizton, 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 Sherry R. Schulz

New Address 620 W. Scott Springfield, MO. 65802

Subscribed and sworn to before me this 19 day of June, 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 HENDRICKS Circuit Court of Indiana dated the 26th day of June, 19 81, authorizing the joining together as husband and wife PAUL D. OMAN and SHERRY RAE SCHULZ

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, REV. E. RAY SCHULZ, SR. hereby certify that on the 8 day of AUGUST, one thousand nine hundred and 81 at INDPLS. County of MARION, State of IN OHIO

State of Indiana, Groom PAUL D. OMAN of HANCOCK County, State of IN,

and, Bride SHERRY RAE SCHULZ of HENDRICKS County, State of IN

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 8 day of AUGUST, 19 81

Signed E. RAY SCHULZ

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of AUGUST, 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. 304
File 42
6-19-81
Date of Application

MALE
Medical Examination Report Dated 6-12-81
Name of Physician D.B. Haggard

FEMALE
Medical Examination Report Dated 6-12-81
Name of Physician D.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 Brian Middle A. Last Smith
Date of Birth: Month 3 Day 24 Year 58
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. RR1 Box 124 City Stilesville 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.
   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 William T. Smith
   Residence of father (if deceased so state) Madison Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Patricia Mowett
   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 ✓Brian A. Smith
New Address RR1 BOX 124 STILESVILLE IND

Subscribed and sworn to before me this 19 day of June, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Susan Middle B. Last Taylor
Date of Birth: Month 12 Day 18 Year 59
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. RR 1 Box 124 City Stilesville County State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers Lic w/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.
   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 Alfred T. Taylor
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Anna J. Lee
   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 ✓Susan Taylor
New Address RR1 Box 124 Stilesville

Subscribed and sworn to before me this 19 day of June, 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* 25th *day of* June, 1981, *authorizing the joining together as husband and wife* Brian A Smith *and* Susan B. Taylor
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Dewey A. Thackston *hereby certify that on the* 27 *day of* June, *one thousand nine hundred and* 81 *at* Pitts, *County of* Hend, *State of Indiana, Groom* Brian A. Smith *of* Hend *County, State of* IN *and, Bride* Susan B. Taylor *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 29 *day of* June, 1981.

Signed Dewey A. Thackston
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* June, 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. 305

File 42

6-19-81
Date of Application

MALE
Medical Examination Report Dated 5-22-81
Name of Physician R.B. Ullom

FEMALE
Medical Examination Report Dated 5-22-81
Name of Physician R.B. Ullom

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Morris Middle O. Last Woods

Date of Birth: Month 8 Day 5 Year 23

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 6495 E. SR 136 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Dudley Woods
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary E. Collyer
   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 X Morris O Woods

New Address 1102 N. Edgewood Dr. Indianapolis,

Subscribed and sworn to before me this 19 day of June, 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Marilyn Middle H. Last Hardwick

Date of Birth: Month 9 Day 10 Year 29

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1102 N. Edgewood 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Russell D. Harcourt
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Ida Hayes
   Residence of mother (if deceased so state) R.1 Milroy Ind.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Marilyn H. Hardwick

New Address 1102 N. Edgewood Drive Indianapolis

Subscribed and sworn to before me this 19 day of June, 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

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 23rd day of June, 19 81, authorizing the joining together as husband and wife MORRIS O. WOODS and MARILYN H. HARDWICK

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT P. MAC DONALD hereby certify that on the 27th day of JUNE, one thousand nine hundred and 81, at HARCOURT FARM R. 1 MILROY, County of RUSH, State of Indiana, Groom MORRIS O. WOODS of HENDRICKS County, State of INDIANA, and, Bride MARILYN H. HARDWICK of MARION County, State of INDIANA, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27th day of JUNE, 19 81

Signed ROBERT P. MAC DONALD

Official Designation CLERGYMAN

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of JULY, 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. 306
File 42
6-22-81
Date of Application

MALE
Medical Examination Report Dated 6-15-81
Name of Physician James Black

FEMALE
Medical Examination Report Dated 6-15-81
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 Louis Middle O. Last Hunley
Date of Birth: Month May Day 10 Year 1925
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR 1, City Coatesville, 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 James A. Hunley
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bertie Rigel
   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 ☒ Louis O. Hunley
New Address RR 1 Coatesville Ind.

Subscribed and sworn to before me this 22 day of June, 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 Eleanor Middle (NONE) Last Hunley
Date of Birth: Month Dec. Day 19 Year 1919
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R. R. RR 1, City Coatesville, 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) Voter's Registration

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 ~~Polish~~ Polish
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Warsaw
9. Full maiden name of mother Catherine Piotrowska
   Residence of mother (if deceased so state) Toronto, Canada
   Birthplace of mother (State or foreign country) Warsaw

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Eleanor Hunley
New Address RR 1 Coatesville Ind

Subscribed and sworn to before me this 22 day of June, 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 in HENDRICKS County Clerks Office Superior #2 Court by written order issued 3 day waiver and filed ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 22 *day of* June, 19 81, *authorizing the joining together as husband and wife* Louis D. Hunley *and* Eleanor Hunley
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Mary Jane Russell *hereby certify that on the* 22 *day of* June, *one thousand nine hundred and* 81 *at* Danville, *County of* Hend., *State of Indiana, Groom* Louis D. Hunley *of* Hend. *County, State of* IN *and, Bride* Eleanor Hunley *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 22 *day of* June, 19 81.

Signed Mary Jane Russell
Official Designation Asst Head Lo.

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* June, 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. 307

File

6-22-81 Date of Application

MALE
Medical Examination Report Dated 6-16-81
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 6-16-81
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 Paul Middle R. Last Bemis

Date of Birth: Month 9 Day 12 Year 1920

Place of Birth (State or foreign country) Union City Ind.

Residence Address: Street or R. R. 9211 Mt. Shasta Rd City Indpls County ~~Hend.~~ 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 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 Carl DeRay Bemis
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Union City, Ind.
9. Full maiden name of mother Goldie Fern Marcus
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Union City, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Paul Bemis

New Address 1813 Hawthorn

Subscribed and sworn to before me this 22 day of June, 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 Mildred Middle M. Last Ford

Date of Birth: Month 3 Day 9 Year 1929

Place of Birth (State or foreign country) Gibbs Ind.

Residence Address: Street or R. R. 1813 Hawthorn City Gilead 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.
   Kellie Rae Ford

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James William Myers
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Maude Jane Crouch
   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 Mildred M Ford

New Address 1813 Hawthorn Plfld.

Subscribed and sworn to before me this 22 day of June, 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* HENDRICKS *Circuit Court of Indiana dated the* 26th *day of* June, 19 81, *authorizing the joining together as husband and wife* PAUL R. BEMIS *and* MILDRED M. FORD

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, HARRY H. HOWELL *hereby certify that on the* 11 *day of* JULY, *one thousand nine hundred and* 81 *at* INDPLS., *County of* MARION, *State of* IN

State of Indiana, Groom PAUL R. BEMIS *of* MARION *County, State of* IN,

and, Bride MILDRED M. FORD *of* HENDRICKS *County, State of* IN,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS *County.*

Dated this 26 *day of* JUNE, *19* 81. *Signed* HARRY H. HOWELL

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* JULY, *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. 308

File

6-22 81
Date of Application

MALE
Medical Examination Report Dated 6-14-81

Name of Physician Gregory W. Smith

FEMALE
Medical Examination Report Dated 6-14-81

Name of Physician Gregory W. Smith

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 D. Last Hunter II

Date of Birth: Month 7 Day 15 Year 1959

Place of Birth (State or foreign country) Washtenaw Co. Michigan

Residence Address: Street or R. R. 3006 Reed Rd. City Fort Wayne County Allen 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 Jack Duval Hunter
   Residence of father (if deceased so state) Ft. Wayne, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marsha A. Goodsell
   Residence of mother (if deceased so state) Ft. Wayne 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 Jack D Hunter II

New Address W. Lafayette IN

Subscribed and sworn to before me this 22 day of June, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Denise Middle M. Last Hodge

Date of Birth: Month 12 Day 4 Year 1962

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. RR 6 Box 7 City B'Burg County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Hodge Jr.
   Residence of father (if deceased so state) Carmy, Mo.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Millena Mae Bailey
   Residence of mother (if deceased so state) Carmy, MO
   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 Denise M Hodge

New Address W. Lafayette

Subscribed and sworn to before me this 22 day of June, 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* 26 *day of* June, 19 81, *authorizing the joining together as husband and wife* Jack D. Hunter II *and* Denise M. Hodge

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Charles G. Burnside *hereby certify that on the* 27 *day of* June, *one thousand nine hundred and* 81 *at* Indpls., *County of* Marion, *State of Indiana, Groom* Jack D. Hunter II *of* Allen *County, State of* IN *and, Bride* Denise M. Hodge *of* Hendricks *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 27 *day of* June, 19 81.

Signed Charles G. Burnside

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* July, 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. 309

File

6-22-81 Date of Application

MALE
Medical Examination Report Dated 6-5-81
Name of Physician Stuart Burns

FEMALE
Medical Examination Report Dated 6-5-81
Name of Physician Stuart Burns

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle L. Last Sherrieb

Date of Birth: Month 5 Day 4 Year 1950

Place of Birth (State or foreign country) Harrison Twp. Pennsylvania

Residence Address: Street or R. R. 534 N. O'Dell City Brownsburg County Hend State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Jessica Marie Sherrieb
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 Henry Sherrieb
   Residence of father (if deceased so state) Garber Pennsylvania
   Birthplace of father (State or foreign country) Harrison Twp. Penn.
9. Full maiden name of mother Olive May Faulkner
   Residence of mother (if deceased so state) Garber Penn.
   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 David L Sherrieb
New Address 534 N ODELL BROWNSBURG

Subscribed and sworn to before me this 22 day of June, 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 Stephanie Middle L. Last Gore

Date of Birth: Month 4 Day 10 Year 1953

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. 534 N. O'Dell City B'burg County Hend State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Jennifer Louise Gore
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Edward Cerk
   Residence of father (if deceased so state) N. Chicago, Ill.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Joan Hugh
   Residence of mother (if deceased so state) Indpls Ind.
   Birthplace of mother (State or foreign country) Indpls Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Stephanie L. Gore
New Address 534 N. Odell B'burg

Subscribed and sworn to before me this 22 day of June, 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 HENDRICKS Circuit Court of Indiana dated the 22 day of June, 19 81, authorizing the joining together as husband and wife DAVID L. SHERRIEB and STEPHANIE L. GORE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN C. MOWRER hereby certify that on the 27 day of JUNE, one thousand nine hundred and 81 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom DAVID L. SHERRIEB of HENDRICKS County, State of INDIANA, and, Bride STEPHANIE L. GORE of HENDRICKS County, State of INDIANA, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27 day of JUNE, 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 JUNE, 19 81.

Signed MARY JANE RUSSELL Clerk

HENDRICKS Circuit Court

No. 310
File 42
6-22-81
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 6-22-81
Name of Physician E. Clark

FEMALE
Medical Examination Report Dated 6-22-81
Name of Physician E. 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 Randy Middle J. Last Brechler
Date of Birth: Month 5 Day 25 Year 60
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 9 Todd, Box. 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. 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 Ronald Brechler
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Patricia Dudley
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Randy Brechler
New Address RR 1 Box 97

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Jill Middle Ann Last Salyers
Date of Birth: Month 5 Day 1 Year 62
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 195 Rd. 200 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) Drivers Lic. w/picture & 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Leland Salyers
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Joyce Wilson
   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 Jill Salyers
New Address RR 1 Box 97

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 26 *day of* June, 19 81, *authorizing the joining together as husband and wife* Randy J. Brechler *and* Jill A. Salyers

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jeffrey Godecher *hereby certify that on the* 27 *day of* June, *one thousand nine hundred and* 81, *at* Danville, *State of Indiana, Groom* Randy J. Brechler *of* Hend *County, State of* Ind, *and, Bride* Jill Ann Salyers *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* June, 19 81.

Signed Jeffrey Godecher
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* June, 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. 311

File 42

6-24-81 Date of Application

MALE
Medical Examination Report Dated 6-19-81

Name of Physician H. Baker

FEMALE
Medical Examination Report Dated 6-19-81

Name of Physician H. Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Steven Middle D. Last Carder

Date of Birth: Month 7 Day 21 Year 51

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1030 Hacienda 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/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.
   Lynette Carder
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Carder
   Residence of father (if deceased so state) Dec'd. Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Mary Alkire
   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 ✕ Steven T. Carder

New Address 1030 Hacienda Dr. Danville

Subscribed and sworn to before me this 24 day of June, 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 Cathy Middle Joan Last Hockaday

Date of Birth: Month 7 Day 15 Year 61

Place of Birth (State or foreign country) Missouri

Residence Address: Street or R. R. 1009 E. Norman 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Casey R. Hockaday
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Freeda Brown
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✕ Cathy J. Hockaday

New Address 1030 Hacienda Danville

Subscribed and sworn to before me this 24 day of June, 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.....Circuit Court of Indiana dated the 1st day of July, 19 81, authorizing the joining together as husband and wife STEVEN CARDER and CATHY HOCKADAY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ALFRED HELLERT hereby certify that on the 4 day of JULY, one thousand nine hundred and 81 at ATKINSON HOTEL, County of marion, State of Indiana, Groom STEVEN CARDER of HENDRICKS County, State of IN, and, Bride CATHY HOCKADAY of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1 day of JULY, 19 81. Signed REV. ALFRED HELLERT

Official Designation CLERGYMAN

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of JULY, 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. 312

File June 24, 1981
Date of Application

MALE
Medical Examination Report Dated 5-28-81

Name of Physician Eric Clarke

FEMALE
Medical Examination Report Dated 5-28-81

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 Darrell Middle R. Last Richardson

Date of Birth: Month Oct Day 8 Year 1938

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 24 Martin Dr. City Danville 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) 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 Frances Richardson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Lillian Pickett
   Residence of mother (if deceased so state) Battle Ground, 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 Darrell Richardson
New Address 24 Martin Dr Danville

Subscribed and sworn to before me this 24 day of June, 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 Patricia Middle Ann Last Martin

Date of Birth: Month Feb Day 28 Year 1945

Place of Birth (State or foreign country) Okla.

Residence Address: Street or R. R. 24 Martin Dr. City Danville 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) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes" has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father A.M. Brooks
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Okla.
9. Full maiden name of mother Lena Russell
   Residence of mother (if deceased so state) Lindsay, OK.
   Birthplace of mother (State or foreign country) Okla.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patricia Ann Martin
New Address 24 Martin Dr Danville

Subscribed and sworn to before me this 24 day of June, 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 24th day of June, 19 81, authorizing the joining together as husband and wife Darrell R. Richardson and Patricia Ann Martin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Cecil Pugh hereby certify that on the 18th day of July, one thousand nine hundred and 81 at Danville, County of Hendricks, State of Indiana, Groom Darrell Ramon Richardson of Hendricks County, State of Indiana, and, Bride Patricia Ann Martin 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 30th day of June, 19 81.

Signed Rev. Cecil Pugh
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of July, 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, 1972

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 313
File 42
6-24-81
Date of Application

MALE
Medical Examination Report Dated 6-23-81
Name of Physician C. L. Hawkins

FEMALE
Medical Examination Report Dated 6-23-81
Name of Physician C. L. Hawkins

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Carl Middle E. Last Garbrough
Date of Birth: Month 5 Day 26 Year 42
Place of Birth (State or foreign country) Ind.
Residence Address: 1211 W. Township Rd. Street or R. R. Plfd. City Hendricks 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.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Janis E. Garbrough
   Howard " "
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Garbrough
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother DeWeese, Ruth
   Residence of mother (if deceased so state) Ind.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carl E. Garbrough
New Address 1211 W. Township Rd. Plfd. Ind. 46231

Subscribed and sworn to before me this 24 day of June, 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 Judy Middle K. Last Bartley
Date of Birth: Month 8 Day Year 43
Place of Birth (State or foreign country) Ind.
Residence Address: 1124 W. Township Rd. Street or R. R. Plfd. City Hendricks 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.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Bartley
   Sonny " "
   Vickie " "
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dad Smith
   Residence of father (if deceased so state) Ind., Plfd.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary E. Jackson
   Residence of mother (if deceased so state) Ind.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Judy K. Bartley
New Address 1124 W. Township Rd. Plfd., Ind. 46231

Subscribed and sworn to before me this 24 day of June, 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 Sept 1 Court by written order issued 3 days waiver and filed in Clerk authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* June, 19 81, *authorizing the joining together as husband and wife* CARL E. GARBROUGH *and* JUDY K. BARTLEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, REV. DOUGLAS A. OHIME *hereby certify that on the* 24 *day of* JUNE, one thousand nine hundred and 81 *at* PLFD. ~~HEND~~, *County of* HEND., *State of* IND., *State of Indiana, Groom* CARL E. GARBROUGH *of* HENDRICKS ~~N~~ *County, State of* IND., *and, Bride* JUDY K. BARTLEY *of* HENDRICKS *County, State of* HENDRICKS *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 24 22 *day of* JUNE, 19 81.

Signed ~~Dough~~ Douglas A. Ohime
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 *day of* June, 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. 314
File 42
6-25-81
Date of Application

MALE
Medical Examination Report Dated 6-16-81
Name of Physician Bruce E. Beatty

FEMALE
Medical Examination Report Dated 6-16-81
Name of Physician Bruce E. Beatty

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Linn
Date of Birth: Month May Day 31 Year 1946
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 2228 Lake of the Lanterns E. Dr. City Indpls. County Hendricks State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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.
   Lonni Sue Linn 13 years
   Holly Jean Linn 11 years
   (does not have custody)
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donovan David Linn
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lois Mae Fuller
   Residence of mother (if deceased so state) deceased
   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 D Linn
New Address 2228 Lk of the Lant E Dr, Indpls In

Subscribed and sworn to before me this 25 day of June, 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 Vicki Middle L. Last Timmons
Date of Birth: Month July Day 17 Year 1956
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R. R. 2228 Lake of the Lanterns E Dr. City Indpls. County Hend. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's license w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children
   Janet Timmons 6 years
   Jennifer Timmons 2 years
   (does not have legal custody)
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Oren Hugh Waren
   Residence of father (if deceased so state) Mediapville, Indiana
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Norma Jean Davis
   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 Vicki L Timmons
New Address 2228 Lake of the Lantern E Dr Indpls

Subscribed and sworn to before me this 25 day of June, 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* 1 *day of* July, 19 81, *authorizing the joining together as husband and wife* Michael D. Linn *and* Vicki L. Timmons

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Hoyt W. Perry *hereby certify that on the* 4 *day of* July *one thousand nine hundred and* 81 *at* 2228 Lake of the Lantern, E. Dr, Hendricks *County of State of Indiana, Groom* Michael D. Linn *of* Hendricks *County, State of* IN *and, Bride* Vicki L. Timmons *of* Hendricks *County, State of* IN *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 4 *day of* July, 19 81

Signed Hoyt W. Perry
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* July, 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. 315

File

June 25, 1981
Date of Application

MALE
Medical Examination Report Dated 6-21-81
Name of Physician J. Kerlin

FEMALE
Medical Examination Report Dated 6-21-81
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 Donald Middle F. Last Davidson

Date of Birth: Month March Day 3 Year 1917

Place of Birth (State or foreign country) Hendricks County Indiana

Residence Address: Street or R. R. RR# 2 City Coatesville County Hendricks State Indiana

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Marion Davidson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marie Gladys Gasper
   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 Donald F. Davidson
New Address RR 2 — Clayton

Subscribed and sworn to before me this 25 day of June, 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 Irene Middle C. Last Brock

Date of Birth: Month Oct. Day 21 Year 1934

Place of Birth (State or foreign country) Cumberland County Ky

Residence Address: Street or R. R. RR#2 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 Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Jackson Spears
   Residence of father (if deceased so state) Bloomington, Indiana
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Maxie Melton
   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 Irene Brock
New Address RR 2 Clayton, In 46118

Subscribed and sworn to before me this 25 day of June, 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 HENDRICKS *Circuit Court of Indiana dated the* 29 *day of* June, 19 81, *authorizing the joining together as husband and wife* Donald F. Davidson *and* Irene Brock.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Stevan W. Ranson, *hereby certify that on the* 3 *day of* July, *one thousand nine hundred and* 81, *at* Clayton, *County of* Hendricks, *State of Indiana, Groom* Donald F. Davidson *of* Putnam *County, State of* IN, *and, Bride* Irene Brock *of* Hendricks *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 3 *day of* July, 19 81. *Signed* Stevan W. Ranson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* July, 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. 316
File 42
6-25-81
Date of Application

MALE
Medical Examination Report Dated 6-25-81
Name of Physician D. M. Hadley

FEMALE
Medical Examination Report Dated 6-25-81
Name of Physician D. 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 Edward Middle Hawes Last Beswick
Date of Birth: Month 12 Day 12 Year 22
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 14 South East City Ind. County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's Lic. Hpist.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Charles Hendon Beswick
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Elizabeth McQueen
   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 X Edward H Beswick
New Address 9901 MEDALLION DR INDPLS

Subscribed and sworn to before me this 25 day of June, 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 Joan Middle Marie Last Mulvey
Date of Birth: Month 1 Day 18 Year 51
Place of Birth (State or foreign country) Muncie
Residence Address: Street or R. R. 9901 Medallion City Apt 9 County Indpls. 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. Hpist.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Laura J.
   Stephen
   Robert

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 McQueen
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Estelle Miller, Joan
   Residence of mother (if deceased so state) Cincinnati Ohio
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Joan M. Mulvey
New Address 9901 Medallion Dr # 9 Indpls.

Subscribed and sworn to before me this 25 day of June, 19 81
Mary Joan 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* 29 *day of* June, 19 81, *authorizing the joining together as husband and wife* EDWARD H. BESWICK *and* JEAN M. MULVEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WARREN D. TODD *hereby certify that on the* 4 *day of* JULY, *one thousand nine hundred and* 81, *at* CUNOT, *County of* OWEN, *State of Indiana, Groom* EDWARD H. BESWICK *of* HENDRICKS N *County, State of* IN, *and, Bride* JEAN M. MULVEY *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 29th *day of* JUNE, 19 81.

Signed WARREN D. TODD
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* JULY, 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. 317
File 42
6-25-81 Date of Application

MALE
Medical Examination Report Dated 6-5-81
Name of Physician William J Joyner

FEMALE
Medical Examination Report Dated 6-5-81
Name of Physician William J. Joyner

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle L. Last Ricks, Jr.
Date of Birth: Month Feb. Day 27 Year 1946
Place of Birth (State or foreign country) Florida
Residence Address: Street or R. R. P.O. Box 21394 City Ft. Lauderdale County Broward State Florida
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 Leon Ricks, Sr.
   Residence of father (if deceased so state) 1937 Lochberry Rd, Winter Park, Fla.
   Birthplace of father (State or foreign country) Georgia
9. Full maiden name of mother Marjorie Kathleen Hoover
   Residence of mother (if deceased so state) Dane
   Birthplace of mother (State or foreign country) Georgia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Robert Ricks
New Address 2150 Fanbank Lane Ft. Lauderdale FL 33312

Subscribed and sworn to before me this 25 day of June, 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 Beverly Middle A. Last Roach
Date of Birth: Month June Day 1 Year 1951
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. P.O. Box 21394 City Ft. Lauderdale County Broward State Florida
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 Dorrel Chandler Roach
   Residence of father (if deceased so state) 755 N. Centr Rd, Danford
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wilma La Verne Pettijohn
   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 ☒ Beverly A Roach
New Address 2150 Fanbank Lane Ft. Lauderdale FL 33312

Subscribed and sworn to before me this 25 day of June, 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 ..... of Indiana dated the 25th day of June, 1981, authorizing the joining together as husband and wife ROBERT L. RICKS, JR. and BEVERLY A. ROACH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM R. CLAYTON hereby certify that on the 27th day of JUNE one thousand nine hundred and 81, at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom ROBERT L. RICKS, JR. of BROWARD County, State of FLORIDA, and, Bride BEVERLY A. ROACH of BROWARD County, State of FLORIDA, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27th day of JUNE, 19 81. Signed WILLIAM R. CLAYTON
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of JULY, 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. 318

File

6-26-81
Date of Application

MALE
Medical Examination Report Dated 6-23-81
Name of Physician Joseph Monlin

FEMALE
Medical Examination Report Dated 6-23-81
Name of Physician Joseph Monlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jay Middle D. Last Merritt

Date of Birth: Month 12 Day 12 Year 1955

Place of Birth (State or foreign country) Marion Co., Ind.

Residence Address: Street or R. R. RR 1 Bx 149 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) 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 Ralph Dale Merritt
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sandra Pauline Rutledge
   Residence of mother (if deceased so state) Monticello, 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 Jay D. Merritt
New Address RR 1 Box 149 Danville

Subscribed and sworn to before me this 26 day of June, 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 Deborah Middle Lee Last Martin

Date of Birth: Month NOV Day 13 Year 1952

Place of Birth (State or foreign country) Waynesburg, Penn.

Residence Address: Street or R. R. RR 1 Box 390 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) 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.
   Angela Sue Martin
   Gregory Stephen Martin
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wm. Louis Bartolovich
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Mary Ann Cowell
   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 Deborah Lee Martin
New Address RR 1 Box 149 Danville

Subscribed and sworn to before me this 26 day of June, 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* 30 *day of* June, 19 81, *authorizing the joining together as husband and wife* Jay D. Merritt *and* Deborah L. Martin
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James D. Wilson *hereby certify that on the* 3 *day of* July, *one thousand nine hundred and* 81 *at* Camby, *County of* Hendricks, *State of Indiana, Groom* Jay D. Merritt *of* Hendricks *County, State of* IN, *and, Bride* Deborah L. Martin *of* Hendricks *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 3 *day of* July, 19 81.

Signed James D. Wilson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8 *day of* July, 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. 319

File

6-25-81 Date of Application

MALE
Medical Examination Report Dated 6-23-81
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 6-23-81
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 Gary Middle Lee Last Chambliss

Date of Birth: Month 5 Day 5 Year 60

Place of Birth (State or foreign country) Xenia, Ohio

Residence Address: 6358 Maidstone Rd. Street or R. R. Indpls City Mar. 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 Ronald Eugene Chambliss
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Kathleen May Jewell
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Gary Chambliss
New Address 6358 Maidstone Rd Apt 143

Subscribed and sworn to before me this 25th day of June, 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 Lesia Middle Deanene Last Edwards

Date of Birth: Month 9 Day 4 Year 62

Place of Birth (State or foreign country) Lebanon, Indiana

Residence Address: 415 Janet Dr. Street or R. R. Plainfield 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 ☐ 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 Fred Arnold Edwards
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Donna Mae Tyler
   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 Lesia Edwards
New Address 6358 maidstone Rd. apt. 143

Subscribed and sworn to before me this 25 day of June, 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 ..... Circuit Court of Indiana dated the 29 day of June, 19 81, authorizing the joining together as husband and wife Gary Lee Chambliss and Lesia Deanene Edwards

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Dennis L. Dodson hereby certify that on the 4 day of July, one thousand nine hundred and 81 at Corinth Ch-rch, County of Hendricks, State of Indiana, Groom Gary L. Chambliss of Hendricks County, State of IN, and, Bride Lesia D. Edwards of Hendricks County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 29 day of June, 19 81. Signed Dennis L. Dodson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of July, 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. 320

File

June 26, 1981
Date of Application

MALE
Medical Examination Report Dated 6-23-81
Name of Physician D. Baker

FEMALE
Medical Examination Report Dated 6-23-81
Name of Physician D. Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Steven Middle Allen Last Stoddard

Date of Birth: Month July Day 13 Year 1951

Place of Birth (State or foreign country): Valparaiso, Indiana

Residence Address: Street or R. R. RR#18 Box 359H 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) 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.
   James B. Stoddard 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 Ord Stoddard
   Residence of father (if deceased so state) Kouts
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phillis Irene Chester
   Residence of mother (if deceased so state) Kouts, 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 Steven Allen Stoddard

New Address RR18 Box 359H Indpls, In 46234

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 Lucinda Middle J. Last Dickey

Date of Birth: Month Sept Day 1 Year 1952

Place of Birth (State or foreign country) Phoenix, Az.

Residence Address: Street or R. R. RR#18 Box 359H 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) 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.
   William David Dickey 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 Wesley J. McCallum
   Residence of father (if deceased so state) Brownsburg, In
   Birthplace of father (State or foreign country) Mich.
9. Full maiden name of mother Joyce E. Motsinger
   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 Lucinda J. Dickey

New Address RR#18 Box 359H Indpls. Ind.

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 7 *day of* July, 19 81, *authorizing the joining together as husband and wife* STEVEN A. STODDARD *and* LUCINDA J. DICKEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN C. MOWRER *hereby certify that on the* 11 *day of* JULY *one thousand nine hundred and* 81 *at* ~~HENDRICKS~~ BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* STEVEN A. STODDARD *of* HENDRICKS *County, State of* IN *and, Bride* LUCINDA J. DICKEY *of* HENDRICKS *County, State of* IN *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 11 *day of* JULY, 19 81.

Signed JOHN C. MOWRER

Official Designation SUP. COURT II JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* JULY, 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. ~~[illegible]~~ 321

File 42

6-26-81 Date of Application

MALE
Medical Examination Report Dated 6-23-81
Name of Physician Larry R. Backle

FEMALE
Medical Examination Report Dated 6-23-81
Name of Physician Larry R. Backle

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 G. Last Vickery
Date of Birth: Month Feb. Day 9 Year 1959
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 10225 Lake of Lanterns N. Dr. 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 Knot J. Vickery
   Residence of father (if deceased so state) 2339 Plum St, New Castle, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Cathern M. Rall
   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 James G Vickery
New Address

Subscribed and sworn to before me this 26 day of June, 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 Gail Middle Anne Last Vardesty
Date of Birth: Month Jan. Day 12 Year 1960
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 10225 Lake of Lanterns N. Dr. 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Conrad L. Vardesty
   Residence of father (if deceased so state) 10225 Lake of Lanterns N. Dr. Indpls.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn Sue Pickett
   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 Gail Vardest
New Address 10225 Lake Lantern N. Dr. Indpls

Subscribed and sworn to before me this 26 day of June, 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 30 day of June, 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 ....., at ....., County of ....., one thousand nine hundred and ..... County, State of ....., State of Indiana, Groom ..... of ..... County, State of ....., and, Bride ..... of ..... were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this ..... day of ....., 19.....

Signed .....
Official Designation .....

Filed and recorded in accordance with the laws of the State of Indiana this ..... day of ....., 19.....

..... Clerk
Signed HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 328
File 42
6-26-81
Date of Application

MALE
Medical Examination Report Dated 6-5-81
Name of Physician Arcadio M. Alarcon, Jr.

FEMALE
Medical Examination Report Dated 6-5-81
Name of Physician Arcadio M. Alarcon, Jr.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kenneth Middle Lee Last Hall
Date of Birth: Month Nov. Day 2 Year 1954
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 628 A Lakeside 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 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.
   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 John Hall
   Residence of father (if deceased so state) 6610 S. Fairfield Indpls. Ind
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Elizabeth A. May
   Residence of mother (if deceased so state) Dec.
   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 Lee Hall
New Address 628 A Lakeside Dr

Subscribed and sworn to before me this 26 day of June, 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 Rebecca Middle E. Last Carnes
Date of Birth: Month June Day 17 Year 1953
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 628-A Lakeside 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Carnes 10 years
   Jonathan Carnes 8 years
   Christopher Carnes 6 years
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 N. Taylor
   Residence of father (if deceased so state) 5145 Mann Rd. Indpls. Ind
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Roberta A. Taylor
   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 Rebecca E. Carnes
New Address 628-A Lakeside Dr.

Subscribed and sworn to before me this 26 day of June, 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* 2 *day of* July, 19 81, *authorizing the joining together as husband and wife* Kenneth L. Hall *and* Rebecca E. Carnes

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer *hereby certify that on the* 2 *day of* July, *one thousand nine hundred and* 81 *at* Danville, *State of Indiana, Groom* Kenneth L. Hall *of* Hendricks *County, State of* Ind, *and, Bride* Rebecca E. Carnes *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 2 *day of* July, 19 81.

Signed John C. Mowrer
Official Designation Judge Sup 2

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* July, 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. 323
File 42
6-26-81 Date of Application

MALE
Medical Examination Report Dated 6-22-81
Name of Physician M. E. McClure

FEMALE
Medical Examination Report Dated 6-22-81
Name of Physician M. E. McClure

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Mark Middle Allen Last Gant
Date of Birth: Month April Day 13 Year 1957
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 111 Kaymar, 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) Dennis Maine 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 Virgil Ernest Gant
   Residence of father (if deceased so state) 517 Todd, Plainfield, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mildred La Voyce Doss
   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 Mark A. Gant
New Address 111 Kaymar Dr. Danville In
Subscribed and sworn to before me this 26 day of June, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Tammie Middle Elizabeth Last White
Date of Birth: Month Sept. Day 28 Year 1961
Place of Birth (State or foreign country) Massachusetts
Residence Address: Street or R. R. RR1 Box 204W, 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 J. White
   Residence of father (if deceased so state) RR1 Box 204W, Pittsboro, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty R. Whitney
   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 Tammie E White
New Address 111 Kaymar Dr Danville In
Subscribed and sworn to before me this 26 day of June, 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 Superior #1 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 HENDRICKS Circuit Court of Indiana dated the 26th day of June, 19 81, authorizing the joining together as husband and wife MARK ALLEN GANT and TAMMIE ELIZABETH WHITE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, REV. DONALD TYLER hereby certify that on the 27th day of JUNE, one thousand nine hundred and 81 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom MARK A. GANT of HENDRICKS County, State of INDIANA, and, Bride TAMMIE E. WHITE 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 27th day of JUNE, 19 81. Signed REV. DONALD TYLER
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of JULY, 19 81
Signed MARY JANE RUSSELL Clerk
HENDRICKS Circuit Court

No. 324

Form Prescribed By
Indiana State Board 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 June 26 1981
Date of Application

MALE
Medical Examination Report Dated 6-22-81
Name of Physician ~~Donald~~ Henry Stanley

FEMALE
Medical Examination Report Dated 6-22-81
Name of Physician Henry Stanley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-4 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)"

MALE APPLICANT

Name: First Donald; Middle E.; Last Bergerson
Date of Birth: Month Nov.; Day 25; Year 1943
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 53349 C.R. 9W.; City Elkhart; County; State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children. Daniel Bergerson
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Bergerson
   Residence of father (if deceased so state) Elkhart, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Gladys Pickart
   Residence of mother (if deceased so state) Elkhart, 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 Donald E Bergerson
New Address RR 1 Box 72B,
Subscribed and sworn to before me this 26 day of June, 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 Fanny; Middle A.; Last Martin
Date of Birth: Month June; Day 23; Year 1944
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. Rt 1 Box 72B; City N. Salem; County; State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. Tessie Martin
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Glenn Hartman
   Residence of father (if deceased so state) N. Salem, In.
   Birthplace of father (State or foreign country) Mich.
9. Full maiden name of mother Doris Williams
   Residence of mother (if deceased so state) N. Salem, 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 Fanny A. Martin
New Address RR 1 Box 72B
Subscribed and sworn to before me this 26 day of June, 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* 4 *day of* July, 19 81, *authorizing the joining together as husband and wife* Donald E. Bergerson *and* Fanny A. Martin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Clifton Morris *hereby certify that on the* 4 *day of* July *one thousand nine hundred and* 81 *at* Indpls., *County of* Marion' *State of Indiana, Groom* Donald E. Bergerson *of* Elkhart *County, State of* IN *and, Bride* Fanny A. Martin *of* Hendricks *County, State of* IN *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 4 *day of* July, 19 81.

Signed Clifton Morris
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* July, 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. 325

File

6-29-81 Date of Application

MALE
Medical Examination Report Dated 6-22-81
Name of Physician Thomas Monsetto

FEMALE
Medical Examination Report Dated 6-22-81
Name of Physician Thomas Monsetto

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Carroll Middle A Last Kressel

Date of Birth: Month 12 Day 15 Year 1942

Place of Birth (State or foreign country) Frankfort Ind.

Residence Address: Street or R. R. 538 Enderly Ave #5 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.
   Leslie Jo Kressel
   Thomas Raymond Kressel
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 P. Kressel Sr.
   Residence of father (if deceased so state) Frankfort Ind.
   Birthplace of father (State or foreign country) Frankfort Ind.
9. Full maiden name of mother Rosalind Alice Mann
   Residence of mother (if deceased so state) Frankfort Ind.
   Birthplace of mother (State or foreign country) Frankfort Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Carroll A. Kressel

New Address 103 PIN OAK BROWNSBURG, IN. 46112

Subscribed and sworn to before me this 29 day of June, 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 J Last Meade

Date of Birth: Month 6 Day 30 Year 1947

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. 6842 Buckridge Cir Dr #C City Indpls County Hen 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 C. Elliott
   Residence of father (if deceased so state) Trafalder Ind.
   Birthplace of father (State or foreign country) Frankfort Ind.
9. Full maiden name of mother Inez K. Fultz
   Residence of mother (if deceased so state) Trafalder Ind.
   Birthplace of mother (State or foreign country) Indpls Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Karen J Meade

New Address 103 Pin Oak, Brownsburg In 46112

Subscribed and sworn to before me this 29 day of June, 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 ..... and filed
HENDRICKS County ..... Court by written order issued .....
in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... on the ..... day of ....., 19.81., authorizing the joining together as husband and wife of Indiana dated the 10 day of July and Karen S. Meade Carroll A. Kressel

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Janice Chilcutt hereby certify that on the 10 day of July, at Danville, County of Hendricks, one thousand nine hundred and 81 State of Indiana, Groom Carroll A. Kressel of Hendricks County, State of Indiana, and, Bride Karen S. Meade of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10 day of July, 19.81. Signed Janice Chilcutt

Official Designation 1st Deputy Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of July, 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. 326

File

6-29-87
Date of Application

MALE
Medical Examination Report Dated 6-23-87
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 6-23-87
Name of Physician Glenn Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle L. Last Martin

Date of Birth: Month 9 Day 11 Year 1932

Place of Birth (State or foreign country) Tiffin, Ohio

Residence Address: Street or R. R. 5410 N. 901 E. 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 Licens

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Wesley Martin
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Martin
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Unknown
9. Full maiden name of mother Lillian Wilson
   Residence of mother (if deceased so state) Deceased
   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 × Donald L. Martin
New Address 5410 N 901 E Brownsburg

Subscribed and sworn to before me this 29 day of June, 19 87.
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 Brown

Date of Birth: Month 5 Day 18 Year 1948

Place of Birth (State or foreign country) Logansport Ind.

Residence Address: Street or R. R. 521 S. Jefferson 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children
   Kimberly Sue Brown
   Larry Robert Brown
   David Lee Brown
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edgar Roscoe Sturgill
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Pardee Kentucky
9. Full maiden name of mother Nina Sue Leingang
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Bonnie Blue Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed × Patricia L. Brown
New Address 5410 N. 901 E - Brownsburg, IN

Subscribed and sworn to before me this 29 day of June, 19 87.
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* 6 *day of* JULY, *19* 81, *authorizing the joining together as husband and wife* DONALD L. MARTIN *and* PATRICIA L. BROWN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GEORGE DAVIS *hereby certify that on the* 11 *day of* JULY, *one thousand nine hundred and* 81, *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* DONALD MARTIN *of* HENDRICKS *County, State of* IN, *and, Bride* PATRICIA L. BROWN *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 11 *day of* JULY, *19* 81.

Signed GEORGE DAVIS
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* JULY, *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. 327

File 6-30-81
Date of Application

MALE
Medical Examination Report Dated 6-23-81
Name of Physician Ronald K. Stegemoller

FEMALE
Medical Examination Report Dated 6-23-81
Name of Physician Ronald K. Stegemoller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First William Middle Robert Last Sutton

Date of Birth: Month August Day 13, Year 1959

Place of Birth (State or foreign country) Framingham, Mass.

Residence Address: Street or R.F.D. 52 Maple St., 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Grant Sutton
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy Ann Lyon
   Residence of mother (if deceased so state) Danville, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X William Robert Sutton
New Address 1310 LeMans Ct #104, Indpls IN

Subscribed and sworn to before me this 30 day of June, 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 Judith Middle Anne Last Bishop

Date of Birth: Month December Day 28, Year 1961

Place of Birth (State or foreign country) Prince George, Maryland

Residence Address: Street or R.F.D. 52 Maple St., 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Woosley Bishop
   Residence of father (if deceased so state) Kensington, Maryland
   Birthplace of father (State or foreign country) Nicaragua
9. Full maiden name of mother Dolores Mary Michels
   Residence of mother (if deceased so state) Springfield, Virginia
   Birthplace of mother (State or foreign country) New York

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Judith Anne Bishop
New Address 1310 LeMans Ct. #104, Indpls, IN

Subscribed and sworn to before me this 30 day of June, 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* HENDRICKS *Circuit Court of Indiana dated the* 7 *day of* July, 19 81, *authorizing the joining together as husband and wife* WILLIAM R. SUTTON *and* JUDITH A. BISHOP

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, EARL T. BONHAM *hereby certify that on the* 11 *day of* JULY, *one thousand nine hundred and* 81 *at* ~~HENDRICKS~~ DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* WILLIAM R. SUTTON *of* MARION *County, State of* IN, *and, Bride* JUDITH A. BISHOP *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 11 *day of* JULY, 19 81. *Signed* EARL T. BONHAM

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* JULY, 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. 328

File

6-30-81
Date of Application

MALE
Medical Examination Report Dated 6-26-81
Name of Physician Glenn A. Ballengee

FEMALE
Medical Examination Report Dated 6-25-81
Name of Physician Glenn A. Ballengee

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Bedwell

Date of Birth: Month 12 Day 20 Year 1958

Place of Birth (State or foreign country) Terre Haute Ind

Residence Address: Street or R. R. R18 Box 123B 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) 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 John Harry Bedwell
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosemary Robinson
   Residence of mother (if deceased so state) Terre Haute Ind.
   Birthplace of mother (State or foreign country) Jasonville, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Mark Bedwell
New Address R 18 Box 123 B INDPLS

Subscribed and sworn to before me this 30 day of June, 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 Robin Middle A. Last Poppe

Date of Birth: Month 4 Day 22 Year 1960

Place of Birth (State or foreign country) Terre Haute Ind.

Residence Address: Street or R. R. R18 Box 123 B 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) 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
   Justin Corp Poppe
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes" it is required that this Application be 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 Hiram Poppe
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother June Cheshire
   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 Robin Poppe
New Address Rt 18 Box 123 B INDPLS

Subscribed and sworn to before me this 30 day of June, 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 #1 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* 30 *day of* June, 19 81, *authorizing the joining together as husband and wife* Mark A. Bedwell *and* Robin A. Poppe

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Charles G. Burnside *hereby certify that on the* 3 *day of* July *one thousand nine hundred and* 81 *at* Brownsburg, *County of* IN Hendricks *State of Indiana, Groom* Mark A. Bedwell *of* Hendricks *County, State of* IN *and, Bride* Robin A. Poppe *of* Hendricks *County, State of* IN *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 3 *day of* July, 19 81.

Signed Charles G. Burnside

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* July, 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. 329
File 42
7-1-81
Date of Application

MALE
Medical Examination Report Dated 6-25-81
Name of Physician Wm. A. Edwards

FEMALE
Medical Examination Report Dated 6-25-81
Name of Physician Wm. A. Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gary Middle R. Last Wood
Date of Birth: Month May Day 11 Year 1960
Place of Birth (State or foreign country) San Diego, California
Residence Address: Street or R. R. RR 4 Box 268 City Clayton County Hend. State Ind. 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Edward Wood
   Residence of father (if deceased so state) Clayton, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Diana Louise Hill
   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 Gary R. Wood
New Address RR 4 Box 268 Clayton, IN 46118

Subscribed and sworn to before me this 1 day of July, 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 Ann Middle Marie Last Allen
Date of Birth: Month July Day 19 Year 1960
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address: Street or R. R. BOX 17, City Arno County Hend. State Ind. 46103
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 W. Allen
   Residence of father (if deceased so state) Arno, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Marjorie Marlene Larison
   Residence of mother (if deceased so state) Arno, 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 Ann Marie Allen
New Address RR 4 Box 268 Clayton Ind. 46118

Subscribed and sworn to before me this 1 day of July, 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* HENDRICKS *Circuit Court of Indiana dated the* 6 *day of* July, 19 81, *authorizing the joining together as husband and wife* Gary Wood *and* Ann Allen.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John Parsons *hereby certify that on the* 11 *day of* July, *one thousand nine hundred and* 81 *at* Northview Christian Church *County of* Hend, *State of* IN, *State of Indiana, Groom* Gary Wood *of* Hendricks *County, State of* IN, *and, Bride* Ann Allen *of* Hendricks *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 11 *day of* July, 19 81. *Signed* John O. Parsons
Official Designation Elder

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* July, 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. 330
File 42
7-2-81
Date of Application

MALE
Medical Examination Report Dated June 25, 1981
Name of Physician Jeffrey Ferguson

FEMALE
Medical Examination Report Dated June 25, 1981
Name of Physician Jeffrey Ferguson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 David Last White
Date of Birth: Month 11 Day 1 Year 1959
Place of Birth (State or foreign country) Shelbyville Ind.
Residence Address: Street or R. R. 1319 N. Groff Ave City Indpls County Marion State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William B. White
   Residence of father (if deceased so state) Shelbyville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha A. Keel
   Residence of mother (if deceased so state) Shelbyville, 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 Paul D White
New Address 1319 N. Groff Ave.
Subscribed and sworn to before me this 2 day of July, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Dianne Middle E. Last Dyer
Date of Birth: Month 11 Day 4 Year 1961
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. 22 Leroy Rd City B'burg County Hend. State Ind
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Guy Dyer
   Residence of father (if deceased so state) Brownsburg, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Jean Brewer
   Residence of mother (if deceased so state) Brownsburg 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 Diane E. Dyer
New Address 1319 N Groff Ave.
Subscribed and sworn to before me this 2 day of July, 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 7th day of July, 19 81, authorizing the joining together as husband and wife PAUL D. WHITE and DIANE E. DYER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WARREN E. DAFOE hereby certify that on the 18 day of JULY one thousand nine hundred and 81 at INDPLS., County of MARION State of Indiana, Groom PAUL D. WHITE of MARION County, State of IN and, Bride DIANE E. DYER of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18 day of JULY, 19 81.

Signed warren E. DAFOR
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of JULY, 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. 331
File 42
7-2-81
Date of Application

MALE
Medical Examination Report Dated 6-18-81
Name of Physician Drennell

FEMALE
Medical Examination Report Dated 6-18-81
Name of Physician Drennell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Ivan Last Duncan Jr

Date of Birth: Month 11 Day 27 Year 62

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. R 1, Box 129 City Monrovia 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.
   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 James I. Duncan
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) N. Carolina
9. Full maiden name of mother Linda J. Brackett
   Residence of mother (if deceased so state) Ind.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X James I. Duncan Jr.
New Address R 1 Box 129 Monrovia, In.

Subscribed and sworn to before me this 2 day of July, 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 Kathleen Middle Marie Last Schwandner

Date of Birth: Month 4 Day 17 Year 65

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 645 Kentucky Ave. City Plfd. 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.
   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 Robert E. Schwandner
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Dorothy E. Smirchak
   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 X Kathleen marie Schwandner
New Address R.R.1 Box 129 Monrovia

Subscribed and sworn to before me this 2 day of July, 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 (Consent Form Attached) Father
Signed X Dorothy E. Schwandner Mother
Subscribed and sworn to before me this 2 day of July, 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 Circuit Court Court by written order issued 8-Day Waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... 19 81, authorizing the joining together as husband and wife of Indiana dated the 2 day of July and Kathleen M. Schwandner James I. Duncan, Jr.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mourer hereby certify that on the 17th day of July, one thousand nine hundred and 81 at Danville County of Hendricks, State of Indiana, Groom James I. Duncan, Jr. of Morgan County, State of Indiana, and, Bride Kathleen M. Swandner of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17 day of July, 19 81. Signed John C. Mourer
Official Designation Judge.

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of July, 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. 331
File 42
7-2-81
Date of Application

MALE
Medical Examination Report Dated 6-18-81
Name of Physician Dranwell

FEMALE
Medical Examination Report Dated 6-18-81
Name of Physician Dranwell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Ivan Last Duncan Jr
Date of Birth: Month 11 Day 27 Year 62
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. R 1, Box 129 City Monrovia 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 ☐

FEMALE APPLICANT

Name: First Kathleen Middle Marie Last Schwandner
Date of Birth: Month 4 Day 17 Year 65
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R. R. 645 Kentucky Ave. City Plfd. 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 ☐

...dent children.

...order or orders to support the above No ☐ Yes ☐

...that this Application be accompanied by satisfactory proof that you are in ...r or orders issued for their support.

...Robert E. Schwandner
...o state) Plfd. Ind.
...eign country) Ill.
...Dorothy E. Smuckal
...d to state) Same
...foreign country) Ill.

...S } ss: I depose and state the information given in this application is true and correct.

...ed X Kathleen Marie Schwandner
...ss R.R.1 Box 129 Monrovia
...re me this 2 day of July, 81
...ell Clerk HENDRICKS Circuit Court

...ARENT OR GUARDIAN

...licant hereby give consent for this marriage. If only one parent ...er the consent of the other parent unnecessary

...CKS } ss:
(Consent Form Attached) Father
Dorothy E. Schwandner Mother
...ore me this 2 day of July, 81.
Mary Jane Russell Clerk

...aving been refused to the above named parties, the ...d R. Dougherty and filed ...e above named parties.

...RTIFICATE
...f the HENDRICKS Circuit Court
...authorizing the joining together as husband and wife
...M. Schwandner
17th day of July,
...Hendricks, County of Indiana,
...County, State of Indiana,
HENDRICKS
John C. Mowrer
Judge.
July, 81.
Mary Jane Russell Clerk
HENDRICKS Circuit Court

7/1/81
Plainfield, Ind.

I Robert E. Schwandner give my permission for my daughter Kathleen Marie Schwandner to marry James L. Duncan Jr.

Robert E. Schwandner
Father

Notary Marjorie Ann Church
Marjorie Ann Church
Reside in Hendricks Co.
My commission expires
March 17, 1984
Co. Hendricks
State of Indiana

NOTARY PUBLIC SEAL INDIANA

I, John C. Mowrer hereby certify that on the 17th day of July, one thousand nine hundred and 81 at Danville, County of Hendricks, State of Indiana, Groom James L. Duncan, Jr. of Morgan County, State of Indiana, and, Bride Kathleen M. Swandner of Hendricks County, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17 day of July, 19 81. Signed John C. Mowrer
Official Designation Judge.

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of July, 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. 332

File

July 2, 1981
Date of Application

MALE
Medical Examination Report Dated 7-1-81
Name of Physician R. Robierson

FEMALE
Medical Examination Report Dated 7-1-81
Name of Physician R. Robierson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Anthony; Middle B.; Last Hession

Date of Birth: Month July; Day 8; Year 1956

Place of Birth (State or foreign country) Lebanon, Indiana

Residence Address: Street or R. R. 7980 E 750 N.; City Brownsburg; County; State Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Daniel B. Hession
   Residence of father (if deceased so state) Brownsburg, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Anna C. Wiley
   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 Anthony B Hession

New Address 9980 E 750 N Brownsburg, In 46112

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 Tammy; Middle Marie; Last Schrock

Date of Birth: Month July; Day 26; Year 1959

Place of Birth (State or foreign country) Oak Park, Ill.

Residence Address: Street or R. R. RR 18 Box 343B.; City Indianapolis; County; State Indiana

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Earl L. Schrock
   Residence of father (if deceased so state) Elm Hurst, Ill.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Dionne R. Schulte
   Residence of mother (if deceased so state) Elm Hurst, Ill
   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 Tammy M. Schrock

New Address 9980 E 750 N, Brownsburg, In 46112

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 10th day of July, 19 81, authorizing the joining together as husband and wife ANTHONY B. HESSION and TAMMY MARIE SCHROCK

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM A. PAPPANO hereby certify that on the 11th day of JULY, one thousand nine hundred and 81 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom ANTHONY B. HESSION of HENDRICKS County, State of IN, and, Bride TAMMY MARIE SCHROCK of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11th day of JULY, 19 81.

Signed /s/ WILLIAM A. PAPPANO

Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of MAY, 19 89

Signed Connie Lawson 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. 333

File

7-6-81 Date of Application

MALE
Medical Examination Report Dated 7-1-81
Name of Physician Ludmilla Trammell

FEMALE
Medical Examination Report Dated 7-1-81
Name of Physician Ludmilla 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 Donald Middle B. Last Buis

Date of Birth: Month 5 Day 23 Year 1958

Place of Birth (State or foreign country) Greencastle Ind

Residence Address: Street or R. R. R1 Box 289 City Putnam 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Buis
   Residence of father (if deceased so state) Cloverdale Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruth J. Martin
   Residence of mother (if deceased so state) Cloverdale 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 Donald B. Buis

New Address R#1 Box 289 Quincy Ind 47456

Subscribed and sworn to before me this 6 day of July, 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Denetia Middle G. Last Stone

Date of Birth: Month 5 Day 8 Year 1961

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. R1 Box 327 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Henry Stone
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Sylvia Jean Young
   Residence of mother (if deceased so state) Plainfield 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 Denetia Stone

New Address R 1, Box 289

Subscribed and sworn to before me this 6 day of July, 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

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 6th day of July, 19 81, authorizing the joining together as husband and wife DONALD B. BUIS and DENETIA G. STONE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DEWEY A. THACKSTON hereby certify that on the 12 day of july, at PLAINFIELD, County of HENDRICKS, one thousand nine hundred and 81 County, State of IN

State of Indiana, Groom DONALD B. BUIS of MORGAN County, State of IN

and, Bride DENETIA G. STONE of HENDRICKS County, State of IN,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12 day of JULY, 19 81 Signed DEWEY A. THACKSTON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of August, 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. 334

File

7-6-81
Date of Application

MALE
Medical Examination Report Dated 7-6-81
Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated 7-6-81
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 Alan Middle Ray Last Breneman

Date of Birth: Month 10 Day 7 Year 1959

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. RR 4 Box 404 City Clayton County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 H. Breneman
   Residence of father (if deceased so state) Clayton Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Jane Edmondson
   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 x Alan Breneman
New Address RR2 Clayton

Subscribed and sworn to before me this 6 day of July, 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 Ann Last Tharp

Date of Birth: Month 1 Day 28 Year 1962

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. General Delivery City Cartersburg County Hend State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Elwin Tharp
   Residence of father (if deceased so state) Cartersburg, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phyllis Carol Stewart
   Residence of mother (if deceased so state) Cartersburg, 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 Cynthia Ann Tharp
New Address RR2 Clayton

Subscribed and sworn to before me this 6 day of July, 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* July, 81, *authorizing the joining together as husband and wife* ALAN RAY BRENEMAN *and* CYNTHIA ANN THARP

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, FARIS D. FRANZ *hereby certify that on the* 18 *day of* JULY, *one thousand nine hundred and* 81, *at* CLAYTON, *County of* HENDRICKS, *State of Indiana, Groom* ALAN RAY BRENEMAN *of* HENDRICKS *County, State of* IN *and, Bride* CYNTHIZ ANN THARP *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 27 18 *day of* JULY, 81.

Signed FARIS D. FRANZ
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* JULY, 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. 335
File 42
7-6-81
Date of Application

MALE
Medical Examination Report Dated 7-2-81
Name of Physician Dr. M. Berry

FEMALE
Medical Examination Report Dated 7-2-81
Name of Physician Dr. M Berry

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Mikel Middle E. Last Kelly

Date of Birth: Month 12 Day 19 Year 59

Place of Birth (State or foreign country) Ind.

Residence Address: 10933 E. Morris St. Indpls. Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr's. affidavit.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Irvine E. Kelly
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Nancy Poole
   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 Mikel E. Kelly
New Address RE. 8 BOX 224, INDPLS.

Subscribed and sworn to before me this 6 day of July, 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 Jennifer Middle D. Last Burton

Date of Birth: Month 8 Day 26 Year 59

Place of Birth (State or foreign country) Ky.

Residence Address: 422 E. Rd. 100 S. Danville

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's affidavit

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Carl B. Burton
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Ogwell Shelley
   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 Jennifer D. Burton
New Address Rte. 8, Box 324, Indpls.

Subscribed and sworn to before me this 6 day of July, 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 July, 19 81, authorizing the joining together as husband and wife MIKEL E. KELLY and JENNIFER D. BURTON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARA S. HAYS hereby certify that on the 11 day of JULY one thousand nine hundred and 81 at INDPLS., County of MARION State of Indiana, Groom MIKEL E. KELLY of HENDRICKS County, State of IN and, Bride JENNIFER D. BURTON of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of JULY, 19 81. Signed MARA S. HAYS

Official Designation PASTORAL COUNSELOR

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of JULY, 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. 336

File

7-6-81
Date of Application

MALE
Medical Examination Report Dated 7-3-81

Name of Physician Garnet Harris

FEMALE
Medical Examination Report Dated 7-3-81

Name of Physician Garnet 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 Raymond Middle X. Last Eubanks

Date of Birth: Month 9 Day 29 Year 1952

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. 610 B Lakeside Dr City Plfd County Hend State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Lee Eubanks
   Residence of father (if deceased so state) Moorsville Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma Jean Day
   Residence of mother (if deceased so state) Indpls Ind
   Birthplace of mother (State or foreign country) Indpls Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Raymond R. Eubanks

New Address 610 "B" Lakeside Dr. Plainfield Ind 46168

Subscribed and sworn to before me this 6 day of July, 19 81

Mary Jane Russell HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Linda Middle S. Last Hamstra

Date of Birth: Month 4 Day 23 Year 1943

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. 610 B Lakeside Dr City Plfd County Hend State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Mark N. Williams
   Residence of father (if deceased so state) Moorsville Ind
   Birthplace of father (State or foreign country) S. Dakota
9. Full maiden name of mother Paona Ruth Shaw
   Residence of mother (if deceased so state) Moorsville 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 Linda S. Hamstra

New Address 610 B Lakeside Plfd Ind 46168

Subscribed and sworn to before me this 6 day of July, 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 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* July, 19 81, *authorizing the joining together as husband and wife* Raymond R. Eubanks *and* Linda S. Hamstra

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Charles Elston *hereby certify that on the* 12 *day of* July, *one thousand nine hundred and* 81 *at* Hendricks, *County of* Hendricks, *State of Indiana, Groom* Raymond R. Eubanks *of* Hendricks *County, State of* IN *and, Bride* Linda S. Hamstra *of* Hendricks *County, State of* IN *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 12 *day of* July, *19* 81.

Signed Charles Elston

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* July, *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. 337
File 42
7-6-81
Date of Application

MALE
Medical Examination Report Dated 6-25-81
Name of Physician D. M. Hadley

FEMALE
Medical Examination Report Dated 6-12-81
Name of Physician A. M. Ozbe

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Karl Middle Vernon Last Stagner

Date of Birth: Month 12 Day 9 Year 53

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. R R 1, Box 119 City Monrovia County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) D. L. W/Pict.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   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 Hubert T. Stagner
   Residence of father (if deceased so state) Monrovia Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Ivitt Elvira Stewart
   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 ☒ Karl V. Stagner
New Address 411 North Vine St. Plainfield,

Subscribed and sworn to before me this 6 day of July, 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 Cathy Middle J. Last Lippincott

Date of Birth: Month 5 Day 29 Year 57

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 411 N. Vine City Plfd. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) D. L. W/Pict.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   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 Donald R. Lippincott
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Mary L. Sweitzburg
   Residence of mother (if deceased so state) Same
   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 ☒ Cathy J Lippincott
New Address 411 N Vine Plainfield

Subscribed and sworn to before me this 6 day of July, 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 HENDRICKS Circuit Court of Indiana dated the 14 day of July, 81, authorizing the joining together as husband and wife KARL V. STAGNER and CATHY J. LIPPINCOTT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, STEVAN W. RANSON hereby certify that on the 18 day of JULY, one thousand nine hundred and 81, at CLAYTON, County of HENDRICK, State of Indiana, Groom KARL V. STAGNER of MORGAN County, State of IN, and, Bride CATHY J. LIPPINCOTT of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18 day of JULY, 19 81.

Signed STEVAN W. RANSON
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of JULY, 19 81.

Signed MARYJANE 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. 338

File

July 7, 1981
Date of Application

MALE
Medical Examination Report Dated 6-30-81
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 6-30-81
Name of Physician Eric Clark

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Stephen Middle G. Last Barnes

Date of Birth: Month Apr Day 9 Year 1950

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 506 Enderly, Apt 4 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) 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 Lawrence L. Barnes
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mildred Lieske
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed S G Barnes

New Address 506 ENDERLY AVE #4 BRWNSBURG, IN

Subscribed and sworn to before me this 7 day of July, 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 Vicki Middle S. Last Glass

Date of Birth: Month June Day 1 Year 1956

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 506 Enderly Apt 4 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) 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.
   Lori Glass
   Amy Glass

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles W. Rousch
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Norma Fox
   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 Vicki S. Glass

New Address 506 Enderly Ave Apt 4 Brownsburg

Subscribed and sworn to before me this 7 day of July, 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* 11 *day of* July, *19* 81, *authorizing the joining together as husband and wife* STEPHEN G. BARNES *and* VICKI S. GLASS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN C. MOWRER *hereby certify that on the* 11 *day of* JULY, *one thousand nine hundred and* 81, *at* INDPLS., *County of* MARION, *State of Indiana, Groom* STEPHEN G. BARNES *of* HENDRICKS *County, State of* IN *and, Bride* VICKI S. GLASS *of* HENDRICKS *County, State of* IN *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 11 *day of* JULY, *19* 81.

Signed JOHN C. MOWRER

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* JULY, *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. 339

File

July 7, 1981
Date of Application

MALE
Medical Examination Report Dated 7-2-81
Name of Physician Loren H. Martin MD.

FEMALE
Medical Examination Report Dated 7-2-81
Name of Physician Loren H. Martin 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 Randall Middle D. Last VanArsdale

Date of Birth: Month October Day 5 Year 1962

Place of Birth (State or foreign country): Darwin County In.

Residence Address: R.R. # 1 Street or R. R. Box 297 City Cicero 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 R. VanArsdale
   Residence of father (if deceased so state) Cicero, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Kathleen J. Bruce
   Residence of mother (if deceased so state) Cicero, 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 Randall D VanArsdale

New Address 4244 Londonderry

Subscribed and sworn to before me this 7 day of July, 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 Terry Middle Jo. Last VanBlaricum

Date of Birth: Month May Day 15 Year 1962

Place of Birth (State or foreign country): North Carolina In.

Residence Address: 3536 Street or R. R. Post Hollow Rd. City Martinsville County Morgan State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George W. Van Blaricum
   Residence of father (if deceased so state) Martinsville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty A. Kerr
   Residence of mother (if deceased so state) Martinsville, 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 Terry J Van Blaricum

New Address 4244 Londonderry

Subscribed and sworn to before me this 7 day of July, 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 ..... and filed
HENDRICKS County ..... Court by written order issued .....
in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 11th day of July, 19 81, authorizing the joining together as husband and wife RANDALL D. VAN ARSDALE and TERRY JO VAN BLARICUM

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GEORGE M. GILLESPIE hereby certify that on the 11 day of JULY, one thousand nine hundred and 81, at INDPLS., County of ~~MARION~~ HENDRICKS, State of Indiana, Groom RANDALL D. VAN ARSDALE of HENDRICKS County, State of IN, and, Bride TERRY JO VAN BLARICUM of MORGAN County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of JULY, 19 81. Signed GEORGE M. GILLESPIE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of JULY, 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. 340
File 42
7-8-81
Date of Application

MALE
Medical Examination Report Dated 7-13-81
Name of Physician Chas. A. Hasbrook

FEMALE
Medical Examination Report Dated 6-26-81
Name of Physician C. A. Hasbrook

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Frank Middle J. Last Kelly

Date of Birth: Month 12 Day 6 Year 59

Place of Birth (State or foreign country) Connecticut

Residence Address: Street or R. R. Nuclear Power School, NTC City Orlando County — State Florida

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. 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 Michael J. Kelly
   Residence of father (if deceased so state) Connecticut
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Ruth J. Stoddard
   Residence of mother (if deceased so state) Ohio
   Birthplace of mother (State or foreign country) New Haven

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed ☒ Frank Joseph Kelly
New Address 2416 SHOAL CREEK LN. Brownsburg.

Subscribed and sworn to before me this 15 day of July, 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 R. Last Vinson

Date of Birth: Month 9 Day 22 Year 61

Place of Birth (State or foreign country) Florida

Residence Address: Street or R. R. 2416 Shoal Creek Ln City Brownsburg County — State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children 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 Donald E. Vinson
   Residence of father (if deceased so state) 912 N. Braidwood Dr. Florida
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Barbara J. Beasley
   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 ☒ Cynthia Vinson
New Address 2416 Shoal Creek Ln. Brownsburg

Subscribed and sworn to before me this 8 day of July, 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* 15 *day of* July, 19 81, *authorizing the joining together as husband and wife* FRANK J. KELLY *and* CYNTHIA R. VINSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ~~FRANK XX XELLY~~ OZIE D. PRUETT *hereby certify that on the* 18 *day of* JULY, *one thousand nine hundred and* 81 *at* ~~HENDRICKS~~ BROWNSBURG *County of* HENDRICKS, *State of Indiana, Groom* FRANK J. KELLY *of* CUYOHGA *County, State of* OHIO *and, Bride* CYNTHIA R. VINSON *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 18 *day of* JULY, 19 81

Signed OZIE D. PRUETT

Official Designation CLERGYMAN

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* ~~XXX~~ JULY, 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. 341

File

July 9, 1981
Date of Application

MALE
Medical Examination Report Dated 7-1-81
Name of Physician D. Kourony

FEMALE
Medical Examination Report Dated 7-1-81
Name of Physician D. Kourony

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Myrick

Date of Birth: Month April Day 28 Year 1954

Place of Birth (State or foreign country) Greencastle, Indiana

Residence Address: Street or R. R. P.O. Box 144 City Amo County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Delvin E. Myrick
   Residence of father (if deceased so state) Mooresville, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Rosdie Crews
   Residence of mother (if deceased so state) Mooresville, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jeffrey L. Myrick

New Address P.O. Box 144 Amo Ind 46103

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Stephany Middle M. Last Vaughn

Date of Birth: Month May Day 23 Year 1961

Place of Birth (State or foreign country) Greencastle, Indiana

Residence Address: Street or R. R. RR#3 Box 318 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gordon W. Vaughn
   Residence of father (if deceased so state) Clayton, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn LaVonne Pickett
   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 Stephany M. Vaughn

New Address P.O. Box 144, Amo, Indiana 46103

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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 13 day of July, 19 81, authorizing the joining together as husband and wife ..... JEFFREY L. MYRICK ..... and ..... STEPHANY M. VAUGHN .....

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, TOM McGILLIARD hereby certify that on the 18 day of JULY, one thousand nine hundred and 81 at STILESVILLE, County of HENDRICKS, State of Indiana, Groom JEFFREY L. MYRICK of HENDRICKS County, State of IN, and, Bride STEPHANY M. VAUGHN of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18 day of JULY, 19 81. Signed TOM McGILLIARD

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of AUGUST, 19 81

Signed MARY JANE NR 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. 342
File 42
7-9-81
Date of Application

MALE
Medical Examination Report Dated 7-7-81
Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated 7-7-81
Name of Physician Eric Clark

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Brian Middle Edward Last Keiffer
Date of Birth: Month April Day 5 Year 1958
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 163 N. Urban St. 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 Vincent Herman Keiffer
   Residence of father (if deceased so state) 163 N. Urban St. Danville Ind.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Eleanora Marie Rogier
   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 Brian E. Keiffer
New Address 1717 Dove Loop #1705 Grapevine Tx. 76051
Subscribed and sworn to before me this 16th day of July, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Diane Middle M. Last VanWormer
Date of Birth: Month 7 Day 19 Year 1960
Place of Birth (State or foreign country) Indpls Ind
Residence Address: Street or R. R. 1116 N. Henry Dr 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) # 8546

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Van Wormer
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Faith Margaret Coffman
   Residence of mother (if deceased so state) Indpls Ind
   Birthplace of mother (State or foreign country) Troy New York

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Diane M Van Wormer
New Address 1717 Dove Loop #1705 Grapevine Tex
Subscribed and sworn to before me this 9 day of July, 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 16th day of July, 19 81, authorizing the joining together as husband and wife BRIAN EDWARD KEIFFER and DIANE M. VAN WORMER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM A. PAPPANO hereby certify that on the 18th day of JULY one thousand nine hundred and 81 at INDIANAPOLIS, County of MARION, State of Indiana, Groom BRIAN EDWARD KEIFFER of DALLAS County, State of TEXAS and, Bride DIANE M. VAN WORMER of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18th day of JULY, 19 81.

Signed /s/ WILLIAM A. PAPPANO
Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of MAY, 19 89.

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, 1972

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 343

File

7-9-81 Date of Application

MALE
Medical Examination Report Dated 7-8-81
Name of Physician Wesley Sunderman

FEMALE
Medical Examination Report Dated 7-8-81
Name of Physician Wesley Sunderman

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jay Middle A. Last Hufford

Date of Birth: Month 2 Day 13 Year 1947

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. 6645 E 350 N City Brgs 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 Charles F Hufford
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Brownsburg Ind.
9. Full maiden name of mother Bernice Foust
   Residence of mother (if deceased so state) Brownsburg Ind.
   Birthplace of mother (State or foreign country) Brownsburg Ind.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed x Jay A Hufford

New Address 6645 E 350 N

Subscribed and sworn to before me this 9 day of July, 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 Mandarin Middle A. Last Hazzard

Date of Birth: Month 6 Day 11 Year 1954

Place of Birth (State or foreign country) Los Angeles Calif

Residence Address: Street or R. R. 3209 Chrysler St. 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 Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Autumn Hazzard
   Derek Hazzard

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 M. Myers
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother Carol Ann Lee
   Residence of mother (if deceased so state) Indpls Ind.
   Birthplace of mother (State or foreign country) Indpls Ind

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed x Mandarin A Hazzard

New Address 6645 E 350 North

Subscribed and sworn to before me this 9 day of July, 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 Court #1 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 HENDRICKS Circuit Court of Indiana dated the 9 day of June, 19 81, authorizing the joining together as husband and wife JAY A. HUFFORD and MANDARIN A. HAZZARD

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ELMER D. RIGGS hereby certify that on the 11 day of JULY one thousand nine hundred and 81 at BLOOMINGTON, County of MONROE, State of IN

State of Indiana, Groom JAY A. HUFFORD of HENDRICKS County, State of IN

and, Bride MANDARIN A. HAZZARD 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 11 day of JULY, 19 81.

Signed ELMER D. RIGGS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of JULY, 19 81.

Signed MARY JANE RUSSELL Clerk HENDRICKS Circuit Court

422

Form Prescribed By
Indiana State Board 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. 344

File

7-10-81
Date of Application

MALE
Medical Examination Report Dated 6-15-81

Name of Physician Herbert Hill

FEMALE
Medical Examination Report Dated 6-15-81

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 Loren Middle E. Last Long

Date of Birth: Month 8 Day 22 Year 1924

Place of Birth (State or foreign country) Logootee, Ind.

Residence Address: Street or R. R. R18 Box 154 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) 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 Everett D. Long
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Freedom, Ind.
9. Full maiden name of mother Eva M. Tipton
   Residence of mother (if deceased so state) Naples, Fla.
   Birthplace of mother (State or foreign country) Urbana, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Loren E. Long

New Address R#18 Box 154

Subscribed and sworn to before me this 10 day of July, 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 Betty Middle M. Last Pennington

Date of Birth: Month February Day 12 Year 1931

Place of Birth (State or foreign country) Canton Falls NY

Residence Address: 856 Street or R. R. 99 Dr. N. City Naples County Co. State Fla.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Jesse James Denton
   Residence of father (if deceased so state) Fillmore Ky.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Dora Mae Martin
   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 Betty Mae Pennington

New Address R#18 Box 154

Subscribed and sworn to before me this 22 day of July, 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* 22 *day of* July, *19* 81, *authorizing the joining together as husband and wife* LOREN E. LONG *and* BETTY MAE PENNINGTON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ANDREW P. CREWLEY *hereby certify that on the* 8 *day of* AUGUST, *one thousand nine hundred and* 81 *at* SPEEDWAY, *County of* MARION, *State of Indiana, Groom* LOREN E. LONG *of* ~~MARION~~ HENDRICKS *County, State of* IN *and, Bride* BETTY MAE PENNINGTON *of* COLLIER *County, State of* FLORIDA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 8 *day of* AUGUST, *19* 81.

Signed ANDREW P. CROWLEY

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 12 *day of* AUGUST, *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. 345

File

7-10-81 Date of Application

MALE
Medical Examination Report Dated 6-15-81
Name of Physician M.O. Scamahorn

FEMALE
Medical Examination Report Dated 6-15-81
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 Michael Middle C. Last Price

Date of Birth: Month 10 Day 28 Year 1968

Place of Birth (State or foreign country) Lebanon Ind

Residence Address: Street or R. R. RR 1 Box 21 City Lizton 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 John Michael Price
   Residence of father (if deceased so state) Lizton Ind.
   Birthplace of father (State or foreign country) Lebanon, Ind.
9. Full maiden name of mother Madaline Kay Illing
   Residence of mother (if deceased so state) Lizton Ind.
   Birthplace of mother (State or foreign country) Lebanon Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Michael C Price

New Address RR1 Box 21 Lizton, Ind

Subscribed and sworn to before me this 10 day of July, 1981

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Phyllis Middle M. Last Mitchell

Date of Birth: Month 11 Day 14 Year 1958

Place of Birth (State or foreign country) Key West Fla.

Residence Address: Street or R. R. RR 1 Box 9M. City Pittsboro County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Myron Craig Mitchell
   Residence of father (if deceased so state) Pittsboro Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marilyn Jane Bowley
   Residence of mother (if deceased so state) Pittsboro Ind.
   Birthplace of mother (State or foreign country) Lebanon Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Phyllis M. Mitchell

New Address R.R. 1 Box 21 Lizton, In.

Subscribed and sworn to before me this 10 day of July, 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 above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ....., 19.81., authorizing the joining together as husband and wife of Indiana dated the 10 day of July and MICHAEL C. PRICE and PHYLLIS M. MITCHELL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM CHARLES McGRAW hereby certify that on the 25 day of JULY, one thousand nine hundred and 81, at PITTSBORO, County of HENDRICKS, State of Indiana, Groom MICHAEL C. PRICE of HENDRICKS County, State of IN, and, Bride PHYLLIS M. MITCHELL of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25 day of JULY, 19 81 Signed WILLIAM C. McGRAW

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of JULY, 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. 346
File 42
7-10-81
Date of Application

MALE
Medical Examination Report Dated 7-6-81
Name of Physician V. Wishart

FEMALE
Medical Examination Report Dated 7-7-81
Name of Physician D. W. Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle Lee Last Walls
Date of Birth: Month 7 Day 23 Year 60
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. RR24 Box 35 City Terre Haute 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
4. Other (Specify) Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   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 Fedrick Walls
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Myrl D. Jones
   Residence of mother (if deceased so state) Terre Haute 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 Donald L. Walls
New Address PSC Box 2189 APO NY 09009

Subscribed and sworn to before me this 10 day of July, 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 Karen Middle Lynn Last Miller
Date of Birth: Month 3 Day 15 Year 61
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 674 Avon Rd. City Plfd. 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
4. Other (Specify) Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Robert Miller
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Janet Bristow
   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 Karen L. Miller
New Address PSC Box 2189 APO N.Y. 09009

Subscribed and sworn to before me this 10 day of July, 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 14 day of July, 1981, authorizing the joining together as husband and wife DONALD LEE WALLS and KAREN LYNN MILLER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, R. B. ACHESON hereby certify that on the 18 day of JULY one thousand nine hundred and 81 at INDPLS., County of MARION State of Indiana, Groom DONALD LEE WALLS of VIGO County, State of IN and, Bride KAREN LYNN MILLER of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18 day of JULY, 19 81.

Signed R. B. ACHESON
Official Designation ORDAINED MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of JULY, 19 81

Signed MARY JANE RUSSELL Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 347

File

7-10-81
Date of Application

MALE
Medical Examination Report Dated 7-9-81
Name of Physician James Black

FEMALE
Medical Examination Report Dated 7-9-81
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 James Middle Dallas Last Bell

Date of Birth: Month 1 Day 10 Year 1962

Place of Birth (State or foreign country) Grissom Ind

Residence Address: 106 Street or R. R. Diana Dr City B'burg County Dear 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 Allen Bell
   Residence of father (if deceased so state) Brownsburg Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bonnie Rae Bruce
   Residence of mother (if deceased so state) Brownsburg 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 James D Bell
New Address 243 Kimberly Cov Speedway 46224

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 Shella Middle Rene Last Wilde

Date of Birth: Month 12 Day 20 Year 1962

Place of Birth (State or foreign country) Anderson Ind

Residence Address: 110 W. Street or R. R. Bourne City B'burg County Hend State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Sheldon Lee Wilde
   Residence of father (if deceased so state) Crawfordsville Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy Janette Bright
   Residence of mother (if deceased so state) Brownsburg 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 Shella Wilde
New Address 2913 Embassy Row Speedway 46224

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 ____, 19 81, authorizing the joining together as husband and wife of Indiana dated the 10 day of Aug. and James Dallas Bell and Shella Rene Wilde.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, George Davis hereby certify that on the 17 day of July, one thousand nine hundred and 81 at Brownsburg, County of Hendricks, State of Indiana, Groom James D. Bell of Hendricks County, State of IN, and, Bride Shella Wilde of Hendricks County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17 day of Aug., 19 81.

Signed George Davis
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of Aug., 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. 348
File 42
7-13-81
Date of Application

MALE
Medical Examination Report Dated 7-3-81
Name of Physician J. Denny

FEMALE
Medical Examination Report Dated 7-3-81
Name of Physician J. Denny

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Joseph; Middle H.; Last Smith, Jr.
Date of Birth: Month 11; Day 23; Year 62
Place of Birth (State or foreign country) Ind.
Residence Address: 3236 Street or R. R. 6 Pts. Rd. Apt. 17; 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.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Joseph H. Smith Sr.
   Residence of father (if deceased so state) Spencer Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Laura Davis
   Residence of mother (if deceased so state) Maxwell, 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 Joseph G. Smith Jr.
New Address 3236 Six Pts. Rd. Apt #17 Indpls. In.

Subscribed and sworn to before me this 13 day of July, 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 Lalla; Middle L.; Last Malley
Date of Birth: Month 1; Day 31; Year 46
Place of Birth (State or foreign country) Ind.
Residence Address: 3236 Street or R. R. 6 Pts. Rd. Apt 9; 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.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Raymond Harrell
   Residence of father (if deceased so state) Ky.
   Birthplace of father (State or foreign country) Unk
9. Full maiden name of mother Catherine Mowrea
   Residence of mother (if deceased so state) Ky.
   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 Lalla L. Malley
New Address 3236 6 Pts Rd. #17 Indpls.

Subscribed and sworn to before me this 13 day of July, 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 July, 19 81, authorizing the joining together as husband and wife JOSEPH G. SMITH, JR. and LALLA MALLEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN C. MOWRER hereby certify that on the 20 day of JULY one thousand nine hundred and 81 at DANVILLE, County of HENDRICKS, State of Indiana, Groom JOSEPH G. SMITH, JR. of HENDRICKS County, State of IN and, Bride LALLA MALLEY of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20 day of JULY, 19 81.

Signed JOHN C. MOWRER
Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of JULY, 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. 349

File

7-14-81 Date of Application

MALE
Medical Examination Report Dated 7-7-81
Name of Physician Garnet R. Harris

FEMALE
Medical Examination Report Dated 7-7-81.
Name of Physician Garnet 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 Earl Middle D. Last Pool

Date of Birth: Month October Day 9 Year 1946

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 2322 Lake of Lanterns 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) 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.
   Joshua Daniel Pool
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Forrest Dale Pool
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Kathryne Sadie Smith
   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 Earl D. Pool

New Address 2322 LAKE OF THE LANTERN DR.

Subscribed and sworn to before me this 14 day of July, 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 Georgia Middle C. Last McFadyen

Date of Birth: Month 12 Day 1 Year 1955

Place of Birth (State or foreign country) Harlan Ky

Residence Address: Street or R. R. 2322 Lake of Lanterns 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) Drivers Licend

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Jeremiah Allen McFadyen
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Day
   Residence of father (if deceased so state) Harlan Ky
   Birthplace of father (State or foreign country) Harlan Ky
9. Full maiden name of mother Milley Mae Turner
   Residence of mother (if deceased so state) Harlan Ky
   Birthplace of mother (State or foreign country) Harlan Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Georgia McFadyen

New Address 2322 Lake of Lanterns Dr.

Subscribed and sworn to before me this 14 day of July, 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 July, 19 81, authorizing the joining together as husband and wife Earl D. Pool and Georgia C. McFadyen

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, J. V. Boles hereby certify that on the 19th day of July, one thousand nine hundred and 81 at Danville, County of Hendricks, State of Indiana, Groom Earl D. Pool of Hendricks County, State of Indiana, and, Bride Georgia C. McFadyen of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19 day of July, 19 81. Signed J. V. Boles

Official Designation Circuit Court Judge

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of July, 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. 350

File

7-14-87
Date of Application

MALE
Medical Examination Report Dated 6-21-87
Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated 6-21-87
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 Donald Middle D. Last Stamper

Date of Birth: Month 10 Day 29 Year 1935

Place of Birth (State or foreign country) Charleston W. Virginia

Residence Address: Street or R. R. 109 Parkridge City Danville County Hend State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers 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 James Milton Stamper
   Residence of father (if deceased so state) Belle W. Virginia
   Birthplace of father (State or foreign country) Nebraska
9. Full maiden name of mother Glennth Lucille Bays
   Residence of mother (if deceased so state) Belle W. Virginia
   Birthplace of mother (State or foreign country) Charleston W. Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Donald Dee Stamper

New Address 109 Parkridge Dr. Danville Ind

Subscribed and sworn to before me this 14 day of July, 1987

Mary Jane Bussell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Joan Last Noel

Date of Birth: Month 6 Day 20 Year 1934

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 109 Parkridge City Danville County Hend State Ind

Previous Marital Status: Never Married ☐ OR ☑

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers 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

Joni Jeanette Noel

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes" it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Sidney Andrew Sturm
   Residence of father (if deceased so state) Tipton Ind
   Birthplace of father (State or foreign country) Wickliffe Ind.
9. Full maiden name of mother Bernice Ind
   Residence of mother (if deceased so state) Tipton Ind
   Birthplace of mother (State or foreign country) Eckerty, Ind.

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 Noel

New Address 109 Parkridge Drive Danville, Ind

Subscribed and sworn to before me this 14 day of July, 1987

Mary Jane Bussell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Aug, 1987, authorizing the joining together as husband and wife Donald Dee Stamper and Patricia Joan Noel

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Vivian Helton hereby certify that on the 7 day of August one thousand nine hundred and 87 at Danville, County of Hendricks, State of Indiana, Groom Donald Dee Stamper of Hendricks County, State of In and, Bride Patricia Joan Noel of Hendricks County, State of In were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10 day of August, 1987.

Signed Vivian Helton

Official Designation Judge Sup. Ct.

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of Aug, 1987.

Signed Marilyn 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. 351

File 42

7-14-81 Date of Application

MALE
Medical Examination Report Dated 7-14-81
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 7-14-81
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 Donnie Middle . Last Carr

Date of Birth: Month 10 Day 30 Year 48

Place of Birth (State or foreign country) Plfd. Ind.

Residence Address: Street or R. R. 7772 Eagle Valley Pass City Pedpls. 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. Cert. (Selective Svc. law)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 George K. Carr
   Residence of father (if deceased so state) Deceased.
   Birthplace of father (State or foreign country) Kansas
9. Full maiden name of mother Bernice Smith
   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 ☒ Donnie Carr
New Address 344 Vestal Rd Plainfield In

Subscribed and sworn to before me this 14 day of July, 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 Phyllis Middle . Last Barnett

Date of Birth: Month 6 Day 13 Year 47

Place of Birth (State or foreign country) Pedpls. Ind.

Residence Address: Street or R. R. 344 Vestal Rd. 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.

   Deanna
   Troy

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 D. Smith
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) ~~Ind~~ Ind.
9. Full maiden name of mother Mildred Cooper
   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 ☒ Phyllis Barnett
New Address 344 Vestal Rd. Plfd. In.

Subscribed and sworn to before me this 14 day of July, 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 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 ..... on the ..... day of July, 19 81, authorizing the joining together as husband and wife of Indiana dated the 14 day of July and Donnie Carr and Phyllis Barnett

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mourer hereby certify that on the 17th day of July, at Danville County of Hendricks, one thousand nine hundred and 81 County, State of Indiana, of Hendricks County, State of Indiana, State of Indiana, Groom Donnie Carr of Hendricks County, State of Indiana, and, Bride Phyllis K Barnett were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17th day of July, 19 81.

Signed John C. Mourer
Official Designation Judge, Hendricks Superior Ct. II

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of July, 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. 352

File

July 14, 1981
Date of Application

MALE
Medical Examination Report Dated 7-9-81
Name of Physician Ludmila Iranmilla MD

FEMALE
Medical Examination Report Dated 7-3-81
Name of Physician Ludmila Iranmilla 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 Mervin Middle E. Last Clark

Date of Birth: Month January Day 16 Year 1926

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 782 Dan Jones Rd. City Plfd. 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 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 Leland Charles Clark
   Residence of father (if deceased so state) Six points Rd. Indpls
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lola Mae Wright
   Residence of mother (if deceased so state) Six points Rd. Indpls.
   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 Mervin E. Clark
New Address 782 Dan Jones Rd

Subscribed and sworn to before me this 14 day of July, 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 Deloris Middle A. Last Hawkins

Date of Birth: Month October Day 3 Year 1936

Place of Birth (State or foreign country) Indpls. Marion Ind.

Residence Address: Street or R. R. 782 Dan Jones Rd. City Plfd. County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers license (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Leroy Wright
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Indpls, In.
9. Full maiden name of mother Ila Catherine Gott
   Residence of mother (if deceased so state) Indianapolis In.
   Birthplace of mother (State or foreign country) Indpls. In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Deloris A. Hawkins
New Address 782 Dan Jones Rd Plfd.

Subscribed and sworn to before me this 14 day of July, 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* July, 1981, *authorizing the joining together as husband and wife* Mervin E. Clark *and* Deloris Hawkins

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William D. Hendricks *hereby certify that on the* 25 *day of* Aug, *one thousand nine hundred and* 81 *at* Dash Township, *County of* Hendricks, *State of Indiana, Groom* Mervin E. Clark *of* Hendricks *County, State of* In *and, Bride* Deloris Hawkins *of* Hendricks *County, State of* In *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 20 *day of* July, 19 81.

Signed Wm. Hendricks
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* Aug, 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. 353

File

7-14-81 Date of Application

MALE
Medical Examination Report Dated 7-13-81
Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated 7-13-81
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 Dennis Middle Clark Last Scott

Date of Birth: Month 1 Day 24 Year 1957

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. 2015 E. Main St. City Danville County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Eddie Clark Scott
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Irene Elizabeth Porter
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Marshal Ind.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Dennis Clark Scott

New Address 219 N. High

Subscribed and sworn to before me this 14 day of July, 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 Sherry Middle Elaine Last Davis

Date of Birth: Month 12 Day 17 Year 1958

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. 136 N. Wayne City Danville County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jerry Lee Davis
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Lincoln Nebraska
9. Full maiden name of mother Marjorie Jean Stevens
   Residence of mother (if deceased so state) Danville Ind
   Birthplace of mother (State or foreign country) ~~Indpls~~ Danville Ind.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Sherry Elaine Davis

New Address 219 N. High

Subscribed and sworn to before me this 14 day of July, 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 ..... and filed HENDRICKS County ..... Court by written order issued ..... in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 20 day of July, 1981, authorizing the joining together as husband and wife Dennis Clark Scott and Sherry Elaine Davis

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Paul J. Sandin hereby certify that on the 1 day of August, one thousand nine hundred and 81 at Danville County of Hendricks State of Indiana, Groom Dennis Clark Scott County, State of IN of Hendricks and, Bride Sherry Elaine Davis County, State of IN of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1 day of August, 19 81.

Signed Paul J. Sandin

Official Designation Ordained Clergy

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of August, 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. 354

File

7-15-81
Date of Application

MALE
Medical Examination Report Dated 7-15-81
Name of Physician A. Oleck

FEMALE
Medical Examination Report Dated 7-15-81
Name of Physician A. Oleck

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Givans

Date of Birth: Month May Day 19 Year 1944

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R. R. RR1 Box 74M City Pittsboro County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic W/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.
   Teresa L. Givans 14
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert E. Givans Sr
   Residence of father (if deceased so state) Indianapolis, Ind
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Madeline Louise Goddis
   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 Robert E. Givans
New Address RR 1 Box 74M Pittsboro

Subscribed and sworn to before me this 15 day of July, 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 Sharon Middle T. Last Pettigrew

Date of Birth: Month July Day 5 Year 1946

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. RR#1 Box 74M City Pittsboro County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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.
   Christina Brummett 16 Clinton Pettigrew 7
   Andrew Brummett 13
   William Pettigrew Jr 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 Andrew J. Bonner
   Residence of father (if deceased so state) Indianapolis, Ind
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Ada Maria Sprouse
   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 Sharon T. Pettigrew
New Address RR #1 Box 74M Pittsboro Ind 46167

Subscribed and sworn to before me this 15 day of July, 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* July, 19 81, *authorizing the joining together as husband and wife* Robert E. Givans *and* Sharon T. Pettigrew

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dennis L. Dodson *hereby certify that on the* 25 *day of* July, *one thousand nine hundred and* 81 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Robert E. Givans *of* Hendricks *County, State of* IN *and, Bride* Sharon T. Pettigrew *of* Hendricks *County, State of* IN *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 21 *day of* July, 19 81.

Signed Dennis L. Dodson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 *day of* July, 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 June 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 355
File 42
7-15-81 Date of Application

MALE
Medical Examination Report Dated 7-14-81
Name of Physician M.O. Scamahorn

FEMALE
Medical Examination Report Dated 7-14-81
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 James Middle Paul Last Schreier
Date of Birth: Month 6 Day 29 Year 59
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 1175 Westside Dr. 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/ 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 Robert P. Schreier
   Residence of father (if deceased so state) Brownsburg Ind
   Birthplace of father (State or foreign country) Wisconsin
9. Full maiden name of mother Irene Watson
   Residence of mother (if deceased so state) Same
   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 James P Schreier
New Address 1175 Westside Dr. Brownsburg

Subscribed and sworn to before me this 15 day of 7, 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 Denise Middle Lynn Last Testerman
Date of Birth: Month 6 Day 8 Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 537 Shane Dr. 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Charles M. Testerman
   Residence of father (if deceased so state) Brownsburg Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sharon A. Pratt
   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 Denise Lynn Testerman
New Address 1175 Westside Dr B-burg

Subscribed and sworn to before me this 15 day of 7, 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 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 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 13 day of July and JAMES PAUL SCHREIER and DENISE LYNN TESTERMAN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM A. PAPPANO hereby certify that on the 18th day of JULY, one thousand nine hundred and 81 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom JAMES PAUL SCHREIER of HENDRICKS County, State of IN, and, Bride DENISE LYNN TESTERMAN of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18th day of JULY, 19 81. Signed /s/ WILLIAM A. PAPPANO
Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of ~~8~~ MAY, 19 89
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. 356

File

7-16-81
Date of Application

MALE
Medical Examination Report Dated 7-4-81
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 7-4-81
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 Randy Middle D. Last Rawson
Date of Birth: Month 9 Day 8 Year 1955
Place of Birth (State or foreign country) Eagle Ind.
Residence Address: Street or R. R. RR 1 Box 134 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) 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 Samuel D. Rawson
   Residence of father (if deceased so state) Avon Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Naomi Frances Petty
   Residence of mother (if deceased so state) Avon 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 ✕ Randy Rawson
New Address RR1 Box 134 Coatesville Ind.

Subscribed and sworn to before me this 16 day of July, 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 Marlene Middle R. Last Herrin
Date of Birth: Month 9 Day 5 Year 1942
Place of Birth (State or foreign country) Greencastle Ind.
Residence Address: Street or R. R. RR1 Box 134 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) 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 Theodore Kersey
   Residence of father (if deceased so state) Coatesville Ind.
   Birthplace of father (State or foreign country) Indiana.
9. Full maiden name of mother Esther Elaine Zimpelman
   Residence of mother (if deceased so state) Coatesville 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 ✕ Marlene Herrin
New Address RR1 Box 134 Coatesville, Ind.

Subscribed and sworn to before me this 16 day of July, 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 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 July, 19 81, authorizing the joining together as husband and wife Randy D. Rawson and Marlene R. Herrin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rutherford C. Mitchen hereby certify that on the 22 day of Aug., one thousand nine hundred and 81 at Coatsville, County of Hendricks, State of Indiana, Groom Randy D. Rawson of County, State of IN and, Bride Marlene R. Herrin of 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 22 day of Aug., 19 81.

Signed Rutherford C. Mitchen
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of Aug., 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. 357

File

7-16-81
Date of Application

MALE
Medical Examination Report Dated July 10, 1981
Name of Physician James Black

FEMALE
Medical Examination Report Dated July 10, 1981
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 Gregory Middle Joseph Last Olar

Date of Birth: Month 10 Day 10 Year 1952

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: 1034 Clifford Ct Street or R. R. B'burg City Hend County Ind State.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Joseph Benjamin Olar
   Residence of father (if deceased so state) Gosport Ind.
   Birthplace of father (State or foreign country) Pittsburgh PA.
9. Full maiden name of mother Jessie Lee Moore
   Residence of mother (if deceased so state) Brownsburg Ind.
   Birthplace of mother (State or foreign country) W. Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed × Gregory J. Olar
New Address same as above

Subscribed and sworn to before me this 16 day of July, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Jill Middle D Last Fields

Date of Birth: Month 2 Day 16 Year 1960

Place of Birth (State or foreign country) Connersville Ind

Residence Address: 1034 Clifford Ct. Street or R. R. B'burg City Hend County Ind State.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Hubert Henry Schmalfeldt
   Residence of father (if deceased so state) Colleg Corner, Ohio
   Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother Ada Maxine White
   Residence of mother (if deceased so state) College Corner, Ohio
   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 × Jill D. Fields
New Address same as above

Subscribed and sworn to before me this 16 day of July, 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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 23 day of July, 19 81, authorizing the joining together as husband and wife Gregory J. Olar and .....

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Carl R. Johnson hereby certify that on the 31 day of July, one thousand nine hundred and 81 at Indpls County of Union, State of IN State of Indiana, Groom Gregory J. Olar of Hend County, State of IN and, Bride Jill D. Fields 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 31 day of July, 19 81.

Signed Carl R. Johnson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of Aug., 19 81.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court